



# HOWARD COUNTY HEALTH DEPARTMENT

67938

DATE 8/1 BRD

AS

Received From

Jules Septic

PHONE #

410-195-5670

For

Peru App/1242  
Morgan Station

- CASH
- CHECK

NO.

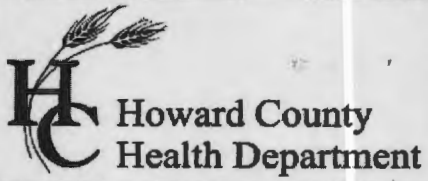
69033

One hundred sixty five Dollars

\$ 165.00

Received By

J 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

08/13/202

RECEIPT DATE: 0

**ONSITE SEWAGE DISPOSAL SYSTEM**

P \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

**PERMIT:**

**REPAIR**

A 567938

PROPERTY ADDRESS: 1242 Morgan Station Road

SUBDIVISION: Woodbine

LOT: 04-309871

CONTRACTOR: Fogle's Septic INC

EMAIL: Kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: RIVERA JONATHAN

EMAIL: \_\_\_\_\_

OWNER ADDRESS: 1242 MORGAN STATION RD WOODBINE, MD 21797-8724

PHONE: 410-259-2934

SEPTIC TANK SIZE (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): n/a

PUMP SIZE: na

NUMBER OF BEDROOMS: \_\_\_\_\_

HOUSE SQ. FT. \_\_\_\_\_

APPLICATION RATE: \_\_\_\_\_

DISTRIBUTION SYSTEM: GRAVITY FED

LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	House has perc records in good standing from 2004. House in 4 bedrooms and 1 bedroom associated with the garage that is tied into the house plumbing. 2x53' trenches were located in the back, 2x53' trenches were located in the front. Front install will require abandon and seal of existing septic tank and drywell. Trenches will be above existing drywell. No permit issued.	

*EX SYSTEM IS FUNCTIONING*

ISSUED BY: Cabahug 001997

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

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: 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.**

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 1 LEVEL \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

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 \_\_\_\_\_

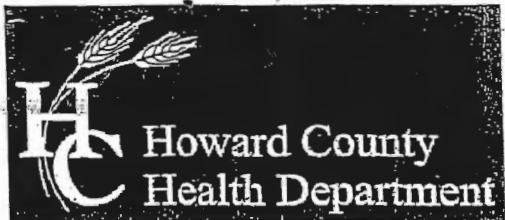
ROAD NAME

PRE-CONSTRUCTION:

09/11/2020 NO PERMIT ISSUED. HOMEOWNER EXPLORING OPTIONS.  
SEE NOTES.

INSTALLATION:

FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_



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 Facebook: www.facebook.com/hocohealth  
 Twitter: HowardCoHealthDep

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

150938

**APPLICATION**

**FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_

PROPERTY ADDRESS 1242 Morgan Station Rd Woodbine 21797  
STREET TOWN ZIP

TAX ACCOUNT # 309871 TAX MAP 8 GRID 8 PARCEL 12 LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) \_\_\_\_\_

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Michael Bernstein

DAYTIME PHONE 202-744-6543 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 1242 Morgan Station Woodbine 21797  
STREET CITY, STATE ZIP

APPLICANT Fogles Sptic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-765-5670 CELL \_\_\_\_\_ EMAIL Kim@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville 21784  
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

- PROPERTY:
- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: \_\_\_\_\_ SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING)  MAJOR  MINOR
  - CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
  - REPAIR OR REPLACE FAILING OSDS
  - UPGRADE EXISTING OSDS

- BUILDING:
- RESIDENTIAL WITH \_\_\_\_\_ EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
  - COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

*I spoke with Kevin Wolf about this. Please schedule for 2nd WK in September*

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?  
 YES  
 NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO (2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.  
 By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

[Signature] 8/16/20  
 SIGNATURE OF APPLICANT DATE

