

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: 1/11/18

ONSITE SEWAGE DISPOSAL SYSTEM

P 562390

INSTALLATION APPROVAL DATE:

PERMIT TANK REPLACEMENT

A

PROPERTY ADDRESS: 1400 Route 97

SUBDIVISION: LOT: TAX ID: 04-329260

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

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Adam Bond EMAIL:

OWNER ADDRESS: 1400 Route 97, Sykesville, MD 21784 PHONE: 410-841-2894

BAT UNIT MODEL: PUMP SIZE: N/A PUMP TANK CAPACITY: N/A

NUMBER OF BEDROOMS: SEPTIC TANK SIZE: DRAINFIELD SIZE/TYPE:

Table with 2 columns: LOCATION, NOTES. Notes include: Replacement septic tank must be at least 100 feet from existing well. A pre-construction meeting is required. At time of pre-construction meeting, contractor must demonstrate that gravity flow can be achieved and there will be no more than 3ft of soil depth on top of the replacement septic tank. Contractor to provide level at pre-construction meeting.

ISSUED BY: ISSUE DATE: EXPIRATION DATE:

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
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 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE

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 _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

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SLOTTED _____

DATE ON LID _____

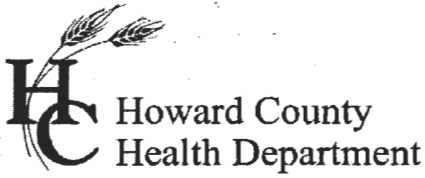
ROAD NAME

PRE-CONSTRUCTION:

1/16/18 spoke w/ contractor. Explained metal tank started to collect road. Told him we need site visit to confirm location of new tank (shown)

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____



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PERMIT

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NUMBER OF BEDROOMS: _____ SEPTIC TANK SIZE: _____ DRAINFIELD SIZE/TYPE: _____

LOCATION:	
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NOT TO SCALE

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 _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

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 _____

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A-_____ P-562390

PERMITTEE Fogles Septic Clean Inc.

LOCATION 1400 Route 97
Adam Bond

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector _____

Date _____

Inspector _____

Date _____

FINAL INSPECTION MADE, COVER ALL WORK

Inspector _____

Date _____

FOGLE'S SEPTIC CLEAN, INC.
 580 Obrecht Road • Sykesville • Maryland 21784
 (410) 795-5670



SEPTIC EVALUATION

<input checked="" type="checkbox"/> Buyer / <input type="checkbox"/> Seller	Date: <u>9/28/17</u> Time: <u>8:30 AM</u>	Occupied? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Client: <u>Adam Bond</u>	Ordered By:	If vacant, how long? <u>?</u>
Property Address: <u>1400 State Rt 97</u> <u>Sykesville, MD</u> <u>21784</u>	Phone: <u>704 708-2088</u>	Last pumped:
	email: <u>adam-c-bond@yahoo</u>	Property age: <u>1949</u>
	Weather:	System age: <u>3BR</u>
	Ground Conditions:	

Liquid level: <input checked="" type="checkbox"/> Above Normal / <input type="checkbox"/> Normal / <input type="checkbox"/> Below normal	Depth of tank: <u>2'</u>
Maintenance Appears: <input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input checked="" type="checkbox"/> Poor	Access to tank: <u>10" x 10" Flu liner</u>
Effluent Filter present? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	Pump system: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

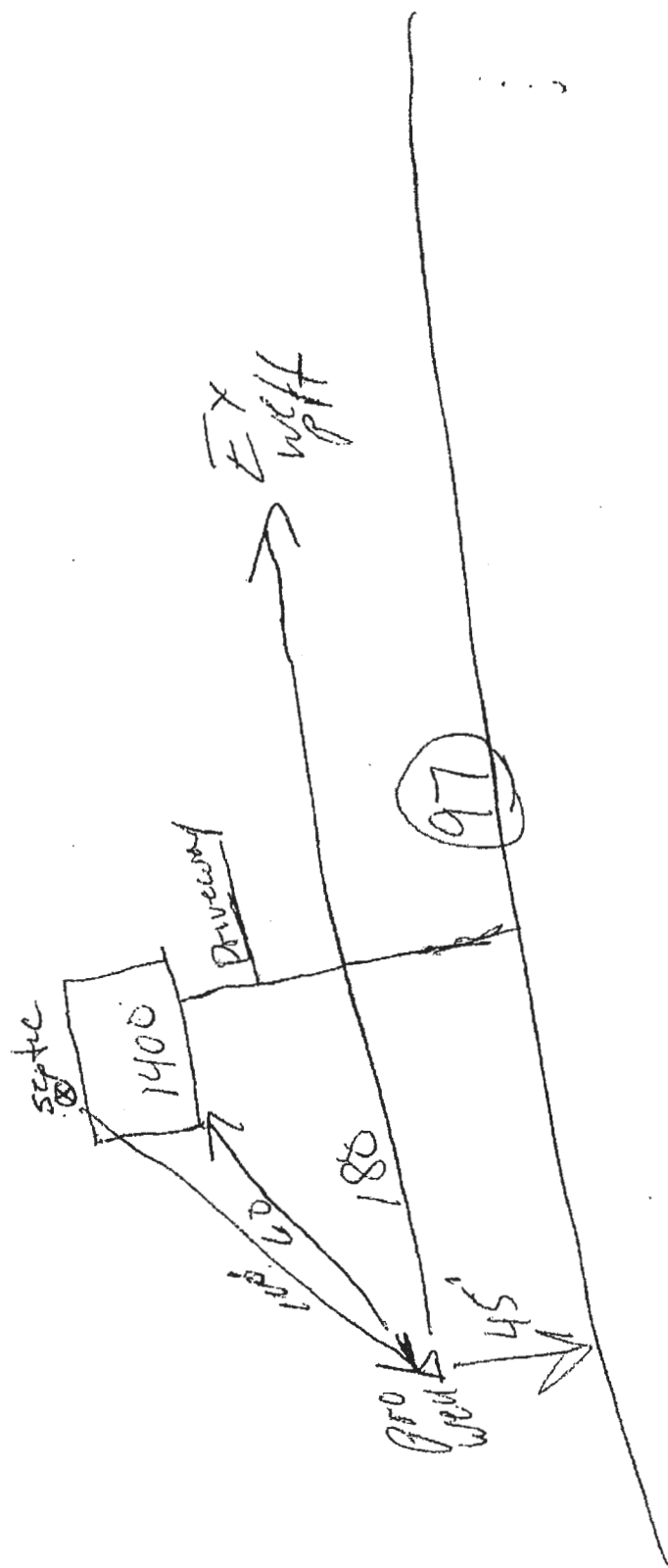
Type of Tank	Tank Composition & Size	Type of Absorption System
<input checked="" type="checkbox"/> Septic Tank (1 tank)	<input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Unknown	<input type="checkbox"/> Drainfield
<input type="checkbox"/> Cesspool	Tank Size: <u>?</u>	<input type="checkbox"/> Drywell
<input type="checkbox"/> Aeration System	Baffles intact? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Sandmound
<input type="checkbox"/> Other:	<u>Outlet is missing</u>	<input checked="" type="checkbox"/> Other: <u>?</u>

Inspected System Appears:	Inspector's Comments	Sketch of System
<input type="checkbox"/> Functional <input type="checkbox"/> Marginal <input checked="" type="checkbox"/> Unsatisfactory	<p>Septic tank is overfull. Outlet baffle is missing. We recommend ev the tank to pump and inspect. If tank is of satisfactory condition. Replace outlet baffle and snake or replace outlet pipe and locate drainfield or drywell.</p> <p>approx cost \$1000 - \$2000</p>	
Inspector:		
Signature: <u>K. Carrell</u>		
Inspection Fee: <u>\$225</u>		
Water Test:		
Amount Due:		
Date Paid:		
Check #		

IMPORTANT:

- This is a subjective and visual inspection only, based upon many unknown and unseen factors.
- The condition of the Sewage Disposal system is reported a of the above date.
- This report does not WARRANT nor GUARANTEE continued functional Sewage Disposal System operations.
- If house has been unoccupied, this report may not be accurate. Little or no use of the septic system could have allowed the problems to temporarily clear themselves.
- If a larger family is moving in than is presently occupying the house, the septic system may be subject to failure.
- If the general ground condition is wet, this report may not be accurate, as ground moisture may cover or hide actual septic effluent on the surface.
- In the above cases, it is strongly suggested that the septic system be re-certified in 3 to 6 months.
- If the system is rated below as marginal or unsatisfactory, it is suggested that the local health department be contacted to inspect and confirm the findings.

Payment for this inspection signifies understanding and acceptance of above clauses.



RECEIVED
 DEC 19 2016
 HOWARD COUNTY HEALTH DEPT.
 BUREAU OF ENVIRONMENTAL HEALTH