



# HOWARD COUNTY HEALTH DEPARTMENT

68888

9/15/15

DATE 2/13/21

Received From

Fogel Septic Clean

PHONE #

410-795-5610

For

Repair fence / 12242 Carroll Hill Rd.

CASH

CHECK

NO.

71804

Three hundred thirty

Dollars

\$

330 00

Received By

Jemp



Bureau of Environmental Health  
 8930 Stanford Boulevard, Columbia, MD 21045  
 M/Fax: 410-313-2540 | Fax: 410-313-2548  
 TDD: 410-313-7323 | Toll Free: 1-866-513-6300  
 www.hcphhealth.org  
 Facebook: www.facebook.com/hcphhealth  
 Twitter: @HowardCoHealthDep

Dr. Maura J. Roszman, M.D., Health Officer

7568888

**INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE**

**Reason for Request**

- Railing System
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- Collapsed septic tank
- Collapsed drywell

**Existing system design**

- Drywell
- French
- Mound
- Unknown
- Other \_\_\_\_\_

**Is discharge surfacing on the ground?**

- Yes
- No

**Has the septic tank been pumped within the last month?**

- Yes Date pumped: 4/28/21
- No

**Was a visual inspection of the septic tank and/or drain fields conducted?**

- Yes Explain observations: Snaked outlet
- No

**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

**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: Fagle's Septic Clean Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville 21784

Property Address: 12242 Carroll Mill Rd County file: \_\_\_\_\_

Subdivision: Woodmark Lot: 44 Year Built: 1971

Owner's Name: Troy Broadbent Owner's Phone: 443-255-2100

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

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/visit 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 a reasonable exemption exists, the owner should justify the request in writing.

If available 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 permits 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.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 Fax: 410-313-2548

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hccohealth

Twitter: HowardCoHealthDep

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

AS20158

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

12242 Carroll Mill Rd Elliott City 21042

TAX ACCOUNT #

298922

TAX MAP

22

GRID

6

PARCEL

174

LOT NO.

44

PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Troy Broadbent

DAYTIME PHONE

443-255-2100

CELL

EMAIL

MAILING ADDRESS

12242 Carroll Mill Rd Elliott City 21042

APPLICANT

Fogles Septic Clean

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-725-5670

CELL

EMAIL

Kim@foglesinc.com

MAILING ADDRESS

580 Obrecht Rd Spokessville 21784

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- 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:

- 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

