



HOWARD COUNTY HEALTH DEPARTMENT

62993

DATE 5/17/18

P5

Received From

Fogles Septic Clean PHONE # 410 795-3670

For HERO VAPOR 19425 DLE
THROCK RD.

- CASH
- CHECK

NO. 00734

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
 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION 156293

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____
 PROPERTY ADDRESS 9425 Old Frederick Rd Ellicott City 21042
STREET TOWN ZIP
 TAX ACCOUNT # 233630 TAX MAP 17 GRID 16 PARCEL 514 LOT NO. 1 PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Martha Clarkson
 DAYTIME PHONE 410-530-5988 CELL _____ EMAIL _____
 MAILING ADDRESS 9425 Old Frederick Rd Ellicott City 21042
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 410-795-5670 CELL _____ EMAIL kim@foglesinc.com
 MAILING ADDRESS 580 Obrecht 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):

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

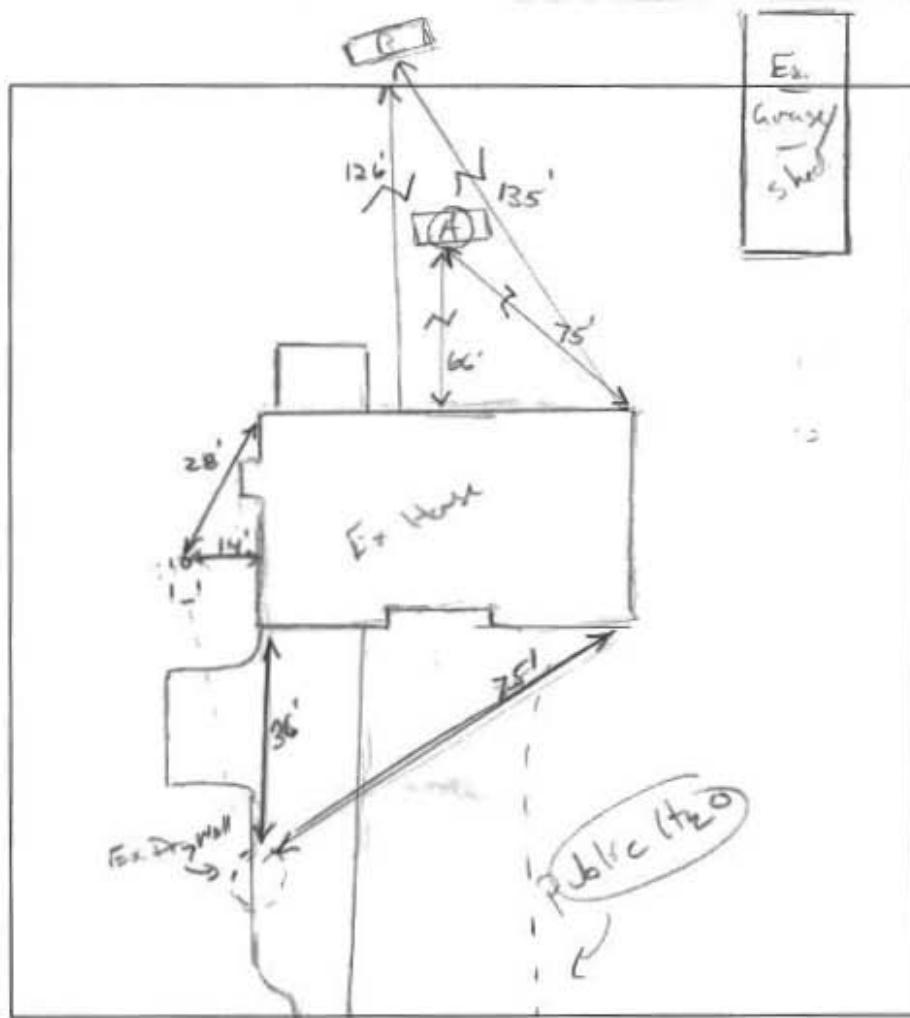
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

DATE

AP _____



10'
2'
7'

(A)
Dk Br on L
MSBK, roots
string Br CL
Dense, CS
MSBK
roots
Br/R. CL
MSBK - m.p.L.
C to C of Fringe
15% chert
Hard Bottom

3'
7'
13'
15'

(B)
Br/dk CL
wk orb,
roots, CW
mud
1: Br/Y/rd SL
wk orb, dy
microns
5% chert
s-pal fr.
Br/Y/rd FSL
wk pl, Frisch

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/24/18	(A)	3' / 1/4"	00:41	pulled	—	no moment	(F)
		7'					F
	(B)	3' / 1/4"	00:10	00:16	00:24	8	P
		6'	00:31	00:38	00:49	11	P

REMARKS No room in front yard due to BGR² and water line ^{Bottom shown}

SANITARIAN K. Wolf BACKHOE Service OTHERS Burrows / 5/1/18

TEST HOLES USED IN SDA 2 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 2 INLET DEPTH 2 MAX. BOT DEPTH 8 EFFECTIVE SW .81 (3-8)

3BA = $450 \text{ gal} \div 0.8 = 562 \div 2 = 281 (-.31) = 88 \text{ LF}$ ^{dist of 20'}

HBR = $600 \text{ gal} \div 0.8 = 750 \div 2 = 375 (-.31) = 116 \text{ LF}$



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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 zones
[] 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?
[] Yes Date pumped:
[X] 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?
[X] Yes Explain observation: Septic inspection
[] 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?
[X] Yes
Blockage leading to the tank:
[] Yes Explain:
[X] No

Blockage leading to the field

- Blockage leading to the field:
[] Yes Explain:
[X] No

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
[X] 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. pool, living space additions, garage, 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 Clean Contractor's Phone: 410-795-5670
Contractor's Address: 580 Obrecht Rd Sykesville 21784
Property Address: 9425 Old Frederick Rd County file:
Subdivision: Skyview Lot: 1 Year Built: 1969
Owner's Name: Martha Clarkson Owner's Phone: 410-530-5988

Name of previous owners: Existing bedrooms:
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.