



HOWARD COUNTY HEALTH DEPARTMENT

64022

P5

DATE 10/10/18

Received From

PHONE #

For

CASH

CHECK

NO.

62326

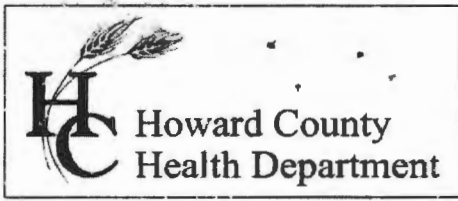
Dollars

\$

55.00

Received By

J. Kern



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 **PERMIT**
 APPROVAL DATE: 11/2/18 SEC **MINOR REPAIR** A _____

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: _____

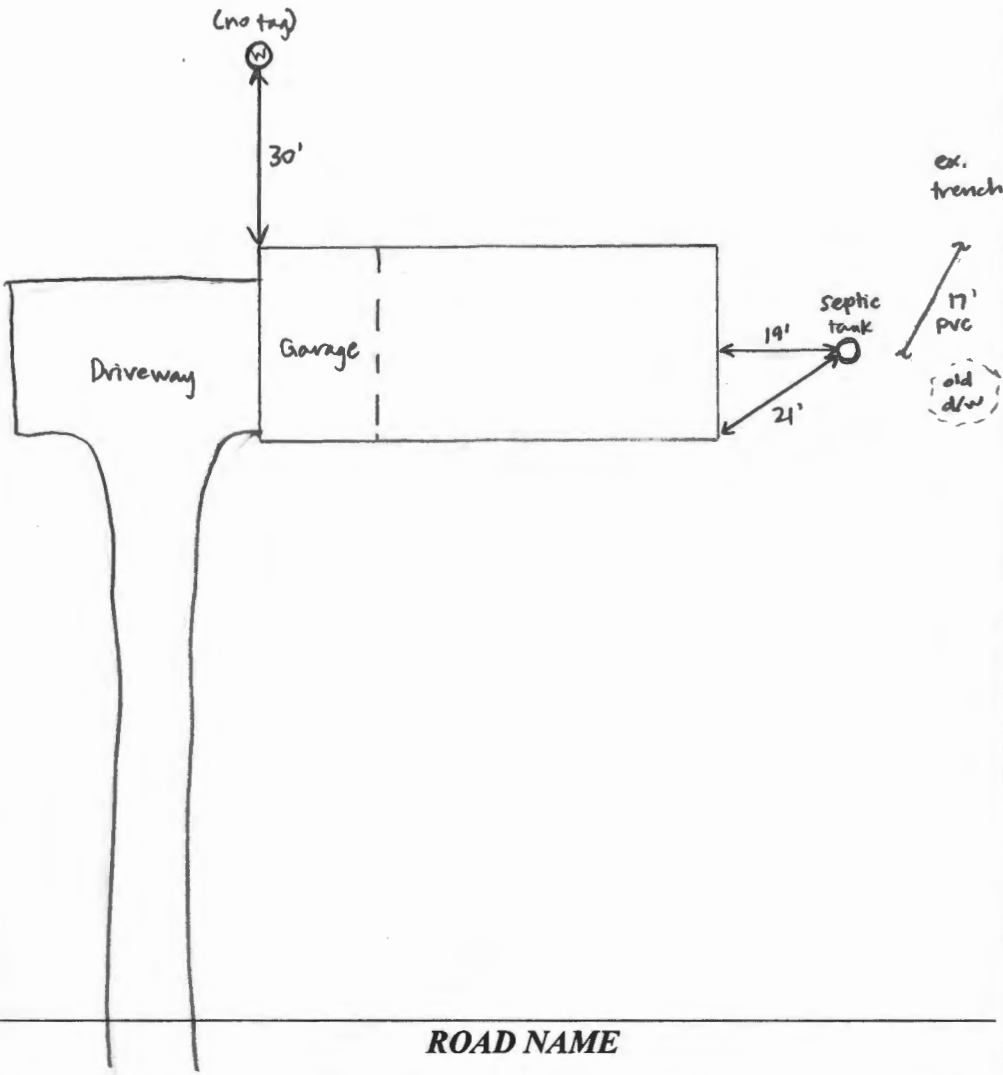
LOCATION:	
NOTES:	Ex. Drypell to be pumped (collected). Install new plumbing from existing S.T. to existing trench.

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



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 I 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



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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}

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
- Trench
- Mound
- Unknown
- Other: _____

Hook up to existing TRENCHES

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

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

Contractor's Address: 580 Obrecht Rd Sp. Resville 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.