

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

RECEIPT DATE: 4/16/21      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 568869

APPROVAL DATE: 06/25/2021 **PERMIT:**      **REPAIR**      A 568869

PROPERTY ADDRESS: 1709 Oakdale Drive

SUBDIVISION: MONTICELLO      LOT: 47      TAX ID: 04-363930

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

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

PROPERTY OWNER: Mark and Karin Dalton      EMAIL: \_\_\_\_\_

OWNER ADDRESS: 1709 Oakdale Drive, Cooksville, MD 21723      PHONE: 443-398-4109

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_ PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ PUMP SIZE: \_\_\_\_\_

NUMBER OF BEDROOMS: 5      HOUSE SQ. FT. \_\_\_\_\_      APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM:    GRAVITY FED       LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>104'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>—</u>	MAXIMUM BOTTOM DEPTH: <u>10'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5.5'</u>

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

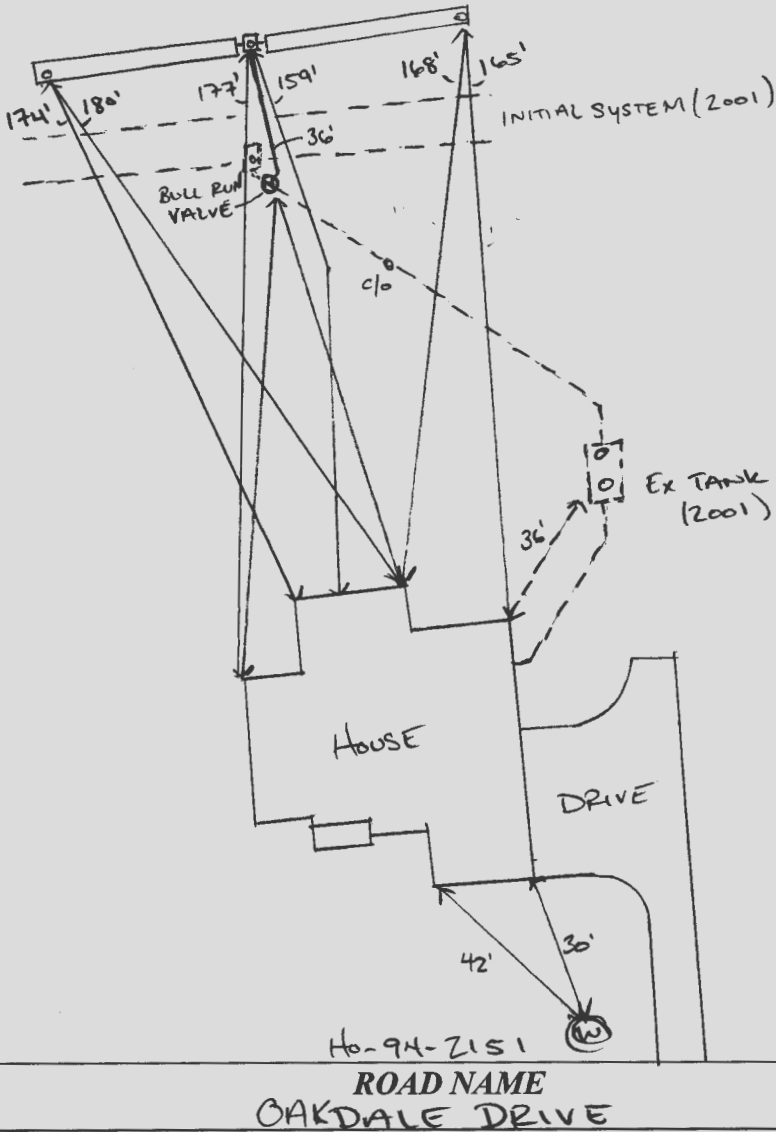
NOTES: INSTALL 2 x 52' TRENCHES

ISSUED BY: CABAHUG 001997      ISSUE DATE: 05/05/2021      EXPIRATION DATE: 05/15/2022

- 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 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.**

NOT TO SCALE



**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
3'	3'	10'
NUMBER OF TRENCHES		2
TOTAL LENGTH		104 F
ABSORPTION AREA		312 SF + 4.5'
DISTRIBUTION BOX LEVEL		SPEED
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

SIDE WALL

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	
MANUFACTURER	_____
CAPACITY	1250 GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

EXISTING

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:

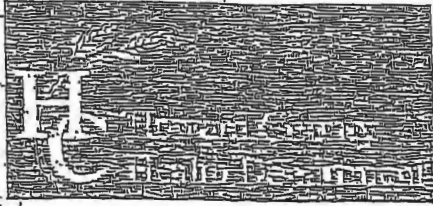
05/05/2021 LAID OUT 2 x 52' TRENCHES 10' EDGE TO EDGE WITH LOWEST TRENCH OF INITIAL SYSTEM. (P)

INSTALLATION: 06/25/2021 INSTALLED BULL RUN VALVE NEW D BOX AND 2 x 52' TRENCHES. DBOX LEVELED w/ SPEED LEVELS. (P)

FINAL INSPECTOR

*[Signature]*

DATE OF APPROVAL 06/25/2021



Bureau of Environmental Health  
 8930 Stanford Boulevard, Columbia, MD 21045  
 Main: 410-313-2540 | Fax: 410-313-2548  
 TDD: 410-313-7339 | Toll Free: 1-866-513-6300  
 www.bhehealth.org  
 Facebook: www.facebook.com/hocphhealth  
 Twitter: @wardofcphhealth

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

7568869

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

**Reason for Request:**

- Bailing 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: inspection
- No

**Existing system design:**

- Drywell
- French
- 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, garage, 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: 580 Obrecht Rd Sykesville - 21781  
 Property Address: 1709 Oakdale DR County file: \_\_\_\_\_  
 Subdivision: Monticello Lot: 477 Year Built: 2002  
 Owner's Name: Mark Dalton Owner's Phone: 410-398-9109

Name of previous owners: \_\_\_\_\_ Existing bedrooms: \_\_\_\_\_  
 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/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 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 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.



# HOWARD COUNTY HEALTH DEPARTMENT

68869

DATE 4/16/21

7/5 4/5

Received From

Josles Septic

PHONE #

410-795-5670

For

pers Repair - 1709 Oakdale Dr.

CASH

CHECK

NO.

11612

Three hundred thirty

Dollars

\$ 330.00

Received By

J King