



# HOWARD COUNTY HEALTH DEPARTMENT

65507

DATE  
5/29/19

Received From

Leges Septic Clean

PHONE #

410-795-5670

For

~~Septic~~ Pump Repair - \$500  
Edentonch

CASH

CHECK

NO.

65571

Three hundred thirty

Dollars

\$ 330.00

Received By

King



Bureau of Environmental Health  
8930 Stanford Boulevard, Columbia, MD 21045  
Main: 410-313-2540 | Fax: 410-313-2548  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
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
- 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: see attached
- No

**Existing system design**

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

Was a visual inspection of the sewage line conducted?

- Yes
  - 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: Fogle's Septic Clean Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd 21789

Property Address: 8520 Edenton Ct County file: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Year Built: \_\_\_\_\_

Owner's Name: Louise Bartley Owner's Phone: 301-875-2087

Name of previous owners: Dolores Gill Existing bedrooms: 5  
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.\*

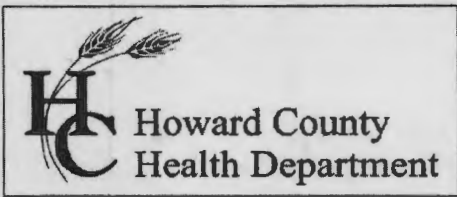
Print out a copy of Real Property Data via Dept. of Taxation website \_\_\_\_\_ Indexed file found \_\_\_\_\_

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.



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

RECEIPT DATE: 5/29/19 **ONSITE SEWAGE DISPOSAL SYSTEM** P 565507

APPROVAL DATE: 07/19/2019 **PERMIT:** **REPAIR** A \_\_\_\_\_

PROPERTY ADDRESS: 8520 Edenton Court

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 05-351022

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

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

PROPERTY OWNER: Louise Bartley EMAIL: \_\_\_\_\_

OWNER ADDRESS: 8520 Edenton Court, Fulton, MD 20759 Phone: 301-875-2087

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: \_\_\_\_\_

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>156</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11' &amp;</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4'</u>

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

NOTES: Install 3 x 53' trenches as flagged out in field. Contour shot @ line of perc. New 2box to be set. Pump/collector both deposits.

ISSUED BY: K Wolf ISSUE DATE: 6/20/19 EXPIRATION DATE: 6/20/20

- 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 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
- 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.**

