

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: 10/6/2021 **ONSITE SEWAGE DISPOSAL SYSTEM** P 570185
 APPROVAL DATE: 11/2/21 (ST) **PERMIT: Repair** A Repair
 PROPERTY ADDRESS: 10097 Century Drive
 SUBDIVISION: n/a LOT: n/a TAX ID: 02-244950
 CONTRACTOR: Fogles Septic EMAIL: kim@foglesinc.com
 CONTRACTOR ADDRESS: 580 Obrecht Rd, Sykesville, Md. 21784 PHONE: 410-795-5800
 PROPERTY OWNER: Tom Curtin EMAIL: Tom.curtin28@gmail.com
 OWNER ADDRESS: Same as above PHONE: _____

SEPTIC TANK SIZE: 1500 PUMP TANK CAPACITY: n/a PUMP SIZE: n/a

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>135</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>9'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

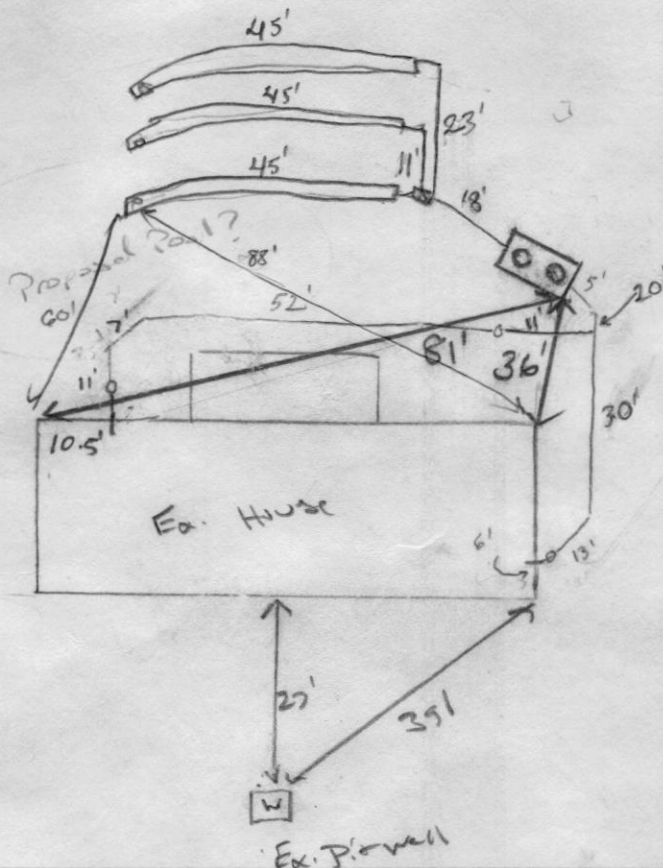
NOTES: Set new septic tank outside 100' well radius. Top trench to start just below tank location. Install 3x45' trenches running on contour across back property in open area. Trench locations will be outside 100' well radius. Pump and collapse existing cesspool. Call for inspection.

ISSUED BY: K. Wolf ISSUE DATE: 10/6/2021 EXPIRATION DATE: 10/6/2022

- 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 B/E 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 DOWNGRADIENT 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



(No Plumbers)
 Ex. 2-story Garage shed

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	9'
NUMBER OF TRENCHES <u>3</u>		
TOTAL LENGTH <u>135'</u>		
ABSORPTION AREA <u>270 sq ft + sidewalk</u>		
DISTRIBUTION BOX LEVEL <u>Speedy</u>		
DISTRIBUTION BOX BAFFLE <u>cement</u>		
DISTRIBUTION BOX PORT <u>FVC</u>		

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	<u>7-28-21</u>
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	_____

Ex. Well?

ROAD NAME

-Century Drive-

PRE-CONSTRUCTION:

6/24/21 Set new septic tank outside of 100' well arc near back of property. Install 3x45' trenches running on contour above pre-ditch A. However expressed interest in possible pool addition. Ex. cesspool to be pumped and collapsed (circled)

INSTALLATION:

10/28/21 upon arrival, tank hole badly dig. Tank to be set location OK. checked out trench locations, OK for conditions, OK to cover tank when installed. Get measurements of 5th pipe to back fill. (circled) 11/01/2021 INSTALLED SL & TANK SET. 11/3/21 Second sewer line tied into main line. 3x45' trenches constructed. D-box leveled. (circled)

FINAL INSPECTOR

Susan Thomas

DATE OF APPROVAL

11/2/21



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P570185

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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

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 observation: _____
 No _____

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: Cesspool

Was a visual inspection of the sewage line conducted?

Yes
 No

Blockage Leading to the field

Yes Explain _____
 No _____

Is discharge surfacing on the ground?

Yes
 No

Additional Comments:

Perceal on 10/24/21

*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 Regulations.

Septic Contractor: Fogles Septic Contractor's Phone: 410-795-5670
 Contractor's Address: 580 Obrecht Rd Sykesville 21784
 Property Address: 10097 Century Dr County File: _____
 Subdivision: N/A Lot: _____ Year Built: 1899
 Owner's Name: Tom Curtin Existing bedrooms: 4 bedroom
 Name of previous owners: TANSA GREEN Existing bedrooms: _____
 Proposed bedrooms: _____

*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 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 exists.
 The contractor is to notify the office of the emergency as soon as possible.

2/2020



HOWARD COUNTY HEALTH DEPARTMENT

70185

DATE 10/6/21

Received From

Fogles Septic Clear PHONE # 410 795-5670

For

Repair / 10094 Century Dr.

CASH

CHECK

NO.

13520

One hundred sixty-five Dollars

\$

165.00

Received By

Keip

