



HOWARD COUNTY HEALTH DEPARTMENT

56489

DATE 6/18/15

P5/A5

Received From

Toglas Septic Clean

PHONE #

795-5610

For

Perc Repair / PSC 21 97

Septic Permit / 815 Linn Road

et.

Seven Hundred 28/1025

Dollars

CASH

CHECK

NO.

49888

\$

726.00

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

Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 6/18/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 556489

APPROVAL DATE: 7/17/15 SC **PERMIT:** REPAIR A _____

PROPERTY ADDRESS: 1380 Route 97

SUBDIVISION: _____ LOT: 2 TAX ID: 04-312066

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

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410795-5670

PROPERTY OWNER: Rehsi Didar Singh EMAIL: _____

OWNER ADDRESS: 1380 Route 97, Cooksville, MD 21723 PHONE: 410-442-1279

SEPTIC TANK SIZE (GALLONS): N/A PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: —

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. N/A APPLICATION RATE: 0.6

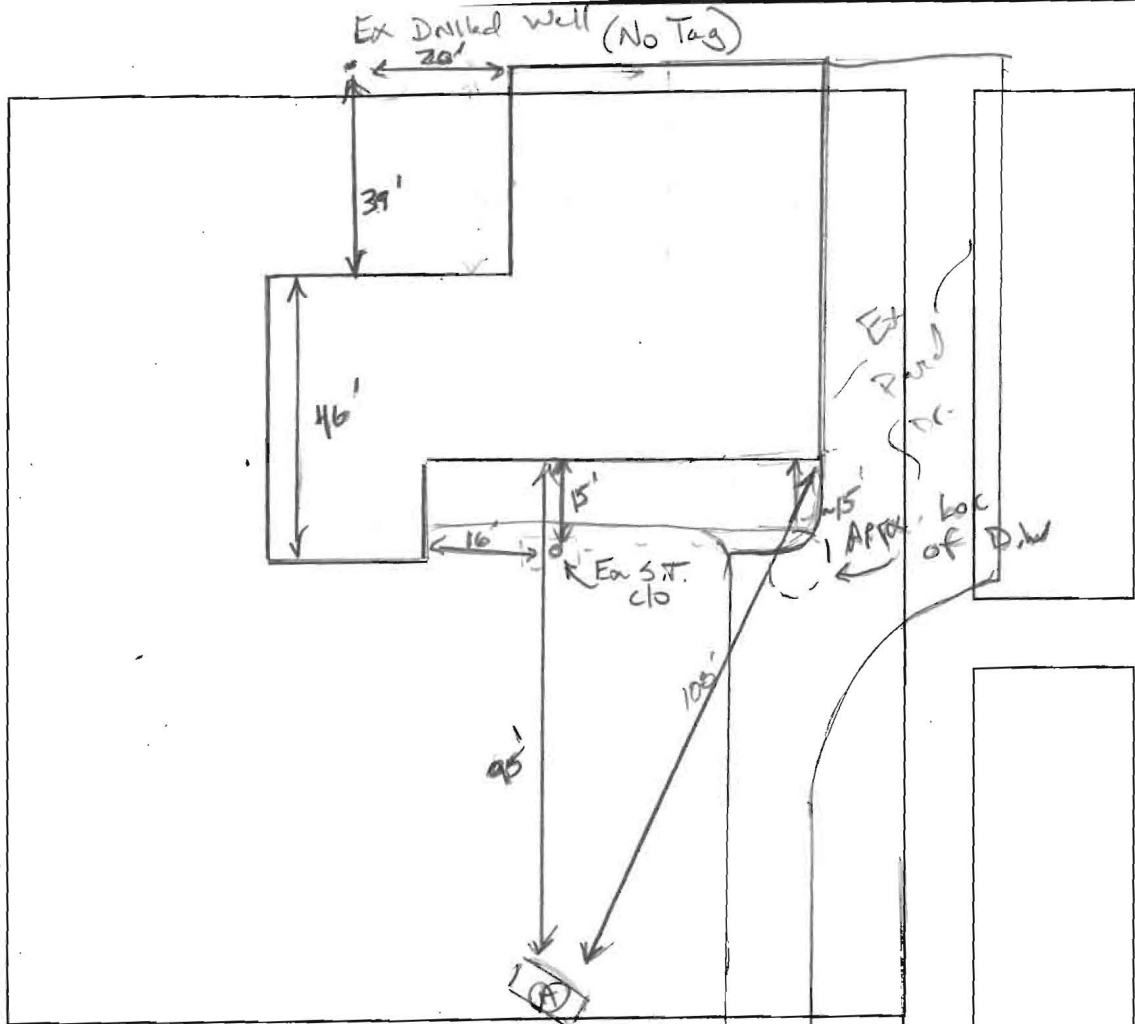
DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>150</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>9'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5.5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 2x75' on contour nearly parallel w/ house. Tank needs manhole access. New pipe to be cut west end of ex. pipe. Ex. DW. must be pumped and filled in w/ stone.	

ISSUED BY: K. Wolf ISSUE DATE: 7/6/15 EXPIRATION DATE: 7/6/16

- 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.



(A)
 16' WK Dr L, roots, msbk roots
 WK, base Dr L
 WK SBK, Friable, roots
 3' Br/rd sil, WK BK, 20% 5% seepage roots
 5' Br/rd F&L, ste. platy
 8' Br/Y F&L Highly viscous
 13.5' wk platy, 5% silt
 15' H₂O seepage

Rt. 77

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/6/15	(A)	5'10" / 5'	00:08	00:21	00:49	28	P
		7'6"	00:04	00:08	00:14	7	P

REMARKS Ex Drywell over full. No surface Discharge. Repair fence from 1989

REMARKS Installed 3' off center. Ex Drywell

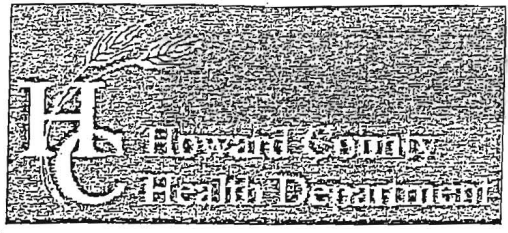
SANITARIAN i K. Wolf BACKHOE Jake = Fogles OTHERS Help@S

TEST HOLES USED IN SDA 1 AVG. PERC TIME 17.5 SQ. FT/BR 0.6

TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 9 EFFECTIVE S/W 5.5' (.40)

$$3BR = \frac{450 \text{ gal}}{0.6} = 750 \div 2 = 375 (.40) \approx 150 \text{ LF}$$

6/18/2015



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
Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

- 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?
[X] Yes Date pumped: 6/15
[] No

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

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

Was a visual inspection of the sewage line conducted?
[X] Yes
Blockage leading to the tank
[] Yes. Explain:
[X] No Tank overflow

Blockage leading to the field
[] Yes. Explain:
[X] No 1/2 flowing back from drywell while pumping

- Is discharge surfacing on the ground?
[] Yes
[X] 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:

Property Address: 1380 Rt 97 County file: 1
Subdivision: Lot: 2 Year Built: 1978
Owner's Name: DOAR BESH Owner's Phone: 410-442-1279

Name of previous owners: Existing bedrooms: 3
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.

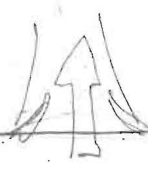
No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.

Well

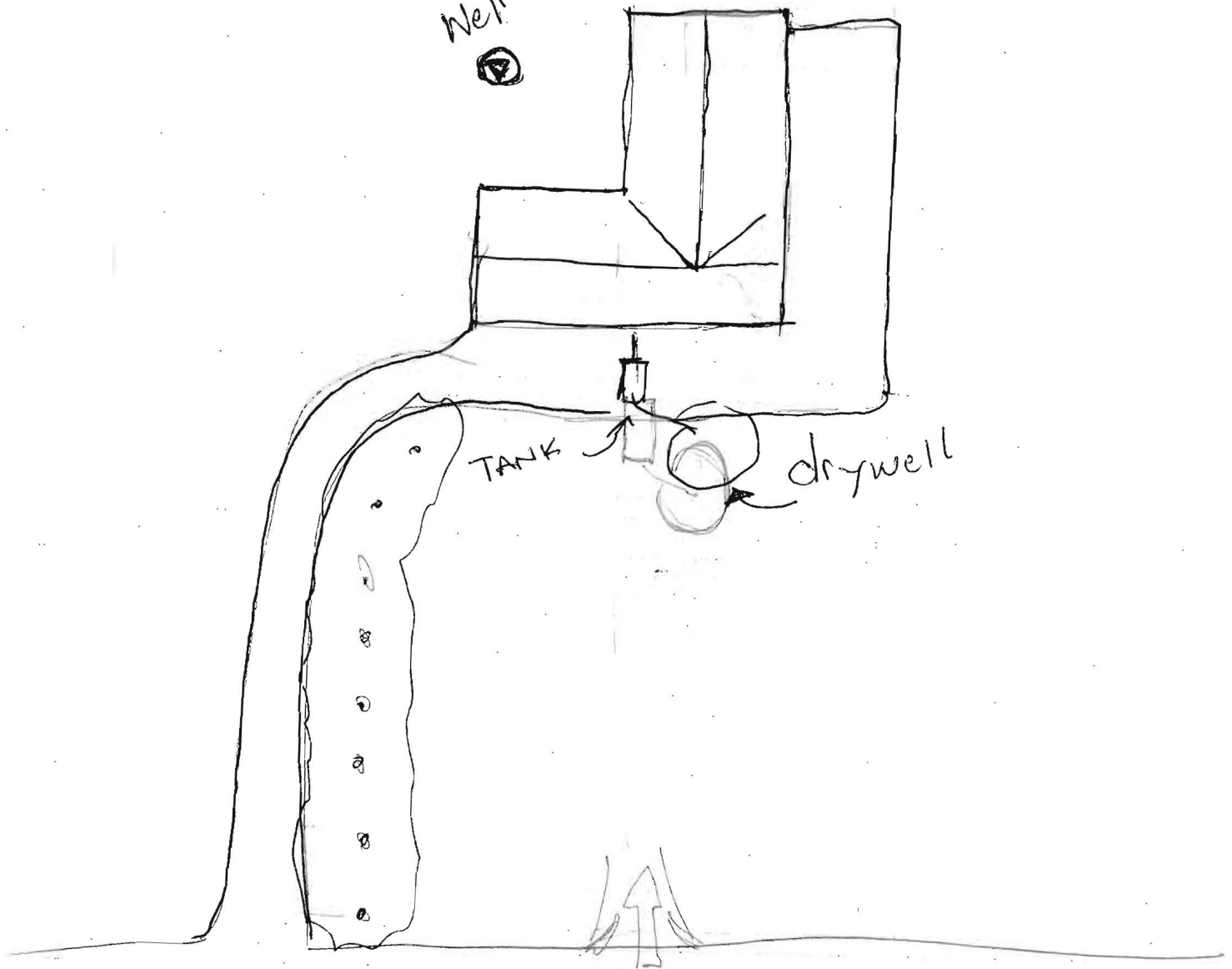


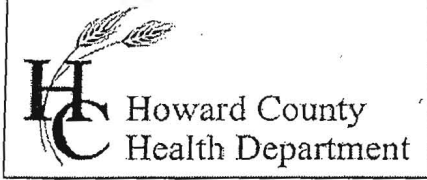
TANK

drywell



MD 97





Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # 2

PROPERTY ADDRESS 1380 MD. RT 97 21723
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 8 GRID 11 PARCEL 163 ZONING DESIGNATION R

PROPERTY OWNER(S) Didar Reshi

DAYTIME PHONE 410 442 1279 CELL _____ EMAIL _____

MAILING ADDRESS SAME
STREET CITY, STATE ZIP

APPLICANT FOGLE'S SEPTIC RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL Kim@FoglesInc.com

MAILING ADDRESS 500 ORBERT RD Sykesville MD 21784
STREET CITY, STATE ZIP

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

- BUILDING: 3
- 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)

- PROPERTY:
- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
 - CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
 - REPAIR OR REPLACE FAILING OSDS
 - UPGRADE EXISTING OSDS

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

6/18/2015

 DATE