

**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: 10/17/18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 564035

APPROVAL DATE: 11/7/18 **PERMIT:** SC **REPAIR** A \_\_\_\_\_

PROPERTY ADDRESS: 6636 Prestwick Drive

SUBDIVISION: Highland Lake LOT: 36 TAX ID: 05-381797

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

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

PROPERTY OWNER: Edmond Coale EMAIL: \_\_\_\_\_

OWNER ADDRESS: 6636 Prestwick Drive, Highland, MD 20777 PHONE: 410-707-8427

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_ PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ PUMP SIZE: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: \_\_\_\_\_

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	<i>Tank Replacement only</i>	

ISSUED BY: K. Wolf ISSUE DATE: 11/7/18 EXPIRATION DATE: 11/7/18

- 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 DOWNGRADIENT 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 N/A
- 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

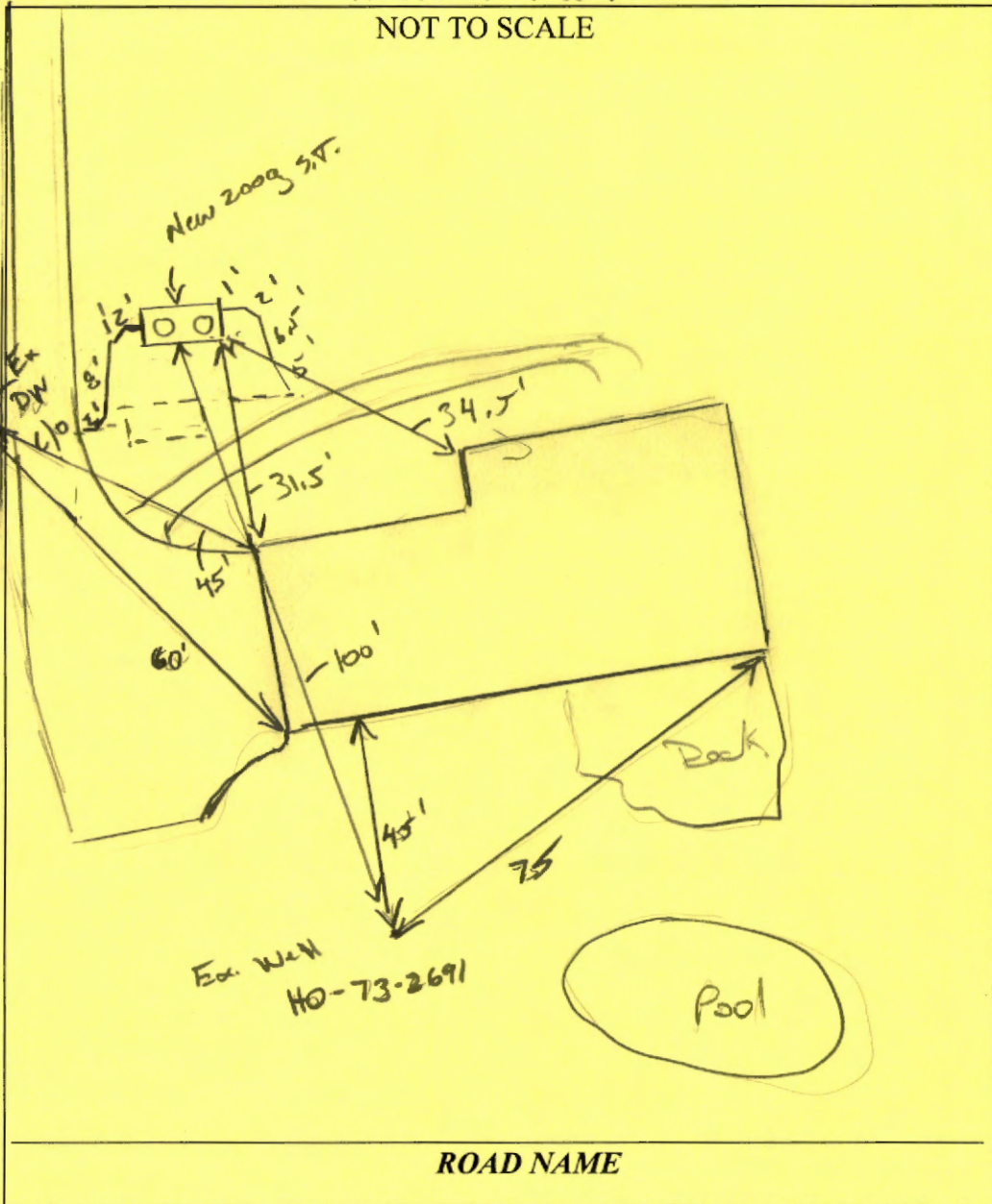
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.**

**PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

**CALL 410-313-1771 TO SCHEDULE INSPECTIONS.**

- Prestwark Road -

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 I LEVEL	<u>Yes</u>
MANUFACTURER	<u>Budylon</u>
CAPACITY	<u>2000</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2.5'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front/Road</u>
6" PORT LOC	<u>None</u>
WATERTIGHT TEST	<u>—</u>
SLOTTED	<u>Yes</u>
DATE ON LID	<u>10-1-16</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:

11/7/18 Exposed existing Tank and piping. New location 100' from ex. well, not. Tank to be set below ex. tank. Ex. tank pumped. Piping is cast iron. (KW)

INSTALLATION:

11/7/18 (PM) New S.T. set per instructions. new sch 40 plumbing installed w/ "ferroc" to ex. 4" cast iron. old tank collapsed, OK to comm all work. (JC)

FINAL INSPECTOR K. Wolf DATE OF APPROVAL 11-7-18



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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 *heaving*
- 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: \_\_\_\_\_
- No

#### Was a visual inspection of the sewage line conducted?

- Yes
  - Blockage leading to the tank
    - Yes Explain: \_\_\_\_\_
    - No

- Yes Explain: \_\_\_\_\_
- No

#### Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: \_\_\_\_\_

#### Is discharge surfacing on the ground?

Yes

No

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 Clean Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville Md 21784

Property Address: 4636 Prestwick Dr County file: \_\_\_\_\_

Subdivision: Highland Lake Lot: 36 Year Built: 1978

Owner's Name: Edmund "Skip" Coale Owner's Phone: 410-707-8427

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 5  
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

64035

DATE 10 / 17 / 18

05

Received From

Pages Septic Clean Tax

PHONE #

410 795 5070

For

Septic Repair - 10630 Pro Truck Drive

CASH

CHECK

NO.

62396

One hundred sixty five

Dollars

\$

165 00

Received By

*[Signature]*