



Howard County Health Department

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

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

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RECEIPT DATE: 12/2/19 ONSITE SEWAGE DISPOSAL SYSTEM P 566476

APPROVAL DATE: 12/26/2019 PERMIT: REPAIR A

PROPERTY ADDRESS: 6060 Old Lawyers Hill Road

SUBDIVISION: LOT: TAX ID: 01-173529

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

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

PROPERTY OWNER: Finn Ramsland EMAIL:

OWNER ADDRESS: 6060 Old Lawyers Hill Road PHONE: 443-286-1676

SEPTIC TANK SIZE (GALLONS): 2000 PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:

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

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

Table with 2 columns: Field Name (TRENCHES, LOCATION, NOTES) and Field Value (Linear feet required, Inlet depth, To be staked by sanitarian, Tank replacement notes)

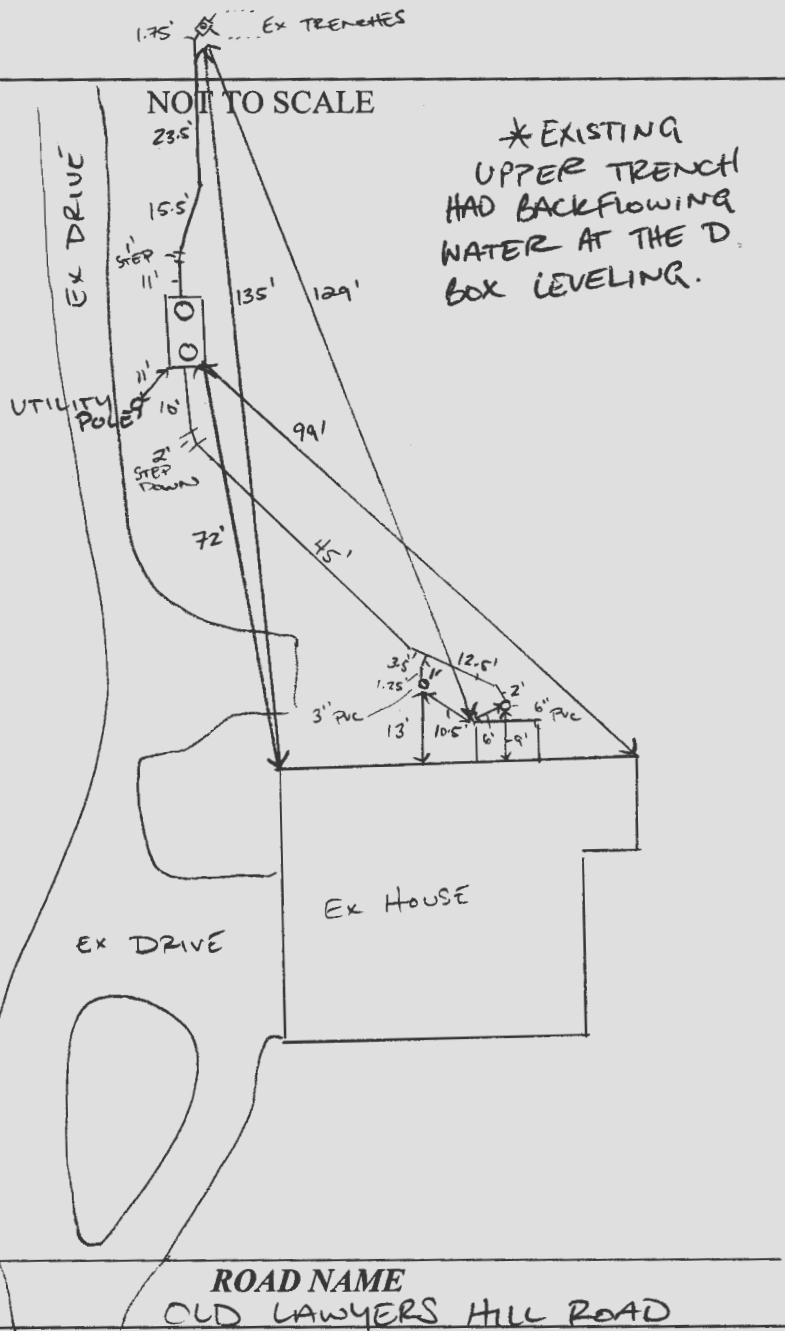
ISSUED BY: JOSEPH CABANUA ISSUE DATE: 12/18/2019 EXPIRATION DATE: 12/18/2020

- 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
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.



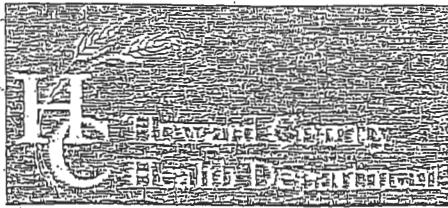
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES	_____	
TOTAL LENGTH	_____	
ABSORPTION AREA	_____	
DISTRIBUTION BOX LEVEL	*(SPEED)	
DISTRIBUTION BOX BAFFLE	YES	
DISTRIBUTION BOX PORT	YES	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	_____
MANUFACTURER	PARLOW
CAPACITY	2000 GAL
SEAM LOC	TOP
TANK LID DEPTH	13'
BAFFLES	YES
BAFFLE FILTER	NO
MANHOLE LOC	FRONT/BACK
6" PORT LOC	-
WATERTIGHT TEST	-
SLOTTED	YES
DATE ON LID	10/21/2019
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: 12/17/2019 ON SITE FOR TANK LOCATION EVALUATION. HOUSE IS ON PUBLIC WATER. CONFIRM TANK SIZE TO RELEASE PERMIT. TANK WAS MEASURED 27' FROM PROPOSED POOL WATER EDGE STAKED IN FIELD. (P)

INSTALLATION: 12/18/2019 CONFIRMED 2000 GAL TANK (P) 12/23/2019 ON SITE FOR TANK PLACEMENT. TANK APPEARS TO BE WITHOUT CRACK (P) 12/26/2019 6" MAIN SEWER LINE AND 3" SEWERLINE TIED IN W/ PVC PIPE. BAFFLES INSTALLED. EFFLUENT LINE TO ~~TANK~~ DRAINFIELD AND D BOX INSTALLED. UPPER TRENCH OBSERVED BACKFLOWING INTO D BOX AT THE SPEED LEVEL TEST. LOWER TRENCH SET TO BACKFLOW LEVEL (D BOX LEVELED WITH SPEED LEVELS. (P)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 12/26/2019



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## 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  
Blockage leading to the tank  
 Yes. Explain: \_\_\_\_\_  
 No

### Blockage leading to the field

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

### Is discharge surfacing on the ground?

- Yes
- No

No

### Additional Comments:

Moving inlet line to  
install new pool

\*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: Shoebrecht Rd Sykesville, Md

Property Address: 6060 Old Lawyers Hill Rd County file: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot 4 Year Built: 1987  
Owner's Name: Finw Rinsland Owner's Phone: 443-286-1676

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

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.