



HOWARD COUNTY HEALTH DEPARTMENT

68856

DATE 4 13 21

Received From

Fogle Sophie Leah PHONE # 410 995-5000

For

Lease Repair / 12212
Fawn Haven

CASH

CHECK

NO.

1157

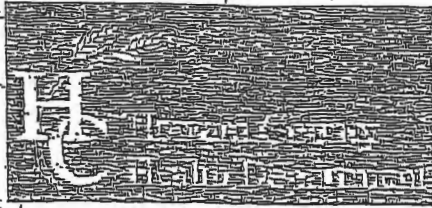
Three hundred thirty Dollars

\$ 330.00

Received By

Kerp

PS 68856



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2540 | Fax: 410-313-2548

TDD: 410-313-2333 | Toll Free: 1-866-213-6300

www.bhehealth.org

Facebook: www.facebook.com/hofcphhealth

Twitter: @HowardCoHealthDep

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

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

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
- 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 MD 21784

Property Address: 12212 Fawn Haven Ct County file: _____

Subdivision: Woodmark Park 2 Lot: 26 Year Built: 1973

Owner's Name: Caroline Gunmyer-Walsh Owner's Phone: 301-770-9446

Name of previous owners: _____ Existing bedrooms: 3
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/inspection 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 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.

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

RECEIPT DATE: 4/13/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 568856
 APPROVAL DATE: _____ **PERMIT:** **REPAIR** A _____
 PROPERTY ADDRESS: 12212 Fawn Haven Court
 SUBDIVISION: _____ LOT: _____ TAX ID: _____
 CONTRACTOR: Fogles Septic Clean Inc EMAIL: kim@foglesinc.com
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670
 PROPERTY OWNER: Caroline Gunmuyrwa EMAIL: _____
 OWNER ADDRESS: 12212 Fawn Haven Court, Ellicott City, MD 21042 PHONE: 301-440-9466

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: —
 NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. — APPLICATION RATE: 1.2 gal/ft³
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>68'</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>

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

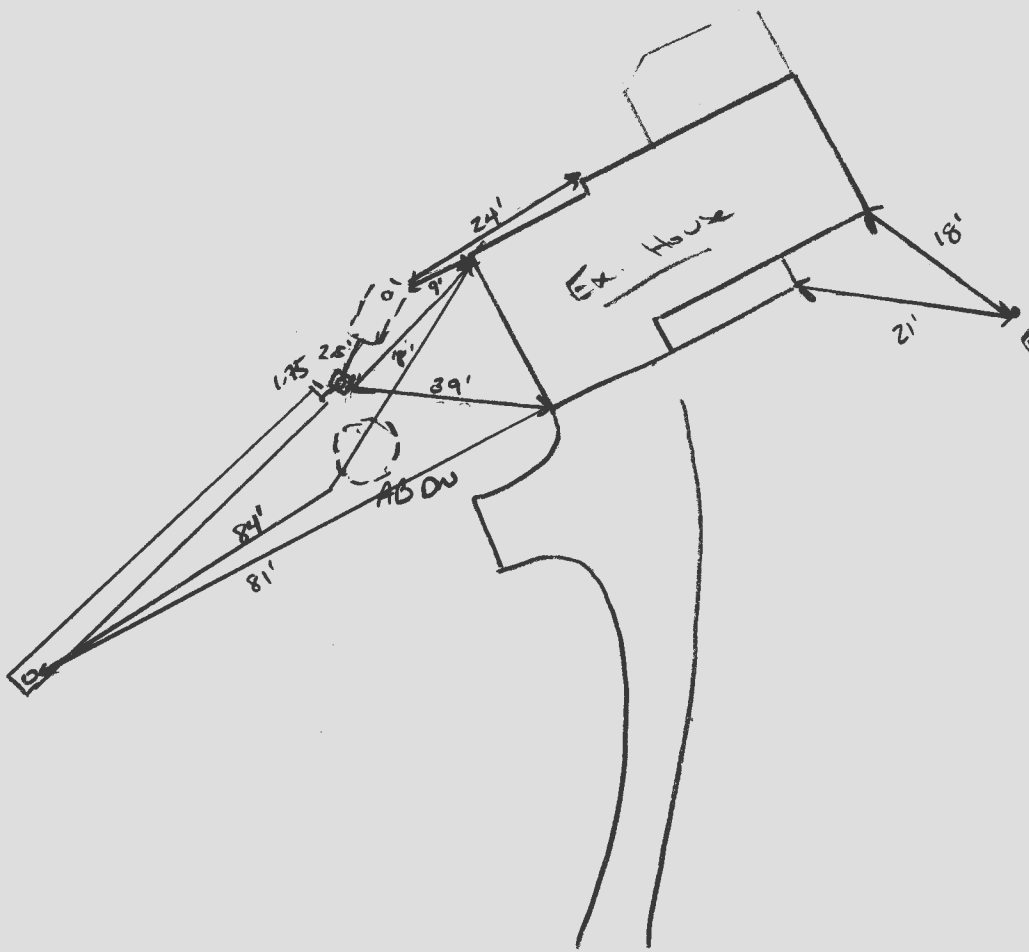
NOTES: Install 1 x 68' trench on contour as laid out @ turn of pipe. Pump / collect ex. w/dry dig well.

ISSUED BY: K. Wolf ISSUE DATE: 5/4/21 EXPIRATION DATE: 5/4/22

- 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



ROAD NAME
FAWN HAVEN DRIVE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	4'	8'
NUMBER OF TRENCHES <u>1</u>		
TOTAL LENGTH <u>68'</u>		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER _____

CAPACITY 1250? GAL

SEAM LOC mid

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST OK

SLOTTED _____

DATE ON LID N/A

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PRE-CONSTRUCTION:

5/4/21 OK to install 1x63' trench on contour just above perc test A running towards Fawn Haven Ct. Some minor clearing to be done (ie, small trees, shrubs, etc.). Ea. Druggill to be placed and collapsed (Kaw)

INSTALLATION: 05/21/2021 RISER INSTALLED w/ D BOX (P) 05/24/2021 TRENCH COMPLETE. EX DW AB/SEALED. JP

FINAL INSPECTOR

DATE OF APPROVAL

05/24/2021