



# HOWARD COUNTY HEALTH DEPARTMENT

60530

DATE 2/16/17

AS

Received From

Togles Septic

PHONE #

410 745-5600

For

Pump Repair = 11000

Quarterly

CASH

CHECK

NO.

56/22

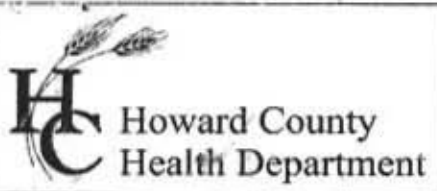
Three thousand thirty

Dollars

\$ 33000

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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 2/6/17      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 560530  
 APPROVAL DATE: \_\_\_\_\_      **PERMIT:**      **REPAIR**      A \_\_\_\_\_  
 PROPERTY ADDRESS: 11060 Gaither Farm Road  
 SUBDIVISION: Gaither Farm      LOT: 17      TAX ID: 03-310892  
 CONTRACTOR: Fogle's Septic Clean Inc.      EMAIL: zac@foglesinc.com  
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784      PHONE: 410-795-5670  
 PROPERTY OWNER: Michael Curtin      EMAIL: \_\_\_\_\_  
 OWNER ADDRESS: 11060 Gaither Farm Road, Ellicott City, MD 21042      PHONE: 479-841-4090

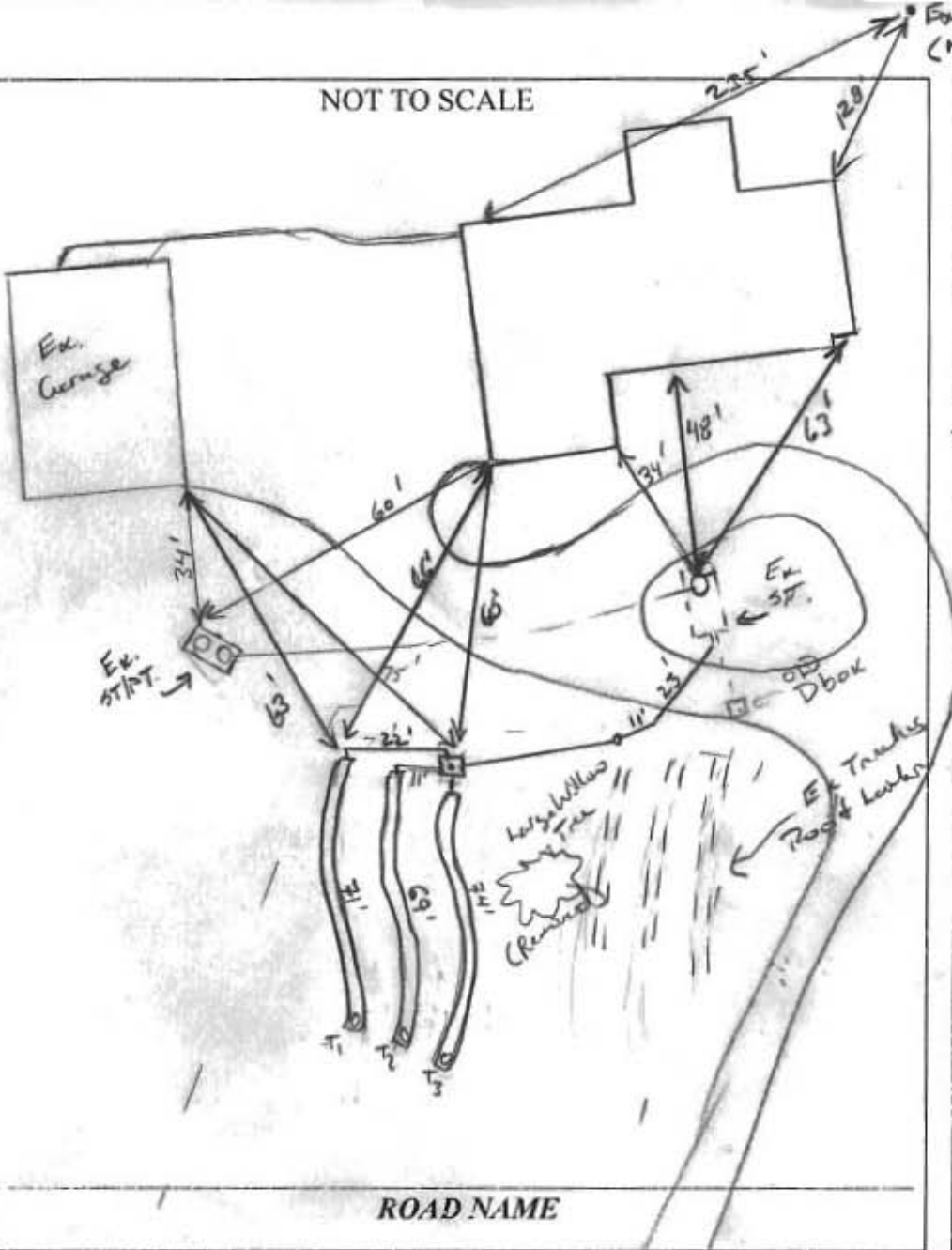
SEPTIC TANK SIZE (GALLONS): Existing      PUMP CHAMBER CAPACITY (GALLONS): N/A      PUMP SIZE: -  
 NUMBER OF BEDROOMS: 4      HOUSE SQ. FT. -      APPLICATION RATE: 0.8  
 DISTRIBUTION SYSTEM:      GRAVITY FED       LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>215'</u>	INLET DEPTH: <u>5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>9'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>7'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 3 x 22' trenches below ex trenches. Tie new sub 40 into new box from ex S.P.	

ISSUED BY: K. Wolf      ISSUE DATE: 2/9/17      EXPIRATION DATE: 2/9/18

- 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 DOWNGRAIENT 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'	4.5'	9'
NUMBER OF TRENCHES		3
TOTAL LENGTH		214 ft
ABSORPTION AREA		428 sqft + Site area
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

Ex. SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	-
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	42"
BAFFLES	Yes
BAFFLE FILTER	no
MANHOLE LOC	Front
6" PORT LOC	Inlet
WATERTIGHT TEST	OK
SLOTTED	N/A
DATE ON LID	N/A
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:

2/9/17 Shot elevations, confirmed elevations consistent w/ original trench locations. Install 7x23' trenches as perched out in field. Ex. system to be abandoned. Remove FYI - Contractor wanted to move below ex. large Willow tree which is to be cut down and stump removed.

INSTALLATION:

2/13/17 Line connected from tank to new Dbox. C/O's added as needed. D box set. Lower trench 80% dig, stone being added. Advise contractor "balls" around on drainfield pipe (xmas tree). [Concrete Action] 2/14/17 On site for completion of third trench. Captive maintenance for as-built. D box leak at junction of T3. Recommendation to seal connection w/ water tight sev.

FINAL INSPECTOR

DATE OF APPROVAL 02/14/2017



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

A510530

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Gaither Farm

PROPERTY ADDRESS 11060 Gaither Farm Rd Ellicott City 21042

TAX ACCOUNT # 310892 TAX MAP 29 GRID 10 PARCEL # 01 LOT NO. 17 PROPOSED LOT SIZE (ACRES) 3.08 ac.

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Michael Curtin

DAYTIME PHONE 479-841-4090 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 11060 Gaither Farm Rd Ellicott City, MD 21042

APPLICANT Fogles Septic Clean Inc.

RELATIONSHIP TO OWNER: \_\_\_\_\_

DAYTIME PHONE 410-795-5670 CELL \_\_\_\_\_ EMAIL zac@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:

- 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 4 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]

2/6/17

SIGNATURE OF APPLICANT

DATE



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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

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: tree roots
- 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: ~~tree roots~~
    - No
  - Blockage leading to the field
    - Yes. Explain: roots
    - 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, Inc Contractor's Phone: 410-795-5670  
 Contractor's Address: 506 Obrecht Rd Sykesville, MD 21784

Property Address: 11060 Weather Farm Rd. County file: HC  
 Subdivision: Weather Farm Lot: 1-7 Year Built: 1986  
 Owner's Name: Michael Luthin Owner's Phone: 479-811-4090

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.\*

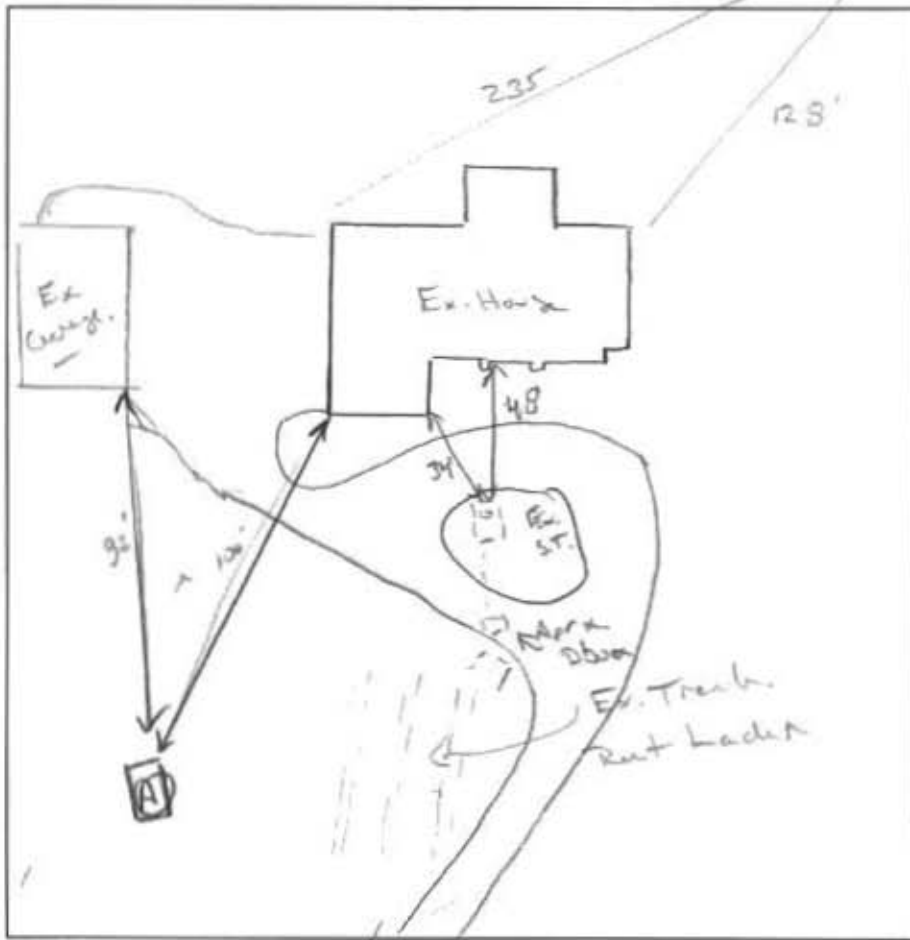
Print out a copy of Real Property Data via Dept. of Taxation website \_\_\_\_\_ Indexed file found \_\_\_\_\_

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.



(A)

3' Br/Rd. L. Heavy, rock  
 Br - Br/Rd Cl. cov. m. silt. F. r. silt. 1040 ft. x.  
 6' Dr. Br. Rd. L. CS, T, Lt. Friable m. silt. Trans. La.  
 9' Br/Rd SL WEFA  
 12' R. v. silt. m. silt. Br/Y Fst. m. silt. WEFA  
 16'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/9/17	(A)	5' / 14"	00:16	00:24	00:46	~22 min	P
		8 1/2'	00:34	00:36	00:39	3	P

REMARKS Entire system filled w/ roots

SANITARIAN K. Wolf BACKHOE J. K. / D. M. OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA 1 AVG. PERC TIME 12.5 SQ. FT/BR 0.8

TRENCH WIDTH 2 INLET DEPTH 5' MAX. BOT DEPTH 9' EFFECTIVE SW 5' (7-9)

4BR =  $\frac{600}{0.8} = 750 \div 2 = 375 (.57) = 215 LF$