



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: 7/29/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 565574

APPROVAL DATE: 08/13/2019 **PERMIT:** **REPAIR** A _____
TANK REPLACEMENT

PROPERTY ADDRESS: 2560 Thompson Drive

SUBDIVISION: _____ LOT: 1 TAX ID: 03-292886

CONTRACTOR: Fogles Septic Clean Inc. EMAIL: kim@foglesinc.com

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

PROPERTY OWNER: Connie Lilly EMAIL: _____

OWNER ADDRESS: 2560 Thompson Drive, Marriottsville, MD 21104 Phone: 410-707-4754

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): n/a PUMP SIZE: _____

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

| | | |
|-----------|--|---------------------------------------|
| TRENCHES: | LINEAR FEET REQUIRED: <u>EX DRY WELL</u> | INLET DEPTH: _____ |
| | TRENCH WIDTH: _____ | MAXIMUM BOTTOM DEPTH: _____ |
| | MINIMUM SPACE BETWEEN TRENCHES: _____ | EFFECTIVE AREA BEGINNING DEPTH: _____ |
| | | |

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

NOTES: SEE LAYOUT NOTES FOR CONDITION OF EX DRY WELL.

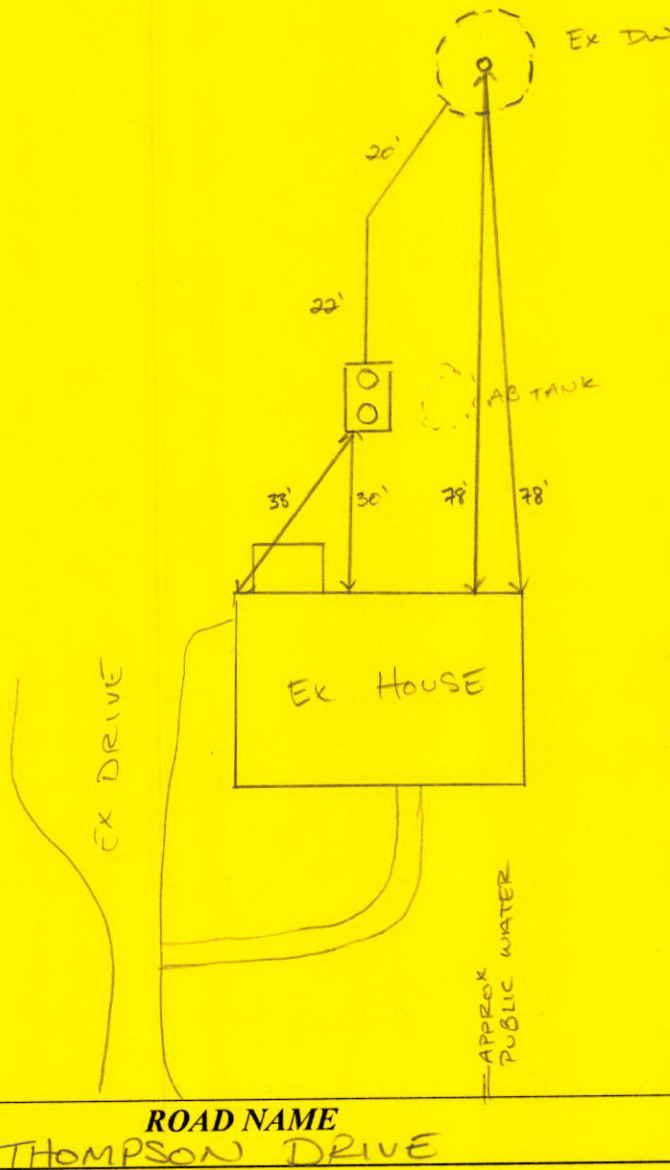
ISSUED BY: JOSEPH CABALLERA ISSUE DATE: 08/12/2019 EXPIRATION DATE: 08/12/2020

- 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 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 |
|-------------------------------|-------|--------|
| _____ | _____ | _____ |
| NUMBER OF TRENCHES _____ | | |
| TOTAL LENGTH _____ | | |
| ABSORPTION AREA _____ | | |
| DISTRIBUTION BOX LEVEL _____ | | |
| DISTRIBUTION BOX BAFFLE _____ | | |
| DISTRIBUTION BOX PORT _____ | | |

EX DRY WELL

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____

MANUFACTURER BABYLON

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH 4' - 3'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC FRONT/BACK

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED YES

DATE ON LID 07/05/2019

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:

08/12/2019 TANK AND EFFLUENT LINE EXPOSED TO EX DW. 10.5' DIAMETER X 9' DEEP (FROM BOTTOM OF CENTER PIPE 2') WITH 6"-10" OF LIQUID LEVEL. REPLACE EX TANK W/ NEW 1500 2 COMPARTMENT IN SAME OR NEARBY LOCATION. DW TO NOT BE UPDATED. STA INSTALL NEW OBS.

INSTALLATION:

08/13/2019 NEW 1500 GAL TANK SET IN LOCATION OF EX TANK. EX TANK PUMPED AND BURIED ON SIDE OF NEW TANK. NEW SCH 40 PVC INSTALLED TO EX DW. NEW OBS PORT INSTALLED ON DRY WELL. COVER OVER 3' OIL LARGE RISER REMOVING SOME COVER OVER TANK. (10)

FINAL INSPECTOR

DATE OF APPROVAL

08/13/2019



Bureau of Environmental Health

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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

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

Existing system design

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

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

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: Fogles Septic Contractor's Phone: 410-795-5670

Contractor's Address: 5800 Brecht Rd, Sykesville, Md 21784

Property Address: 2560 Thompson @ Marriahsville County file: _____

Subdivision: _____ Lot: 1 Year Built: 1962

Owner's Name: Connie Lilly Owner's Phone: 410-707-4754

Name of previous owners: _____ Existing bedrooms: 3

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.

PROP. TRANSFER



HOWARD COUNTY HEALTH DEPARTMENT

65574

DATE 7/10/19

Received From

Tyler Septic Clear PHONE # 795-5070 PS

For

Repair - 2560 Thompson Rd

CASH

CHECK

NO.

105187

One hundred and 95/100 Dollars

\$

10520

Received By

Skiff