

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: 5/15/17 **ONSITE SEWAGE DISPOSAL SYSTEM** P 560632-B
 APPROVAL DATE: 05/23/2017 **PERMIT:** Tank Repl. only. **REPAIR** A _____
 PROPERTY ADDRESS: 14530 Monticello Drive
 SUBDIVISION: _____ LOT: _____ TAX ID: 04-324722
 CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kim@foglesinc.com
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670
 PROPERTY OWNER: Kelly Harms EMAIL: _____
 OWNER ADDRESS: 14530 Monticello Drive, Cooksville, MD 21723 PHONE: 202-660-2601

SEPTIC TANK SIZE (GALLONS): 1500g PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____
 NUMBER OF BEDROOMS: N/A HOUSE SQ. FT. _____ APPLICATION RATE: _____
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
	LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Tank Repl. only. Ex. S.T. making @ seam.</u>	

ISSUED BY: K. W. Lf. ISSUE DATE: 5/22/17 EXPIRATION DATE: 5/22/18

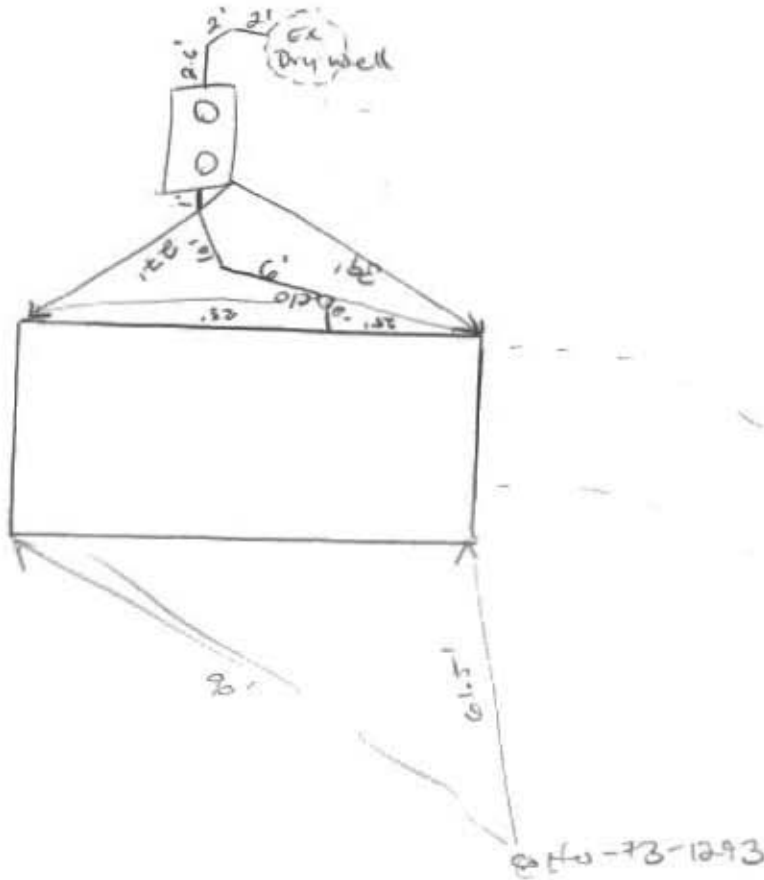
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- 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 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.

NOT TO SCALE



ROAD NAME

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 1 LEVEL _____

MANUFACTURER Babylon

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 3' inlet / 2'-1" outlet

BAFFLES yes

BAFFLE FILTER no

MANHOLE LOC Front/Back

6" PORT LOC inlet

WATERTIGHT TEST _____

SLOTTED yes

DATE ON LID 04/09/17

PUMP/SEPTIC TANK LEVEL

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PRE-CONSTRUCTION:

5-22-17 set new septic tank next to ex. S.T. Contractor unsure of bedroom count. They opted to go w/ 1500g 2 comp. tank. (LWD)

INSTALLATION: 05/23/2017 On site after completion of installation. Tied New PVC piping into previous cast iron house connection w/ Fernco coupling. Connected to Existing Drywell ~ 4' to grade @

FINAL INSPECTOR

DATE OF APPROVAL 05/23/2017



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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 *leaking*
- Collapsed drywell

Has the septic tank been pumped within the last month?

- Yes Date pumped: _____
- No

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

- Yes Explain observations: OK
- No _____

Existing system design

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

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

Is discharge surfacing on the ground?

- Yes
- 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 Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville 21784

Property Address: 14530 Manticello DR County file: _____

Subdivision: _____ Lot: 40 Year Built: 1976

Owner's Name: Kelly Harms Owner's Phone: 202-660-2601

Name of previous owners: Emily Phillips 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.