



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: 11/9/18 ONSITE SEWAGE DISPOSAL SYSTEM P 564065

APPROVAL DATE: 01/16/2019 PERMIT: REPAIR A

PROPERTY ADDRESS: 13184 Clarksville Pike

SUBDIVISION: LOT: TAX ID: 05-356296

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

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

PROPERTY OWNER: Donna Peters EMAIL:

OWNER ADDRESS: 13184 Clarksville Pike, Highland, MD 20777 PHONE: 240-687-8419

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): - PUMP SIZE: -

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. - APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED [X] LOW PRESSURE DOSED []

Table with 2 columns: Field Name, Value. Includes TRENCHES (Linear feet required: 102, Inlet depth: 30), LOCATION (TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION), and NOTES (Set new D-box run 2 x 51' trenches on contour outside of well radius...)

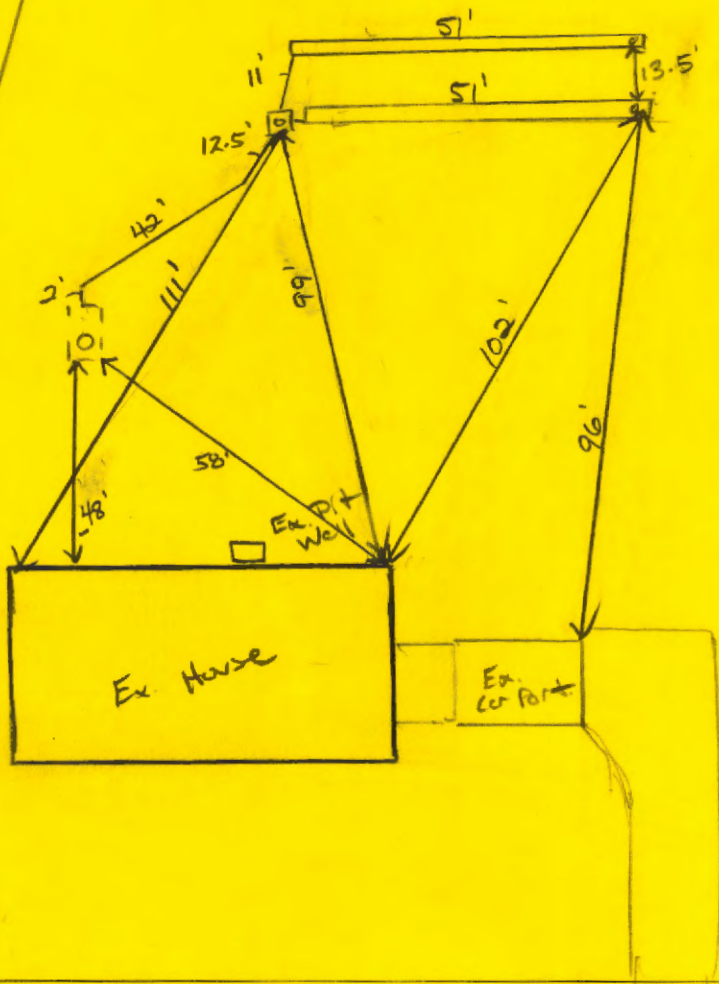
ISSUED BY: K. Wolf ISSUE DATE: 11/28/18 EXPIRATION DATE: 11/9/19

- 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 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
NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED.
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

Apr 2018



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		102'
ABSORPTION AREA		204'
DISTRIBUTION BOX LEVEL		YES
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

EX. SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER 2/A

CAPACITY _____ GAL

SEPTIC _____

TANK LID DEPTH _____

BOULES _____

BOULE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SCHEDULED _____

LID ON LID _____

PUMP/PTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEPTIC _____

TANK LID DEPTH _____

BOULES _____

BOULE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SCHEDULED _____

LID ON LID _____

ROAD NAME

- Clarksville Pike -

PRE-CONSTRUCTION:

11/28/18 Install new D box run 2 x 52' trenches on contour running towards right - must lot line. Pump/collapse existing. Call for insp. Future well repl. to be placed in front yard. (KMS)
 VIII/2019 CONFIRMED FIELD LAYOUT. OK TO PROCEED ⊕

INSTALLATION:

1/16/2019 SNOW COVERED. GROUND SATURATED. EX. DW FILLED W/ STONE AND CLEAN FILL AFTER PUMPING. EX ST TIED INTO NEW D BOX AND TRENCHES. D BOX LEVELED W/ SPEED LEVELS. OK TO BACKFILL ⊕

FINAL INSPECTOR

DATE OF APPROVAL

1/16/2019



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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

Existing system design:

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

Is discharge surfacing on the ground?

- Yes
- No

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: _____
- No

Was a visual inspection of the sewage line conducted?

- Yes
 - No
- Blockage leading to the tank:**
- Yes Explain: _____
 - No

Blockage leading to the field:

- Yes Explain: _____
- 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 Sparksville Md 21784

Property Address: 13184 Clarksville Pk County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: Donna Peters Owner's Phone: 240-687-8419

Name of previous owners: _____ Existing bedrooms: 3

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.



HOWARD COUNTY HEALTH DEPARTMENT

64065

DATE 11/9/18

Received From

Fogles Septic

PHONE #

410 795-5090

For

Part / Repair

CASH

CHECK

13184 Clarksville

NO.

02013

Three hundred thirty

Rike

Dollars

\$

330.00

Received By

J King