

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

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 3620 Point Hitch Rd. Glenwood Md. 21738

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) 3620 Point Hitch Rd Glenwood, Md. 21738

DAYTIME PHONE CELL 443-766-9424 EMAIL krb-roofingcontractors@gmail.com

MAILING ADDRESS STREET CITY, STATE ZIP

APPLICANT Fogle Septic RELATIONSHIP TO OWNER: none

DAYTIME PHONE 410-795-5670 CELL EMAIL Jeff@fogle's

MAILING ADDRESS 580 Obrecht Rd. Sykesville, Md. 21784

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)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

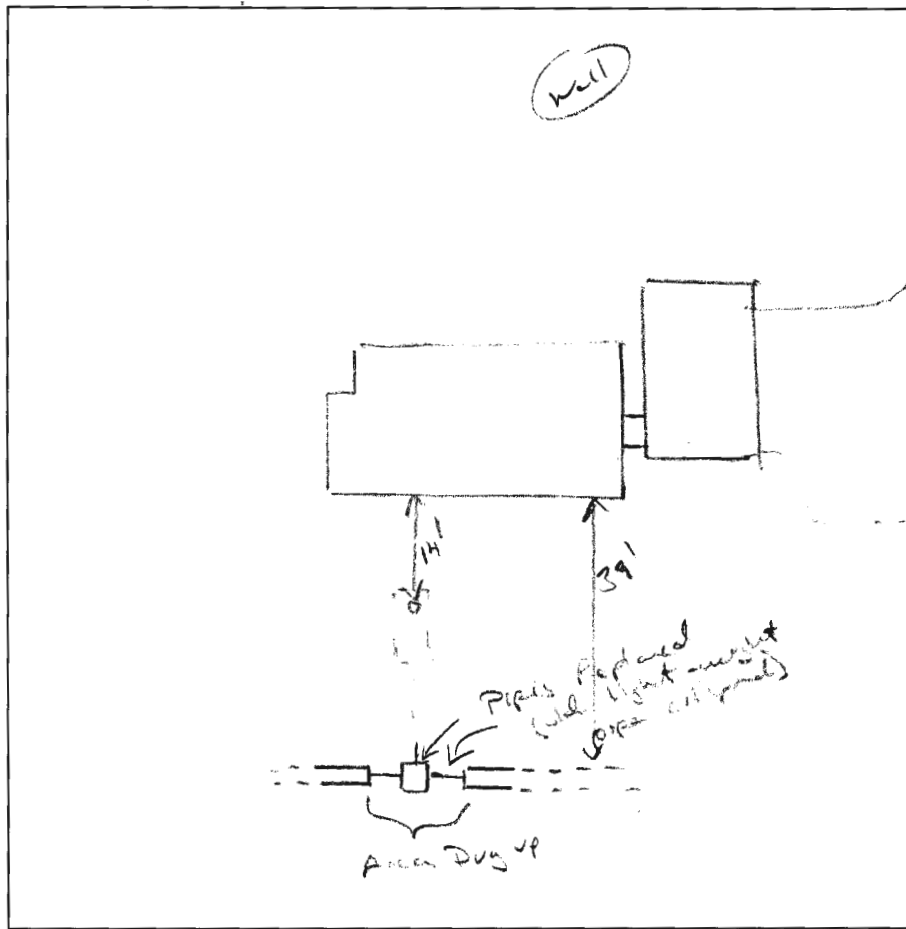
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE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

DATE



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/12/17	*	see	MEMO		12/12/17		

REMARKS *\* No repair needed. Pipes replaced going into trenches (collapsed)*

SANITARIAN K. Wolf BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

# HOME LAND

## ENVIRONMENTAL

p:443-995-5385 | [info@homelandhealthyhomes.com](mailto:info@homelandhealthyhomes.com) | [www.homelandhealthyhomes.com](http://www.homelandhealthyhomes.com)

Date: 11/28/2017 Name of Evaluator: Drew Henderson Time: 13:30 Property Address: 3620 Point Hitch Road Glenwood, MD 21738 Recent Weather Conditions: Normal		Ordered By: Brooke Fox Buyers: Greg Buley Homeowner Interview: The homeowner interview was not received prior to the evaluation.		Occupied: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Length of Time Vacant: N/A # of People Living in Home: 2 # of People moving in: 3 Property Age: 1983 System Age: 1983 Last Date of Cleaning: Unknown Recomm'd Pumping Freq: 3-4 Years	
Liquid level in tank is: <input type="checkbox"/> Above Normal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Below Normal			Bottom Solids Depth: 6 Inches		
Depth of tank: 14 Inches		Type of Tank Access: Cleanout		Depth of tank access: At Grade	
Maintenance appears: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor			Depth to Distribution Box: 32 Inches		
Effluent Filter present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previous high liquid level: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance to well: 152 Feet	
Records Search: Records were received from Howard County prior to the evaluation.					
Were there any impermeable surfaces above the septic system (i.e. driveway)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Type of Tank</b>		<b>Tank Composition and Size</b>		<b>Type of Absorption System</b>	
<input checked="" type="checkbox"/> Septic Tank (1 tank)		<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Plastic		<input checked="" type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound	
<input type="checkbox"/> Aeration System				<input type="checkbox"/> Drywell (Number of: ) <input type="checkbox"/> Cesspool	
<input type="checkbox"/> Other:		Tank Size: 1,000 gallons		<input type="checkbox"/> Unknown: _____	
<b>System Component</b>		<b>Condition</b>		<b>Comments</b>	
Septic Tank		<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		The septic tank is composed of concrete and is 1,000 gallons in capacity. Access is a cleanout at grade; the tank is 14 inches below grade. The back baffle is in place and composed of PVC. There is 5 feet of liquid depth with 6 inches of solids in the tank indicating fair maintenance. It is recommended that a riser to grade be installed to facilitate proper access and maintenance. The tank should be cleaned every 3-4 years.	
Absorption System		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		Per the county records there are 2 drainfields. A SeeSnake camera was used during the inspection, see camera evaluation for pictures. During the inspection 2 drainfields were located. Drainfield 1 has a shift/break in the line at -5 feet from the distribution box (see camera evaluation). The shift in the line needs to be repaired/replaced by a licensed septic contractor. Drainfield 2 line is cracked and allowing root and sediment intrusion. Drainfield 2 has a clogged/collapsed line at -25 feet from the distribution box. The cracked and clogged drainfield 2 line needs to be replaced by a licensed septic contractor. Approximately 250 gallons of water were introduced into the system with no sign of a backup.	

*Kurt*

Family Owned Business Since 1978

580 Obrecht Rd.  
Sykesville, MD 21784



410-795-5670  
Fax: 410-795-3432  
www.foglesinc.com

RECEIVED  
DEC 29 2017  
ENVIRONMENTAL SERVICES  
HOWARD COUNTY DPW

Howard County Health Department  
8930 Stanford Boulevard,  
Columbia, Md 21045

ref: 3620 Point Hitch Rd

December 14, 2017

To whom it may concern,

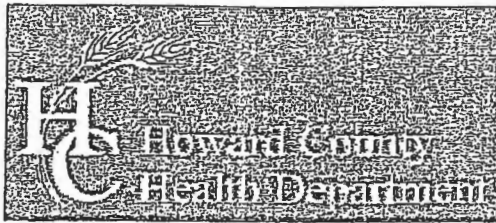
Fogle's Septic is requesting a partial refund for the perc & repair permit#p562345. Fogles paid \$330.00 and only a minor repair was done. If you have any other question please call me at 410-795-5670

Sincerely,

A handwritten signature in cursive script, appearing to read "Kim Fogle", is written over the typed name.

Kim Fogle

Call Us For All Your Septic Needs



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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
- [x] Failing 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?
- [ ] Yes Date pumped: \_\_\_\_\_
- [x] 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?
- [ ] Yes Explain observations: \_\_\_\_\_
- [ ] No

Existing system design

- Existing system design
- [ ] Drywell
- [x] Trench
- [ ] Mound
- [ ] Unknown
- [ ] Other: \_\_\_\_\_

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
- [x] Yes
 - Blockage leading to the tank
 - [ ] Yes. Explain: \_\_\_\_\_
 - [ ] No
 - Blockage leading to the field
 - [ ] Yes. Explain: \_\_\_\_\_
 - [ ] No
- [ ] No

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
- [ ] Yes
- [x] 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 Septic Contractor's Phone: 410-795-5200
Contractor's Address: 580 Obrecht Rd Sykesville, Md. 21784

Property Address: 3620 Point Hitch Rd. County file:
Subdivision: Gleanwood, Md. 21738 Lot: Year Built: 1983
Owner's Name: William Andersen Owner's Phone: 443-766-9424

Name of previous owners: Existing bedrooms: 3
Proposed bedrooms: 3

Has this request been previously discussed with a Sanitarian? (Name): NO
Public Sewer available/nearby: NO

\*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.





# HOWARD COUNTY HEALTH DEPARTMENT

62345

DATE 12/9/17

PS

Received From

Fogles Septic Clear

PHONE #

410-955-5070

For

Fogles Septic - Pave Kaperen  
36000 Road Hitch 12

CASH

CHECK

NO.

54114

Three thousand thirty

Dollars

\$

330.00

Received By

*[Signature]*