



HOWARD COUNTY HEALTH DEPARTMENT

67287

DATE
1/27/2020

Received From

Falco Septic Care PHONE # 795-5070

For

Peric paper - 10/10 AE
H/C mixed

CASH

CHECK

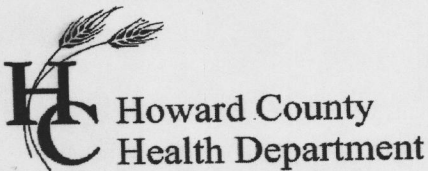
NO.

011013 One hundred thirty Dollars

\$ 330.00

Received By

King



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
 Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 1/27/2020 **ONSITE SEWAGE DISPOSAL SYSTEM** P 567287
 APPROVAL DATE: 2/18/2020 (ST) **PERMIT:** **REPAIR** A Repair
 PROPERTY ADDRESS: 16100 A.E. Mullinix Road
 SUBDIVISION: _____ LOT: 1A TAX ID: 04-321308
 CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: Kurt@foglesinc.com
 CONTRACTOR ADDRESS: 580 Obrecht Road Sykesville, MD 21784 PHONE: 410-795-5670
 PROPERTY OWNER: Carol Morrison EMAIL: _____
 OWNER ADDRESS: Same as above PHONE: 410-442-5910
 SEPTIC TANK SIZE: Existing PUMP TANK CAPACITY: _____ PUMP SIZE: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.6

TRENCHES:	LINEAR FEET REQUIRED: <u>166'</u>	INLET DEPTH: <u>5</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>9.5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11 CTC</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6</u>

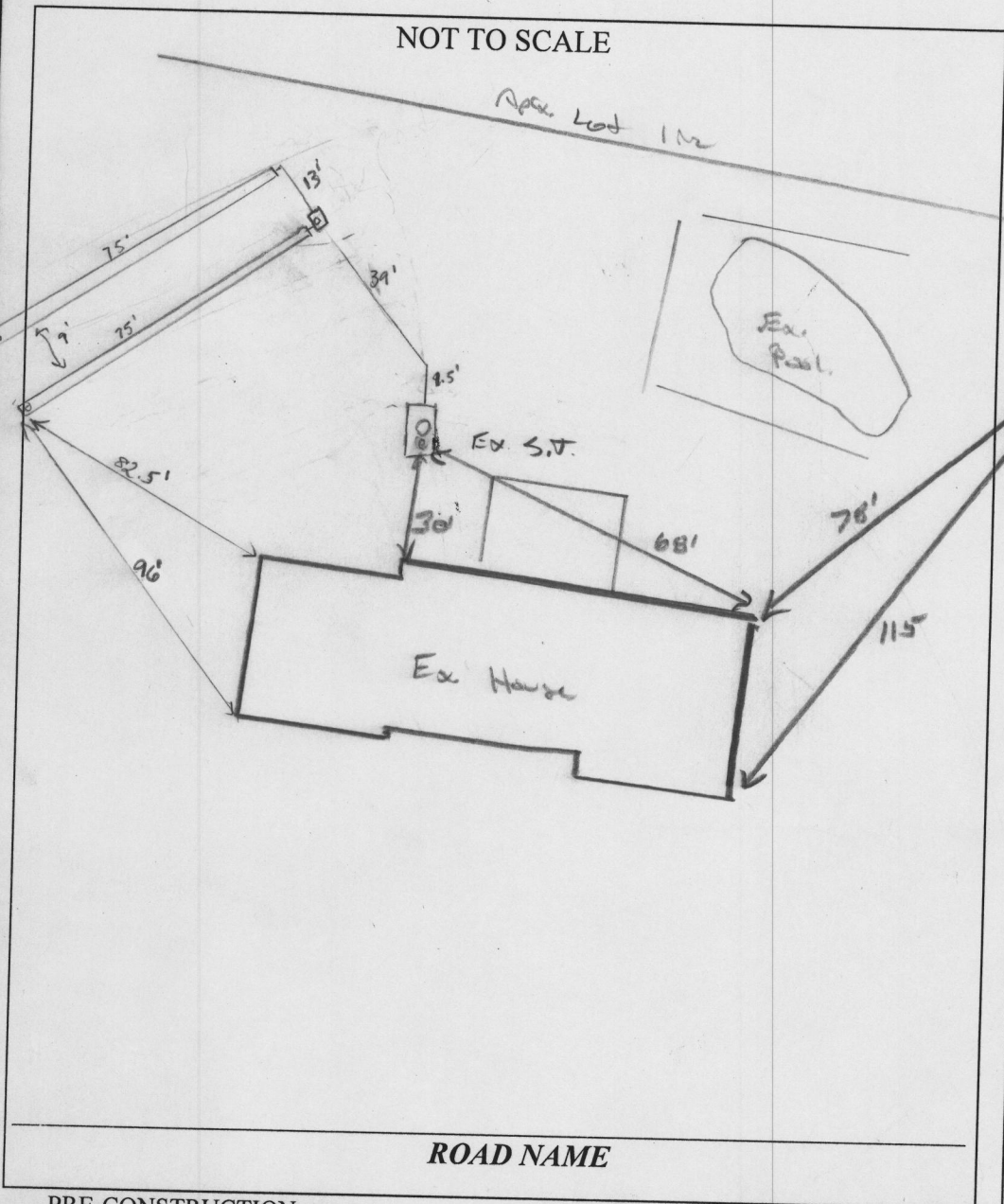
LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**
 NOTES: ~~Install 2 x 83ft trenches in back yard~~ running West just below perc test A. Contour/elevations shot in field at time of repair. Trenches marked by pink flags. Existing trenches to be abandoned.
117 TON STONE
APPLICATION RATE AVG 0.8 gpd / 3.5' SIDE WALL CREDIT 2x 8 TRENCH

ISSUED BY: K. Wolf ISSUE DATE: 2/4/2020 EXPIRATION DATE: 2/4/2021

- 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 DOWNGRADE 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 WARRANT 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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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'	5'	9.5'
NUMBER OF TRENCHES 2		
TOTAL LENGTH 150'		
ABSORPTION AREA 450 sqft + sidewalk		
DISTRIBUTION BOX LEVEL yes		
DISTRIBUTION BOX BAFFLE yes		
DISTRIBUTION BOX PORT yes		

Ex Well (NOTING)

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL _____	
MANUFACTURER	N/A
CAPACITY	1500? GAL
SEAM LOC	Mid
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	OK
SLOTTED	NO
DATE ON LID	N/A
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:

(2/11/2020) Install 2 x 83' trenches on contour above existing failed trenches. Trenches spec's on permit. Call for inspection. (KRM)

(2/12/2020) Contractor called, proposed trenches are located off property. Will need to meet on site to relocate. (KRM) 2/13/2020 2 x 75' TRENCH TO STAY ON PROPERTY. 0.8 AVG APP. RATE, DEEPEN .5' FOR 3.5' SIDE WALL CREDIT. (+)

INSTALLATION: 2/15/20 Trenches installed, d-box leveled. All connected to existing septic tank (ST)

FINAL INSPECTOR Susan Thomas

DATE OF APPROVAL 2/18/20

Real Property Data Search (w1)

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
Special Tax Recapture: None									
Account Identifier:		District - 04 Account Number - 321308							
Owner Information									
Owner Name:	MORRISON REGINALD C MORRISON CAROL P			Use:	RESIDENTIAL				
Mailing Address:	16100 AE MULLINIX RD WOODBINE MD 21797-8436			Principal Residence:	YES				
				Deed Reference:	/02009/ 00381				
Location & Structure Information									
Premises Address:	16100 A E MULLINIX RD WOODBINE 21797-0000			Legal Description:	1 A 16100 A E MULLINIX RD WOODBINE				
Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0013	0006	0166	4010103.14	1003				2020	
Town: None									
Primary Structure Built	Above Grade Living Area		Finished Basement Area		Property Land Area	County Use			
1982	2,030 SF		1200 SF		1.0000 AC				
Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements		
1	YES	STANDARD UNIT	BRICK/	4	3 full/ 1 half	1 Attached			
Value Information									
	Base Value		Value		Phase-in Assessments				
			As of		As of		As of		
			01/01/2020		07/01/2019		07/01/2020		
Land:	200,000		181,000						
Improvements	226,300		283,500						
Total:	426,300		464,500		426,300		439,033		
Preferential Land:	0						0		
Transfer Information									
Seller: LEHMAN DANIEL R			Date: 06/08/1989			Price: \$235,000			
Type: ARMS LENGTH IMPROVED			Deed1: /02009/ 00381			Deed2:			
Seller:			Date:			Price:			
Type:			Deed1:			Deed2:			
Seller:			Date:			Price:			
Type:			Deed1:			Deed2:			
Exemption Information									
Partial Exempt Assessments:	Class		07/01/2019		07/01/2020				
County:	000		0.00						
State:	000		0.00						
Municipal:	000		0.00 0.00		0.00 0.00				
Special Tax Recapture: None									
Homestead Application Information									
Homestead Application Status: Approved 04/30/2008									
Homeowners' Tax Credit Application Information									
Homeowners' Tax Credit Application Status: No Application					Date:				

1. This screen allows you to search the Real Property database and display property records.
2. Click [here](#) for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.



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Facebook: www.facebook.com/hcohealth

Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
[X] 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?

- Has the septic tank been pumped within the last month?
[X] Yes Date pumped: 1/26/20
[] No

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

- Was a visual inspection of the septic tank and/or drain fields conducted?
[X] Yes Explain observations: Full
[] No

Existing system design

- Existing system design:
[X] Drywell
[] Trench
[] Mound
[] Unknown
[] Other:

Was a visual inspection of the sewage line conducted?

- 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?

- 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: Pogle's Septic Clean Contractor's Phone: 410-795-5670

Contractor's Address: 580 Oldrecht Rd

Property Address: 11600 AE Mullwix Rd County file:

Subdivision: Lot Year Built:

Owner's Name: Carol Morrison Owner's Phone: 410-442-5910

Name of previous owners: Existing bedrooms: 4

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.