

**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: 5/8/18      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 562990  
 APPROVAL DATE: 5/30/2018 @ **PERMIT:**      **REPAIR**      A \_\_\_\_\_  
 PROPERTY ADDRESS: 1660 Daisy Road  
 SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 04-323750  
 CONTRACTOR: Fogle's Septic Clean Inc.      EMAIL: kim@foglesinc.com  
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784      PHONE: 410-795-5670  
 PROPERTY OWNER: George Weaver      EMAIL: \_\_\_\_\_  
 OWNER ADDRESS: 1660 Daisy Road, Woodbine, MD 21797      PHONE: 412-370-7535

SEPTIC TANK SIZE (GALLONS): 1500      PUMP CHAMBER CAPACITY (GALLONS): N/A      PUMP SIZE: N/A  
 NUMBER OF BEDROOMS: 3      HOUSE SQ. FT. \_\_\_\_\_      APPLICATION RATE: 0.8  
 DISTRIBUTION SYSTEM:    GRAVITY FED       LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>79'</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>2'</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

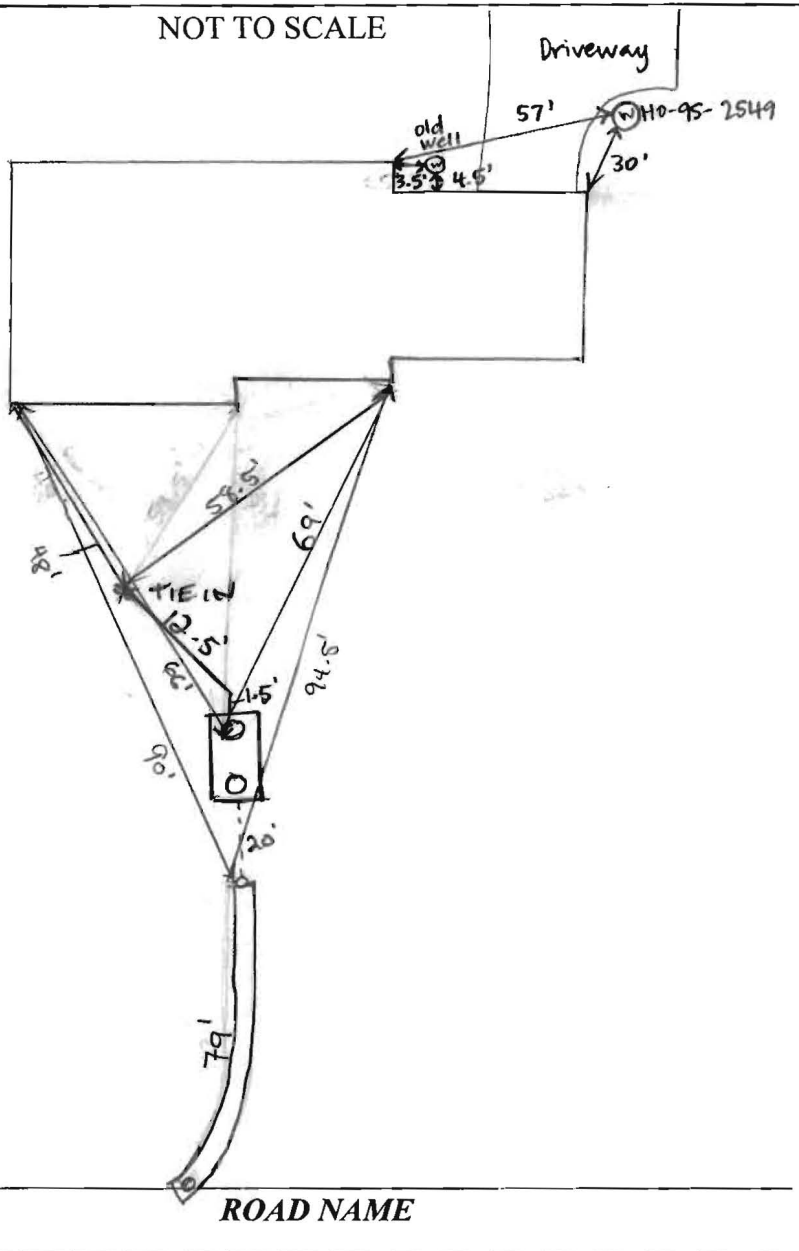
NOTES: Install a 1500-gal, 2-compartment, slotted tank. Install 1 x 79' trench on contour + mark trench beginning with a stand pipe. Existing tank and dry well must be pumped + filled with clean dirt.

ISSUED BY: Sarah Collins      ISSUE DATE: 5/23/18      EXPIRATION DATE: 5/23/19

- 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 DOWNGRADE 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 WARRANT 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
3'	4'	8'
NUMBER OF TRENCHES <u>1</u>		
TOTAL LENGTH <u>79'</u>		
ABSORPTION AREA <u>237 sq</u>		
DISTRIBUTION BOX LEVEL <u>N/A</u>		
DISTRIBUTION BOX BAFFLE <u>N/A</u>		
DISTRIBUTION BOX PORT <u>N/A</u>		

**SEPTIC TANK DATA**

SEPTIC TANK I LEVEL	<u>DN1</u>
MANUFACTURER	<u>BABYLON</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>TOP</u>
TANK LID DEPTH	<u>3.25ft</u>
BAFFLES	<u>YES</u>
BAFFLE FILTER	<u>NO</u>
MANHOLE LOC	<u>FRONT/BACK</u>
6" PORT LOC	<u>INLET</u>
WATERTIGHT TEST	<u>N/A</u>
SLOTTED	<u>YES</u>
DATE ON LID	<u>4-7-18</u>

**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:**

5/23/18 Shot contour + laid out 1 x 79' trench on contour. Mark trench beginning with a stand pipe no D-box req'd. (S)

INSTALLATION: 5/25/2018 New SL to tank tie in as shown. ST installed. TRENCH beginning marked w/ stand pipe. Stone has some fines. Ex. ST collapsed and filled. Trench partially completed, second delivery of stone. (S) 5/30/2018 Saw verbal on completed trench. (S)

FINAL INSPECTOR

*[Handwritten Signature]*

DATE OF APPROVAL

05/30/2018

# FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
5/14/18	<p>Info from contractor that property has drywell that 15d collapsed. Perce set up for 5/24/18.</p> <p>No contractor that drywell is full. more info needed (pkm)</p> <p>→ site visit confirmed. Drywell looks full, hard to see as 15d has collapsed. will assign to SC. (pkm)</p>
5/23/18 (am)	<p>On site with Fogle's - homeowner George. George had a plan (maybe from addition) <sup>by</sup> showing two trenches, one off the drywell and one off the tank. Trench off drywell installed as a repair w/ permit from Health Dept. trench off tank presumably added later.</p> <p>Found trench off tank, stone starts ~ 4' depth + looks clean.</p> <p>George opting to tie into this trench + abandon dry well.</p> <p>Other trench not found - no add'l outlet pipe from dry well found from looking inside tank. May find when dry well is pumped. (p)</p>
5/23/18 (pm)	<p>Call from Fogle's - they drove a rod into the stone and hit water ~ 1' below. Tank also has structural damage. Install a 1500-gal, 2-compartment, slotted tank and 1 x 79' trench, 3' wide inlet 4' bottom 8'. Pump + fill in old tank + drywell. (SC)</p>



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Twitter: HowardCoHealthDep

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: Top part of drywell caving in
- 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: Fogle's Septic Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville

Property Address: 11660 Daisy Rd County file: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Year Built: \_\_\_\_\_

Owner's Name: George Weader Owner's Phone: 412-370-7535

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 3

Proposed bedrooms: \_\_\_\_\_

Has this request been previously discussed with a Sanitarian? (Name): \_\_\_\_\_

Public Sewer available/nearby: No

\*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.



# HOWARD COUNTY HEALTH DEPARTMENT

62990

5/8/18 DATE

APS

Received From

Togles Septic Clean

PHONE #

46 795-5670

For

Peru Repair/Hello Daisy K.D.

CASH

CHECK

NO.

00128

Three hundred thirty

Dollars

\$

330 00

Received By

King