

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: 10-10-18

ONSITE SEWAGE DISPOSAL SYSTEM

P 5104022

INSTALLATION APPROVAL DATE: 11/2/18 SEC

PERMIT

A _____

MINOR REPAIR

PROPERTY ADDRESS: 3650 Daisy Road

SUBDIVISION: _____ LOT: _____ TAX ID: 04-328302

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kim@foglesinc.com

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

PROPERTY OWNER: Mark Daniels and Heather Moheyer EMAIL: _____

OWNER ADDRESS: 3650 Daisy Road, Woodbine, MD 21797 PHONE: 410-693-7395

NUMBER OF BEDROOMS: 4 SEPTIC TANK SIZE: 1000 (ex.) DRAINFIELD SIZE/TYPE: _____

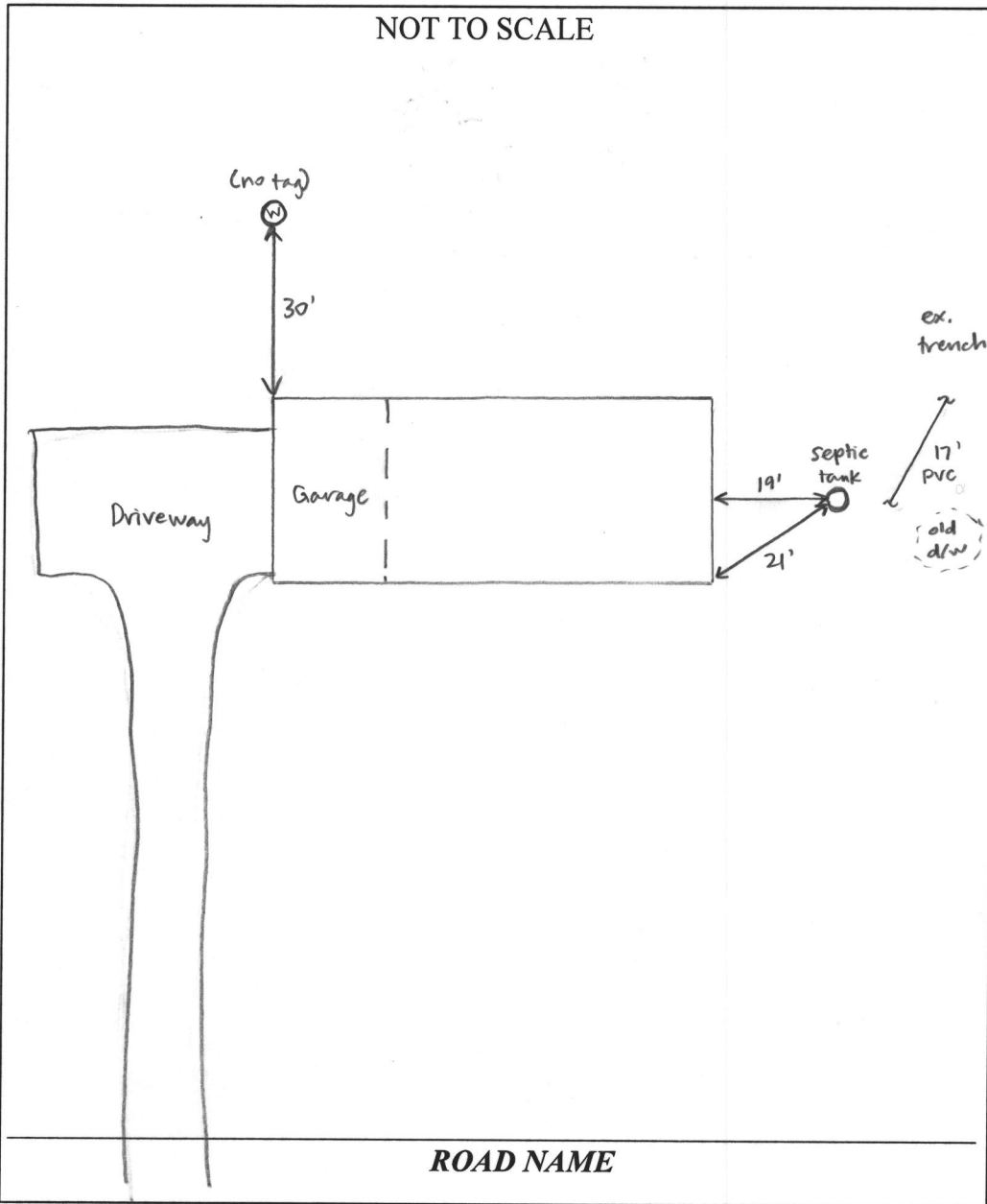
LOCATION:	
NOTES:	Ex. Drywell to be pumped/collapsed. Install new plumbing from existing S.T. to existing trench.

ISSUED BY: K. Wolf ISSUE DATE: 10/10/18 EXPIRATION DATE: 10/10/19

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- 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 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL (existing)

MANUFACTURER _____ ?

CAPACITY 1000 GAL

SEAM LOC MID

TANK LID DEPTH ~2'

BAFFLES YES

BAFFLE FILTER NO

MANHOLE LOC REAR

6" PORT LOC NONE

WATERTIGHT TEST NO

SLOTTED NO

DATE ON LID _____

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:

INSTALLATION: 11/2/18 Drywell pumped + crushed, new PVC pipe installed connecting septic tank to existing trench. Manhole riser added to rear of tank. (SC)

FINAL INSPECTOR Sarah Collins . DATE OF APPROVAL 11/2/18 .

Minor permit \$55.00



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
Twitter: HowardCoHealthDep

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

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 ^{Need}

Existing system design:

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Is discharge surfacing on the ground?

- Yes
- No

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

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
- No

Additional Comments: _____

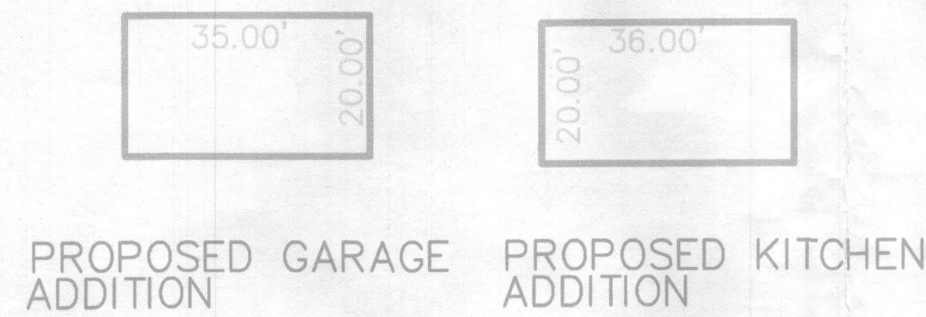
*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests 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: Fogle's Septic Clean Contractor's Phone: 410-795-5670
 Contractor's Address: 580 Obrecht Rd Sykesville 21784
 Property Address: 3650 Daisy Rd County file: _____
 Subdivision: _____ Lot: _____ Year Built: 1971
 Owner's Name: Mark Daniels Owner's Phone: 410-693-7395
 Name of previous owners: Peterman, David 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/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.



LEGEND

- PERCOLATION TEST HOLE (PASSED)
- SOIL BOUNDARY
- CONTOURS FROM GIS AND FIELD SURVEY
- TREE LINE
- EXISTING SEPTIC RESERVE AREA

NOTES

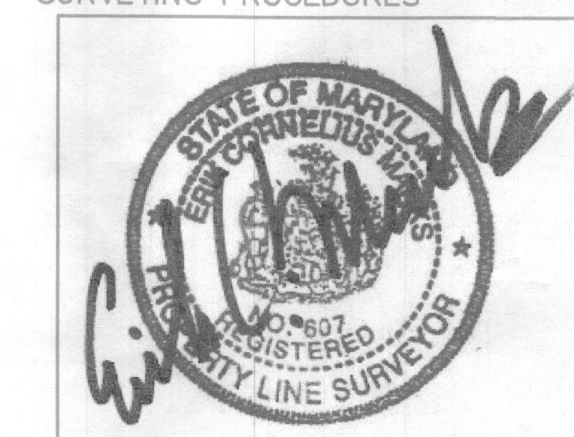
1. SITE ADDRESS: 3650 DAISY ROAD WOODBINE, MARYLAND 21797
TAX MAP 20, PARCEL 73
2. EXISTING ZONING IS RC-DEO.
3. THE INFORMATION SHOWN HEREON IS BASED ON FIELD OBSERVATIONS AND RECORD RESEARCH.
4. THIS PLAN IS REQUIRED BEFORE A BUILDING PERMIT CAN BE ISSUED FOR THE CONSTRUCTION OF THE ADDITIONS SHOWN HEREON.
5. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
6. THE TOPOGRAPHY OF THIS PLAT IS TAKEN FROM HOWARD COUNTY GIS AND IS VERIFIED TO ACCURATELY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY.
7. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.
8. THIS AREA OF 7,579 SQUARE FEET, AS SHOWN HEREON, DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. FOR LOTS CREATED PRIOR TO MARCH OF 1972 IT PROVIDES AT LEAST ENOUGH AREA TO ACCOMMODATE AN INITIAL AND TWO REPLACEMENT SEPTIC SYSTEMS AS REQUIRED BY THE HOWARD COUNTY HEALTH DEPARTMENT. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE AREA. RECORDATION OF A MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY.
9. THE PURPOSE OF THIS PLAN IS TO DESIGN A SEPTIC DISPOSAL AREA TO ACCOMMODATE THE PROPOSED ADDITIONS AS SHOWN HEREON.

SEWAGE DISPOSAL SYSTEM WORKSHEET FOR FIRST AND SECOND REPLACEMENTS

B=BEDROOMS: 4
 AR=APPLICATION RATE=0.8
 TW=TRENCH WIDTH=2'
 D=DEPTH DIFFERENTIAL OF TRENCHES=5
 DF=150 GPD PER BEDROOM= 150X4=600
 DSF= DRAINFIELD SQ. FT.=DF/AR=150/0.8=750
 SWRC=SIDEWALL REDUCTION CREDIT= $W+2/W+1+2DX100=31\%$
 LL= LINEAR LENGTH OF TRENCH=(DSF)(SWRC)/TW=116.25 FEET
 EXISTING SEPTIC TANK 1000 GALLONS (3 BEDROOM CAPACITY)

THE PURPOSE OF THIS PLAN IS TO ESTABLISH A SEPTIC DISPOSAL AREA TO ACCOMMODATE THE PROPOSED ADDITIONS AS SHOWN HEREON.

THIS IS TO CERTIFY THAT THIS SURVEY WAS PERFORMED IN ACCORDANCE WITH THE PRINCIPALS AND PRACTICE OF ACCEPTED SURVEYING PROCEDURES



ERIK C. MARKS R.P.L.S. NO. 607

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS

OWNER \ BUILDER INFORMATION:

OWNER: MARK DANIELS & JENNIFER MOHEYER
 BUILDER: MARK DANIELS & JENNIFER MOHEYER
 3650 DAISY ROAD WOODBINE, MARYLAND 21797

PHONE: 410-693-7395

Marks & Associates, LLC
 Engineering-Surveying-Land Planning

4531 College Avenue
 Ellicott City, Maryland 21043

Phone (410) 747-8738 Fax (410) 747-8738

SCALE 1"=50'
 DRAWN BY J.J.
 CHECKED BY XXX
 DATE 08/28/18
 REVISED:

PERCOLATION CERTIFICATION PLAN

3650 DAISY ROAD
 LOT 1
 JENNINGS CHAPEL WOODS

TAX MAP #20 PARCEL 73
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

Signature of Health Officer
 HEALTH OFFICER, HOWARD COUNTY HEALTH DEPT.
 DATE 11/14/2018