



HOWARD COUNTY HEALTH DEPARTMENT

59768

DATE
9/16/16

AS
410
795-5000

Received From

Togles Septic Clean

PHONE #

For

~~Septic~~ Perc / Repair - 4421
College Ave.

CASH

CHECK

NO.

54462

Three hundred thirty

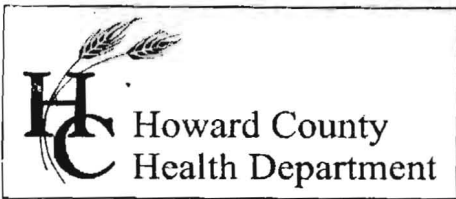
Dollars

\$

330 | 00

Received By

King



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

RECEIPT DATE: 9/16/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 5597/68

APPROVAL DATE: 10/21/16 **PERMIT:** REPAIR A _____

PROPERTY ADDRESS: 4421 College Avenue

SUBDIVISION: _____ LOT: _____ TAX ID: 02-201631

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Jason Kestner EMAIL: _____

OWNER ADDRESS: 4421 College Avenue, Ellicott City, MD 21043 PHONE: 517-499-5374

SEPTIC TANK SIZE (GALLONS): Ex PUMP CHAMBER CAPACITY (GALLONS): 1250 PUMP SIZE: 1/3 HP

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. N/A APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>80</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4'-4.5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Install 2 x 40' trenches above perc test hole (A). Now 1250 p.t. to be set just below ex. S.T. Pump/collection as P.W.</u>	

ISSUED BY: K. Wolf ISSUE DATE: 10/12/16 EXPIRATION DATE: 10/12/17

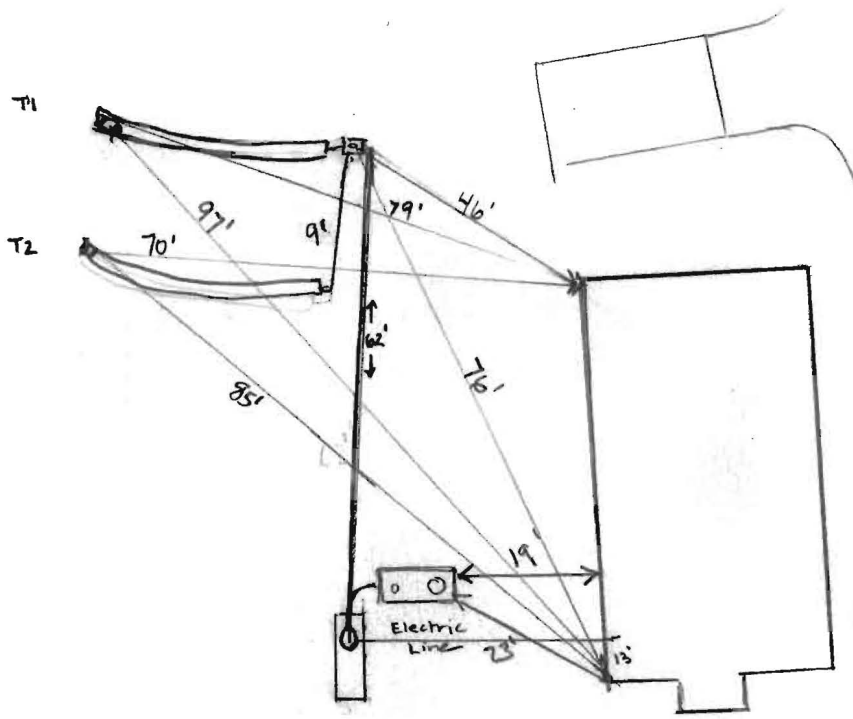
- NOTE: **CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION**
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT 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 _____
- 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.

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		80'
ABSORPTION AREA		800' + sidewalk
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1500 GAL
SEAM LOC	top
TANK LID DEPTH	28"
BAFFLES	Yes
BAFFLE FILTER	-
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	OK
SLOTTED	Yes
DATE ON LID	N/A
PUMP SEPTIC TANK LEVEL	N
MANUFACTURER	Babylon
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'-3'
BAFFLES	yes
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION:

10/12/16 Install new pump tank just below ex. S.T. Install 2x40' trenches above perc test A. Pump and call pipe ex Drywell. 2" FR w/ 1/3 HP pump.

INSTALLATION: 10/14/16 - Site inspection contractor onsite, most of the trench system was backfilled but I did observe clean stone and filter cloth. Trenches both 40' long & 2' wide curved on contour.

Pump line came up and out of riser on pump tank up to dbx. Trenches approximately 11' apart, ok to back fill. @ 10/17/16 - Site visit, system backfilled, was able to get more accurate measurements on the system. As built completed but not to scale. System needs pump test for final. (ER)

10/21/16 Pump/alarms ok. No disconnect or union on pump. Junction located inside tank.

FINAL INSPECTOR JK Half DATE OF APPROVAL 10/21/16





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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME n/a

PROPERTY ADDRESS 4421 College Ave. Ellicott City 21043

TAX ACCOUNT # 201631 TAX MAP 31 GRID 4 PARCEL 602 LOT NO. n/a PROPOSED LOT SIZE (ACRES) 1.002

ZONING CATEGORY TIER

PROPERTY OWNER(S) Jason Kestner

DAYTIME PHONE 517-499-5374 CELL EMAIL n/a

MAILING ADDRESS 4421 College Ave. Ellicott City, MD 21043

APPLICANT Fogles Septic Clean, Inc. RELATIONSHIP TO OWNER:

DAYTIME PHONE 410-795-5670 CELL EMAIL zac@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd. Sykesville, MD 21784

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

- 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:
RESIDENTIAL WITH 3 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: [Signature] DATE: 9/15/16



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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
- [x] Failing System
- [] System relocation for proposed addition
- [] System upgrade for proposed addition
- [] Inadequate treatment zone
- [] Collapsed septic tank
- [] Collapsed drywell

Has the septic tank been pumped within the last month?

- Has the septic tank been pumped within the last month?
- [x] Yes Date pumped: _____
- [] No

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

- Was a visual inspection of the septic tank and/or drain fields conducted?
- [] Yes Explain observations: _____
- [] No

Existing system design

- Existing system design
- [x] Drywell
- [] Trench
- [] Mound
- [] Unknown
- [] Other: _____

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
- [] Yes
- [] No
Blockage leading to the tank
- [] Yes. Explain: _____
- [] No
Blockage leading to the field
- [] Yes. Explain: _____
- [] No

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
- [] Yes
- [x] 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: Fogles Septic Clean, Inc. Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd. Sykesville, MD 21784

Property Address: 4421 College Ave Ellicott City County file: HC

Subdivision: n/a Lot: Year Built: 1990

Owner's Name: Jason Kestner Owner's Phone: 577-499-5374

Name of previous owners: Existing bedrooms: 3

Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): no

Public Sewer available/nearby: n/a

*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.