

Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

**\$55 Fee Waived (KAW)*

RECEIPT DATE: 1/5/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557957 *'OK'*

APPROVAL DATE: _____ **PERMIT: Minor REPAIR** A _____

PROPERTY ADDRESS: 13236 Triadelphia Road

SUBDIVISION: _____ LOT: _____ TAX ID: 03-290530

CONTRACTOR: S. Carroll Backhoe EMAIL: lavin@foglocinc.com 410-875-4197

CONTRACTOR ADDRESS: 500 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Beth Reed Brady EMAIL: _____

OWNER ADDRESS: 13236 Triadelphia Road, Ellicott City, MD 21042 PHONE: 240-620-8086

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): — PUMP SIZE: —

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. — APPLICATION RATE: —

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>N/A</u>	INLET DEPTH: <u>N/A</u>
	TRENCH WIDTH: <u>N/A</u>	MAXIMUM BOTTOM DEPTH: <u>N/A</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>N/A</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: **Permit issued to Fogles' under repair. Owner changed contractors to South Carroll Backhoe. System exposed and evaluated on-site. No repair need. Only minor repair to connect tank to existing trench. Existing. Drywell exposed, collapsed (previously), filled in w/ clean fill. Inspection required for new plumbing from ex. S.I. to ex. trench.*

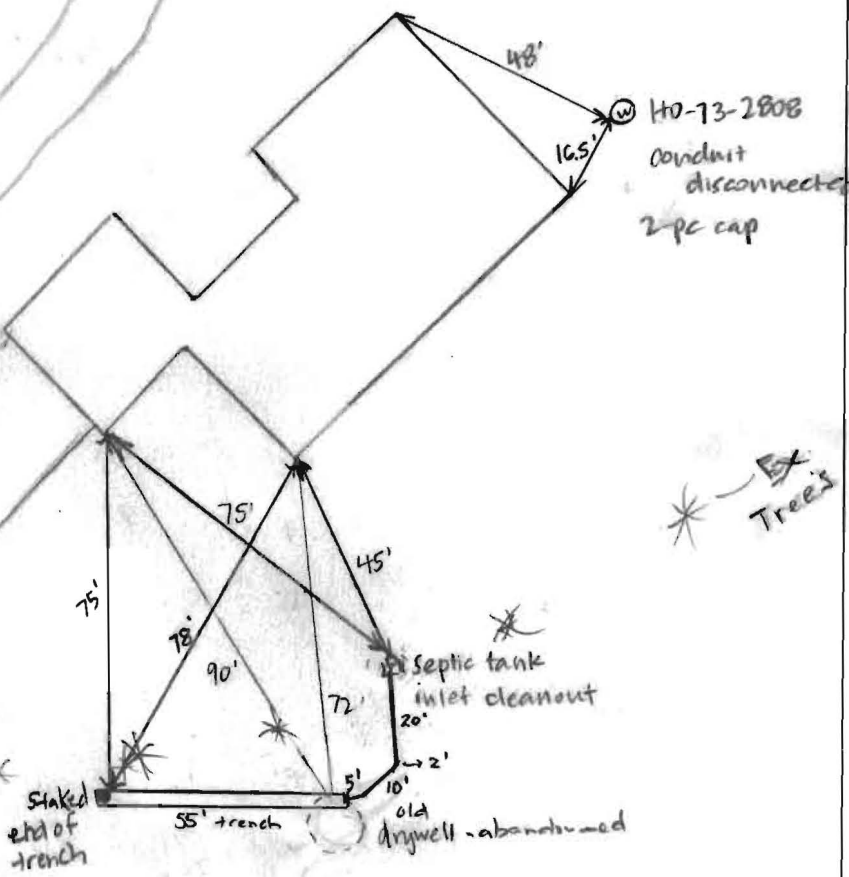
ISSUED BY: K. Wolf ISSUE DATE: 3/21/16 EXPIRATION DATE: 3/21/17

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADE FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
 ELECTRICAL PERMIT ISSUED E N/A
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

1" = 40'

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____	
MANUFACTURER	N/A
CAPACITY	1250 GAL
SEAM LOC	mid
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	none
6" PORT LOC	Front
WATERTIGHT TEST	OK
SLOTTED	no
DATE ON LID	_____

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

ROAD NAME _____

PRE-CONSTRUCTION:

1/19/16 Met on site with Ed from Fogle's and the homeowner. Both Property transfer inspection by Fogle's in 9/2014 showed they determined the system to be unsatisfactory. In 10/2014, Fogle's installed a line from the tank to the trench, bypassing the drywell. The drywell collapsed 12/24/15. Homeowner wants Fogle's to fill in drywell at no charge. No sewage smell or surfacing at time of inspection. No perc holes were dug during site visit. (S)

INSTALLATION: 3/21/16 On-site w/ S. Carroll, and owner. Spent good amount of time on-site trying to locate existing trench and "new" plumbing from Fogle's. None found. Told owner and contractor to collapse the drywell, fill w/ stone or fill, connect new plumbing to existing trench. Trench has some stone. Looks as tho it had limited to no use (KWW) 3/22/16 site visit (S) 3/22/16-site inspection contractor onsite, 4" pvc baffle installed in septic tank and new 4" pvc line from tank to trench installed. Line looks good, as built complete and stake put at the end of the trench for the homeowner, OK to backfill. (S)

FINAL INSPECTOR

R. Rappaport

DATE OF APPROVAL

3/22/16



HOWARD COUNTY HEALTH DEPARTMENT

57957

DATE 11/5/16

Received From

Fogles Septic Clear PHONE # 410-415-5672

For

Repair Perc/ B236 11/16/16
K.B.

CASH

CHECK

NO.

3209 Three Hundred & thirty Dollars

\$

330.00

Received By

A King

3/21/16

from
6.I.
(cast
Iron)



Ex. Collapsed
Dry well

Ex. 6" HD pipe
(broken & 18' gone)
to ex. foundation

Fogle's Septic Clean, Inc.

580 Obrecht Road
 Sykesville, MD 21784
 410-795-5670

WORK ORDER

Date	10/6/2014
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JOB LOCATION

BETH REED BRADY-BUYER
 13236 TRIADELPHIA RD
 ELLICOTT CITY, MD 21042

Name / Address

EUGENE CHEN-SELLER
 13236 TRIADELPHIA RD
 ELLICOTT CITY, MD 21042

Customer Phone	240 620-8086
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A finance charge of 1.5% will be charged monthly on unpaid balances. And any actual and reasonable collection fees may be added if delinquent. There is a \$25 fee for a returned check.

We are not responsible for your cleanout cap if we break it when we remove it. We are not responsible for any damages to your driveway.

Description	Qty	Cost	Total
MINI EXCAVATOR - DIG UP TRENCH OFF OF DRYWELL, DRYWELL FOUND TO BE OVERFULL DURING INSPECTION, REPLACE PIPE AS NEEDED OR CONFIRM FAILING IF PIPE IS REPLACED CHARGE ACCORDINGLY PENDING INSPECTION - KURT C.O.D. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Manhole Access __YES__NO Depth of Tank ____ </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> TO ENSURE PROPER CLEANING, FOGLE'S SEPTIC RECOMMENDS PUMPING FROM THE MANHOLE AND NOT THE 6" CLEANOUT </div>		550.00	550.00
		Total	\$550.00

Customer Signature _____

Fogle's Septic Clean, Inc.

580 Obrecht Road
 Sykesville, MD 21784

Invoice Date

10/7/2014

Invoice #

261566

INVOICE

PLEASE PAY
THIS AMOUNT \$0.00

checks payable to: **Fogle's Septic Clean, Inc.**

PAID
10/07/2014

Bill To:

EUGENE CHEN-SELLER
 13236 TRIADELPHIA RD
 ELLICOTT CITY, MD 21042

Service Address

BETH REED BRADY-BUYER
 13236 TRIADELPHIA RD
 ELLICOTT CITY, MD 21042

Phone # 410-795-5670

Fogle's Septic Clean, Inc.
 580 Obrecht Road
 Sykesville, MD 21784

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

P.O. #	Due Date	Rep	Ship Date
	10/7/2014	RAR	10/6/2014

Qty	Description	Rate	Amount
	MINI EXCAVATOR - LOCATED AND DUG UP TRENCH OFF OF DRYWELL, CONFIRMED TRENCH HAS DRY STONE AND REPLACED PIPE TO TRENCH TRENCH IS NOW TAKING WATER SYSTEM IS FUNCTIONAL RON, ED, POOLEY & NELSON	1,150.00	1,150.00

We appreciate your prompt payment. 1.5% interest will be charged monthly on all unpaid balances after 30 days. \$30 CHARGE FOR RETURNED CHECK. RECEIPT DATE STAMPS ARE STRICTLY ENFORCED for ALL DISCOUNTS.	Subtotal	\$1,150.00
	Total	\$1,150.00
	Payments/Credits	-\$1,150.00
Billing Questions Call 410-795-5670	Customer Total Balance	\$0.00

FOGLE'S SEPTIC CLEAN, INC.
 580 Obrecht Road • Sykesville • Maryland 21784
 (410) 795-5670



SEPTIC EVALUATION

<input checked="" type="checkbox"/> Buyer / <input type="checkbox"/> Seller	Date: <u>Sept 24, 2014</u> Time: <u>10 AM</u>	Occupied? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Client: <u>Brady Reed</u>	Ordered By: <u>410 971 1789</u>	If vacant, how long?
Property Address: <u>13236 Triadelphia Rd</u>	Phone: <u>Donna Weaver</u>	Property age: <u>1979 / 380</u>
<u>Ellicott City, MD 21042</u>	email:	System age:
	Weather:	
	Ground Conditions:	

Liquid level: <input type="checkbox"/> Above Normal / <input type="checkbox"/> Normal / <input type="checkbox"/> Below normal	Depth of tank: <u>2'</u>
Maintenance Appears: <input type="checkbox"/> Good / <input checked="" type="checkbox"/> Fair / <input type="checkbox"/> Poor	Access to tank: <u>6" x 10</u>
Effluent Filter present? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	Pump system: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

Type of Tank	Tank Composition & Size	Type of Absorption System
<input checked="" type="checkbox"/> Septic Tank (1 tank) <input type="checkbox"/> Cesspool <input type="checkbox"/> Aeration System <input type="checkbox"/> Other:	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Unknown Tank Size: <u>1000g</u> Baffles intact? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Drainfield <input type="checkbox"/> Marginal <input type="checkbox"/> Sandmound <input checked="" type="checkbox"/> Other: <u>Drywell</u>

Inspected System Appears	Inspector's Comments	Sketch of System
<input type="checkbox"/> Functional <input type="checkbox"/> Marginal <input checked="" type="checkbox"/> Unsatisfactory	<p>Septic tank is due for cleaning and is sch. for 9/25/14. Outlet baffle is missing. Drywell is above line coming from the tank. We recommend contacting HCHD to confirm + recommend a replacement system. Approx cost \$5000 - \$6000.</p>	
Inspector:		
Signature: <u>K. Cassell</u>		
Inspection Fee: <u>275.00</u>		
Water Test: <u>200.00</u>		
Amount Due:		
Date Paid:		
Check #		

IMPORTANT:

- This is a subjective and visual inspection only, based upon many unknown and unseen factors.
- The condition of the Sewage Disposal system is reported as of the above date.
- This report does not WARRANT nor GUARANTEE continued functional Sewage Disposal System operations.
- If house has been unoccupied, this report may not be accurate. Little or no use of the septic system could have allowed the problems to temporarily clear themselves.
- If a larger family is moving in than is presently occupying the house, the septic system may be subject to failure.
- If the general ground condition is wet, this report may not be accurate, as ground moisture may cover or hide actual septic effluent on the surface.
- In the above cases, it is strongly suggested that the septic system be re-certified in 3 to 6 months.
- If the system is rated below as marginal or unsatisfactory, it is suggested that the local health department be contacted to inspect and confirm the findings.

Payment for this inspection signifies understanding and acceptance of above clauses.



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Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 13236 Triadelphia Rd Ellicott City MD 21042

TAX ACCOUNT # TAX MAP 22 GRID 9 PARCEL 246 LOT NO. PROPOSED LOT SIZE (ACRES) 5.24 Ac

ZONING CATEGORY TIER

PROPERTY OWNER(S) Beth REED BRADY

DAYTIME PHONE 240.620.8086 CELL EMAIL

MAILING ADDRESS 13236 Triadelphia Rd Ellicott City 21042

APPLICANT FOGLE'S SEPTIC CLEAN RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410.795.5670 CELL 240.278.8925 EMAIL fim@foglesinc.com

MAILING ADDRESS 500 OBRECHT RD Sykesville, MD 21784

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- PROPERTY: SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS UPGRADE EXISTING OSDS

BUILDING:

- BUILDING: RESIDENTIAL WITH EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

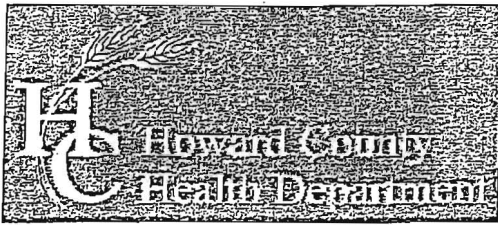
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT. THE APPLICATION FEE IS NON-REFUNDABLE THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations. By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service. SIGNATURE OF APPLICANT DATE 1/5/2016



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Dr. Maura J. Rossman, M.D., Health Officer

INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- Collapsed septic tank
- Collapsed drywell

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Is discharge surfacing on the ground?

- Yes
- No

Has the septic tank been pumped within the last month?

- Yes Date pumped: _____
- No? DONT KNOW

Was a visual inspection of the septic tank and/or drain fields conducted?

- Yes Explain observations: Collapsed Drywell
- No

Was a visual inspection of the sewage line conducted?

- Yes
 - Blockage leading to the tank
 - Yes. Explain: _____
 - No
 - Blockage leading to the field
 - Yes. Explain: _____
 - No

No

Additional Comments: _____

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: Fogle's Septic Contractor's Phone: 410. 795. 5670
 Contractor's Address: 580 OBRECHT Rd. Sykesville MD. 21784

Property Address: 13236 Triadelphia Rd. County file: _____
 Subdivision: _____ Lot: _____ Year Built: 1979

Owner's Name: Beth Reed BRADY Owner's Phone: 240 620 8086

Name of previous owners: _____ Existing bedrooms: 4
 Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): _____
 Public Sewer available/nearby: _____

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.
 Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____
 If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required: If the owner believes reason for exemption exists, the owner should justify the request in writing.
 If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.