

**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: 4/10/19      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 564837

APPROVAL DATE: 5/16/19 kmw      **PERMIT:**      **REPAIR**      A \_\_\_\_\_

PROPERTY ADDRESS: 3113 Evergreen Way

SUBDIVISION: Evergreen Valley Estates      LOT: 29      TAX ID: 03-282295

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

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

PROPERTY OWNER: David Cohen      EMAIL: \_\_\_\_\_

OWNER ADDRESS: 3113 Evergreen Way, Ellicott City, MD 21042      PHONE: 410-531-5246

SEPTIC TANK SIZE (GALLONS): 1000 (ex.)      PUMP CHAMBER CAPACITY (GALLONS): N/A      PUMP SIZE: N/A

NUMBER OF BEDROOMS: 4      HOUSE SQ. FT. \_\_\_\_\_      APPLICATION RATE: 0.8

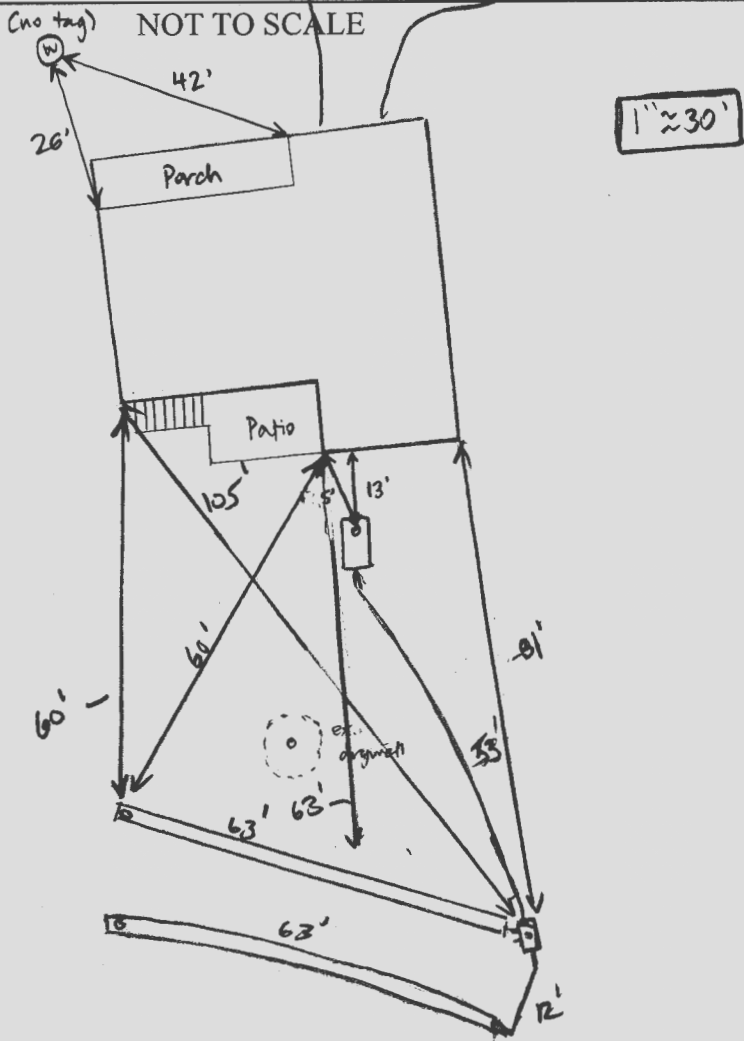
DISTRIBUTION SYSTEM:      GRAVITY FED       LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>125</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2</u>
LOCATION:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	Install 2x63' trenches on contour just below existing failed drywell. Pump drywell and fill with clean stone or dirt. Add riser to existing tank.	

ISSUED BY: Sarah Collins      ISSUE DATE: 4/24/19      EXPIRATION DATE: 4/24/20

- 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 DOWNGRAIDENT 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.**



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3	6
NUMBER OF TRENCHES	2	
TOTAL LENGTH	125	
ABSORPTION AREA	+SW	
DISTRIBUTION BOX LEVEL	Level 0	
DISTRIBUTION BOX BAFFLE	Yes	
DISTRIBUTION BOX PORT	Yes	

Ex. SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	—
CAPACITY	12000 GAL
SEAM LOC	mid.
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	—
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	OK
SLOTTED	—
DATE ON LID	N/A
PUMP/SEPTIC TANK LEVEL	N/A
MANUFACTURER	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—
SLOTTED	—
DATE ON LID	—

**PRE-CONSTRUCTION:**

4/24/19 Propped to find edge of drywell, pulled 10' off to locate top edge of upper trench. Shot contour - laid out 2 x 63' trenches. Put D-box at N end of trenches to stay off trees (N)

**INSTALLATION:**

5/15/19 Lower trench dug and starting to dump stone. 4" from ex. S.T. installed to run above. Stone clean, OK to continue (N)

5/16/19 System complete. Drywell pumped/collapsed. OK to cover all work.

FINAL INSPECTOR K. Nally DATE OF APPROVAL 5/16/19

AP \_\_\_\_\_

0  
 (A)  
 8"  
 2'  
 14

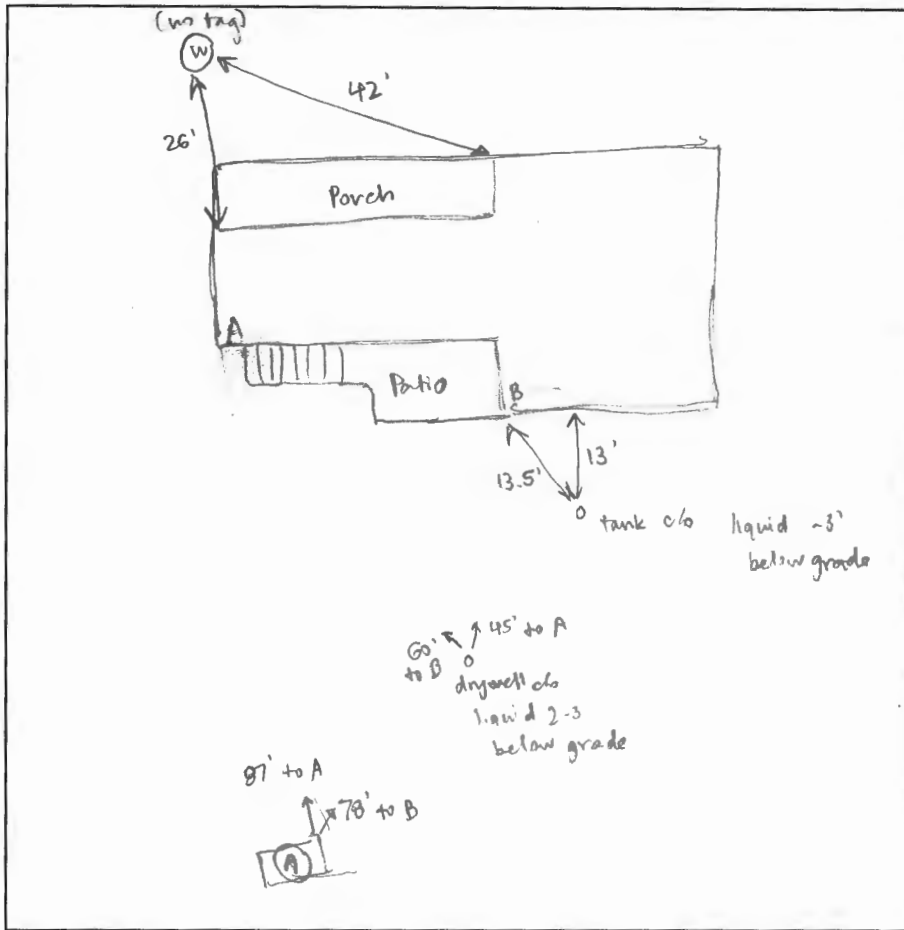
brn ls  
 msbk  
 roots

lt brn sct  
 weak msbk, friable  
 roots, many mica

H brn sl  
 weak platy  
 roots, many mica

pockets of  
 lighter sl

bottom yellow  
 brn loamy sand



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/24/19	A	4.5' / 14'	0:00	11:30	22:50	11:20	P
		water poured @ bottom ~5 mins/inch					

REMARKS \_\_\_\_\_

SANITARIAN Sarah Collins BACKHOE Jamie OTHERS Dave (helper)

TEST HOLES USED IN SDA A AVG. PERC TIME 11 mins SQ. FT/BR 4 BR

TRENCH WIDTH 3' INLET DEPTH 2' MAX. BOT DEPTH 5' EFFECTIVE SW @ 2'

# HOME LAND

## ENVIRONMENTAL

p:443-995-5385 | [info@homelandhealthyhomes.com](mailto:info@homelandhealthyhomes.com) | [www.homelandhealthyhomes.com](http://www.homelandhealthyhomes.com)

Date: March 19, 2019 Name of Evaluator: Adam Brown Time: 8:00 AM Property Address: 3113 Evergreen Way Ellicott City, MD 21042 Recent Weather Conditions: Normal		Ordered By: Teresa Asher  Buyers: Scott & Jessica Grosskopf  Homeowner Interview: The homeowner interview was requested, but was not received prior to the evaluation.		Occupied: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Length of Time Vacant: N/A # of People Living in Home: 2 # of People moving in: 2 Property Age: 1968 System Age: 1968 Last Date of Cleaning: Unknown Recomm'd Pumping Freq: 3-4 Years	
Liquid level in tank is: <input type="checkbox"/> Above Normal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Below Normal			Bottom Solids Depth: 10 Inches		
Depth of tank: 30 Inches		Type of Tank Access: 6" Terracotta CO		Depth of tank access: At Grade	
Maintenance appears: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor			Depth to Distribution Box: N/A		
Effluent Filter present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previous high liquid level: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distance to well: -100 Feet	
Records Search: Records were requested, but were not received from Howard County prior to the evaluation.					
Were there any impermeable surfaces above the septic system (i.e. driveway)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Type of Tank		Tank Composition and Size		Type of Absorption System	
<input checked="" type="checkbox"/> Septic Tank (1 tank)		<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Plastic		<input type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound	
<input type="checkbox"/> Aeration System		Tank Size: 1,000 gallons		<input checked="" type="checkbox"/> Drywell (Number of: 1) <input type="checkbox"/> Cesspool	
<input type="checkbox"/> Other:				<input type="checkbox"/> Unknown: _____	
System Component		Condition		Comments	
<b>Septic Tank</b>		<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		A camera was used during the inspection. (See camera report) The septic tank is composed of concrete and is 1,000 gallons in capacity. Access consists of a 6" terracotta cleanout at grade over the front of the tank. It is recommended that a manhole riser to grade be installed in order to facilitate proper maintenance of the tank; the tank is 30" below grade. The front and back baffles are in place and are composed of terracotta. Currently there are 10" of solids in the tank, indicating the tank should be cleaned in 2-3 years.	
<b>Absorption System</b>		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		During the evaluation 1 drywell was located for the absorption system. Access for the drywell consists of a 6" terracotta cleanout at grade; the drywell is 29" below grade. Upon arrival the liquid level in the drywell was observed to be in the terracotta cleanout for the drywell, suggesting the drywell is hydraulically loaded. (See picture 1) The perimeter of the drywell was probed and was found to be saturated. (See picture 2) A camera was used to scope the back line and observed the back line to be submerged in effluent. (See camera report) The absorption system will need to be replaced by a licensed contractor after a permit is issued from the local health department.	

# HOME LAND ENVIRONMENTAL

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Front of The House

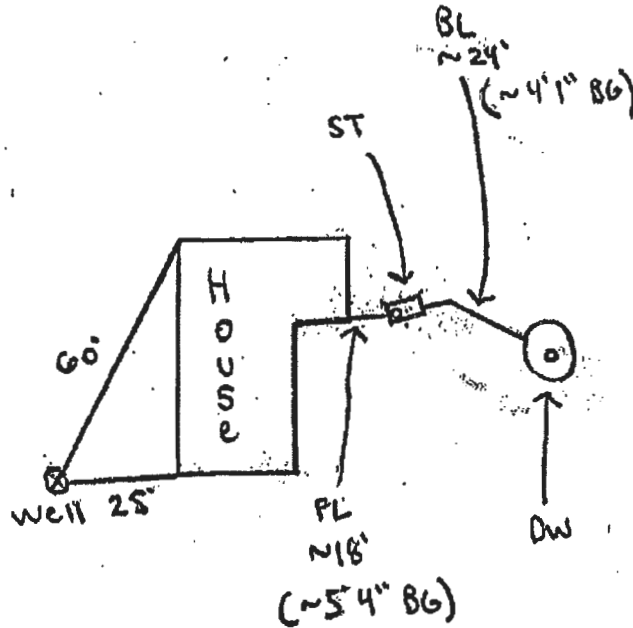
All measurements are approximate distances.

ST= Septic Tank; DB= Distribution Box; DF= Drainfield; FL= Front Line;  
BL= Back Line; BG= Below Grade; DW= Dry Well; '= Feet; "'= Inches



Scale 1" : 20'

ADDRESS: 3113 Evergreen Way, Ellicott City MD 21042





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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: Home based report
- No Tank & Dr. well - no

Was a visual inspection of the sewage line conducted?

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

Blockage leading to the field

- Yes. Explain: \_\_\_\_\_
- 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: Fogles Septic Contractor's Phone: 410-795-8670

Contractor's Address: 5800 Overcast Rd. Sykesville MD 21784

Property Address: 3113 Evergreen Way Elkridge, MD County file: Howard

Subdivision: Evergreen Valley Estates Lot: 29 Year Built: 1997

Owner's Name: David Cohen Owner's Phone: 410-531-5246

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 4

Proposed bedrooms: 0

Has this request been previously discussed with a Sanitarian? (Name): NO

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.



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Evergreen Valley Estates

PROPERTY ADDRESS 3113 Evergreen Way Ellicott City 21092

TAX ACCOUNT # 2822-95 TAX MAP 0016 GRID 0019 PARCEL 0241 LOT NO. 29 PROPOSED LOT SIZE (ACRES) 40.8155E

ZONING CATEGORY 03 TIER

PROPERTY OWNER(S) David Cohen

DAYTIME PHONE 410-531-5246 CELL EMAIL

MAILING ADDRESS 3113 Evergreen Way Ellicott City, Md. 21042

APPLICANT Fogle's Septic RELATIONSHIP TO OWNER: None

DAYTIME PHONE 410-995-0670 CELL EMAIL

MAILING ADDRESS 580 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 OF APPLICANT DATE 1-10-19



# HOWARD COUNTY HEALTH DEPARTMENT

64837

DATE  
4/10/19

Received From

Togles Septic Clean

PHONE #

115  
410-795-5600

For

Rece Kaperin - 3113 Evergreen way

CASH

CHECK

NO.

104073

Three Hundred Thirty

Dollars

\$

330.00

Received By

J. King