

**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

RECEIPT DATE: 6/27/22 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572061

APPROVAL DATE: \_\_\_\_\_ **PERMIT: UPGRADE** A \_\_\_\_\_

PROPERTY ADDRESS: 7550 Greenwood Drive

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: \_\_\_\_\_

CONTRACTOR: Fogles Septic Clean Inc. EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 217845 PHONE: 410-795-5670

PROPERTY OWNER: Robert Crawford EMAIL: \_\_\_\_\_

OWNER ADDRESS: 7550 Greenwood Drive, Highland, MD 20777 PHONE: 410-971-4500

SEPTIC TANK SIZE (GALLONS): Ex TANK MANUFACTURER: -

PUMP MODEL: \_\_\_\_\_ PUMP SIZE: 1/2 HP PUMP TANK CAPACITY: 1250g

DISTRIBUTION SYSTEM:  GRAVITY  PRESSURE DOSED BEDROOMS: \_\_\_\_\_ APPLICATION RATE: 0.8

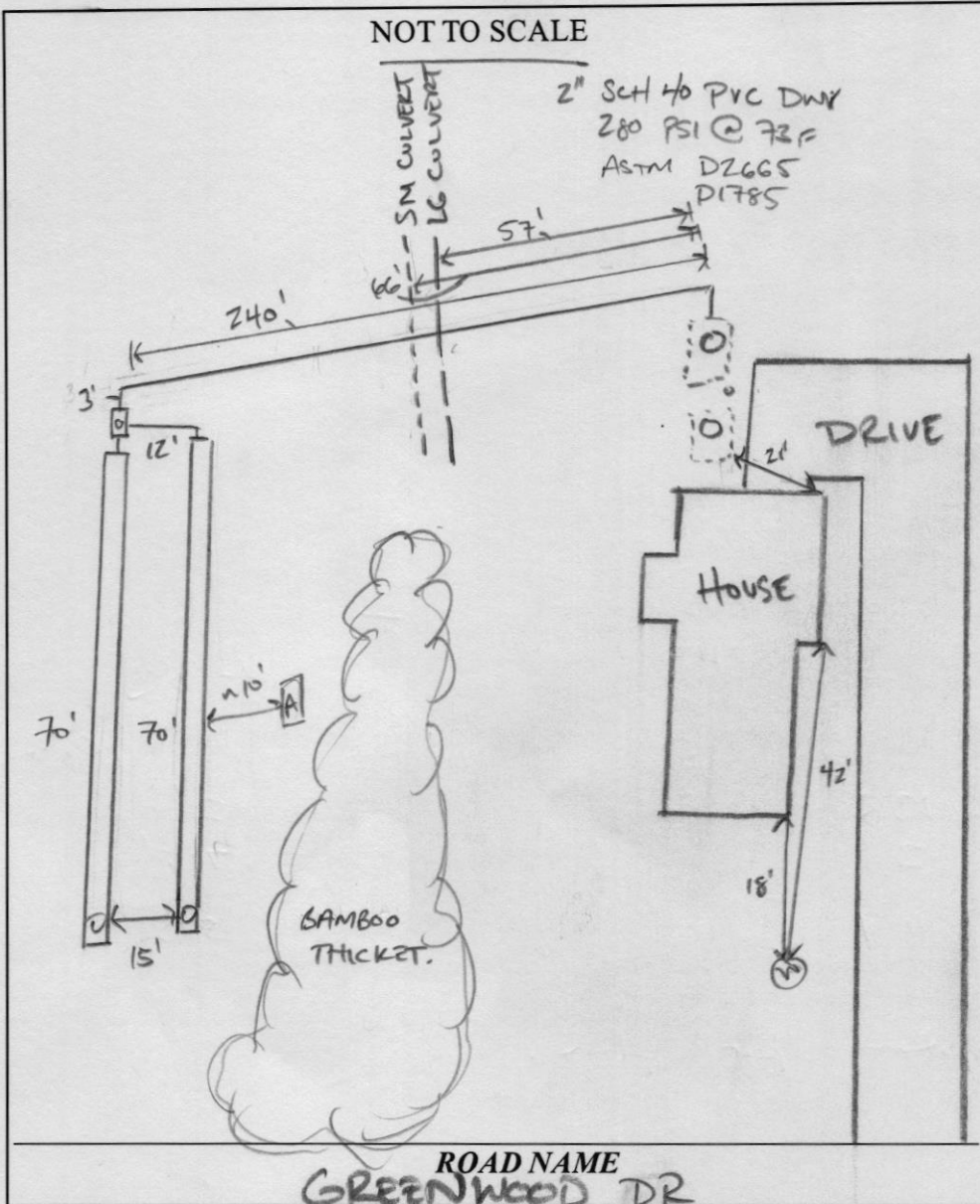
TRENCHES:	LINEAR FEET REQUIRED: <u>138</u>	INLET DEPTH: <u>2'</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>7.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11'4"</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5.5'</u>
LOCATION:	<b>PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	<u>Install system per plan.</u>	

ISSUED BY: K. Wolf ISSUE DATE: 8/22/22 EXPIRATION DATE: 8/22/22

- 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 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 \_\_\_\_\_
- 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



**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
3'	2'	7.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		140'
ABSORPTION AREA		420 sq ft + side wall
DISTRIBUTION BOX LEVEL		YES
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

**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 TOP

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

BAFFLES -

BAFFLE FILTER -

MANHOLE LOC BACK

6" PORT LOC -

WATERTIGHT TEST -

SLOTTED -

DATE ON LID 07/11/2022

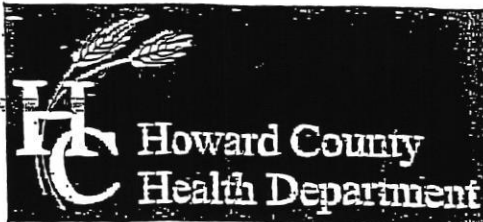
**PRE-CONSTRUCTION:**

7/24/22 contour shot near perc test. Contractor laid out a proposed trench design. will need plan. submitted to HD prior to install. (perm)

**INSTALLATION:**

09/12/2022 PUMP TANK INSTALLED. 09/13/2022 FM INSTALLED AND SLEEVED UNDER CULVERT. 09/14/2022 FM COMPLETE. TRS COMPLETE. 9/19/22 - P&A OK (RA)

FINAL INSPECTOR R. Rappaport DATE OF APPROVAL 9/19/22



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

1572001

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 7550 Greenwood DR Highland 20777

TAX ACCOUNT # 348684 TAX MAP 40 GRID 18 PARCEL 157 LOT NO. 44 PROPOSED LOT SIZE (ACRES) 2.038 AC

ZONING CATEGORY TIER

PROPERTY OWNER(S) Robert Crawford

DAYTIME PHONE 410-971-4500 CELL EMAIL jrcrawford4500@gmail.com

MAILING ADDRESS 7550 Greenwood DR Highland 20777

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-785-5670 CELL EMAIL kim@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville 21781

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

PROPERTY:

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

BUILDING:

- BUILDING: RESIDENTIAL WITH 4 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 [Handwritten Signature]

DATE 4/27/22



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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: \_\_\_\_\_

**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:**

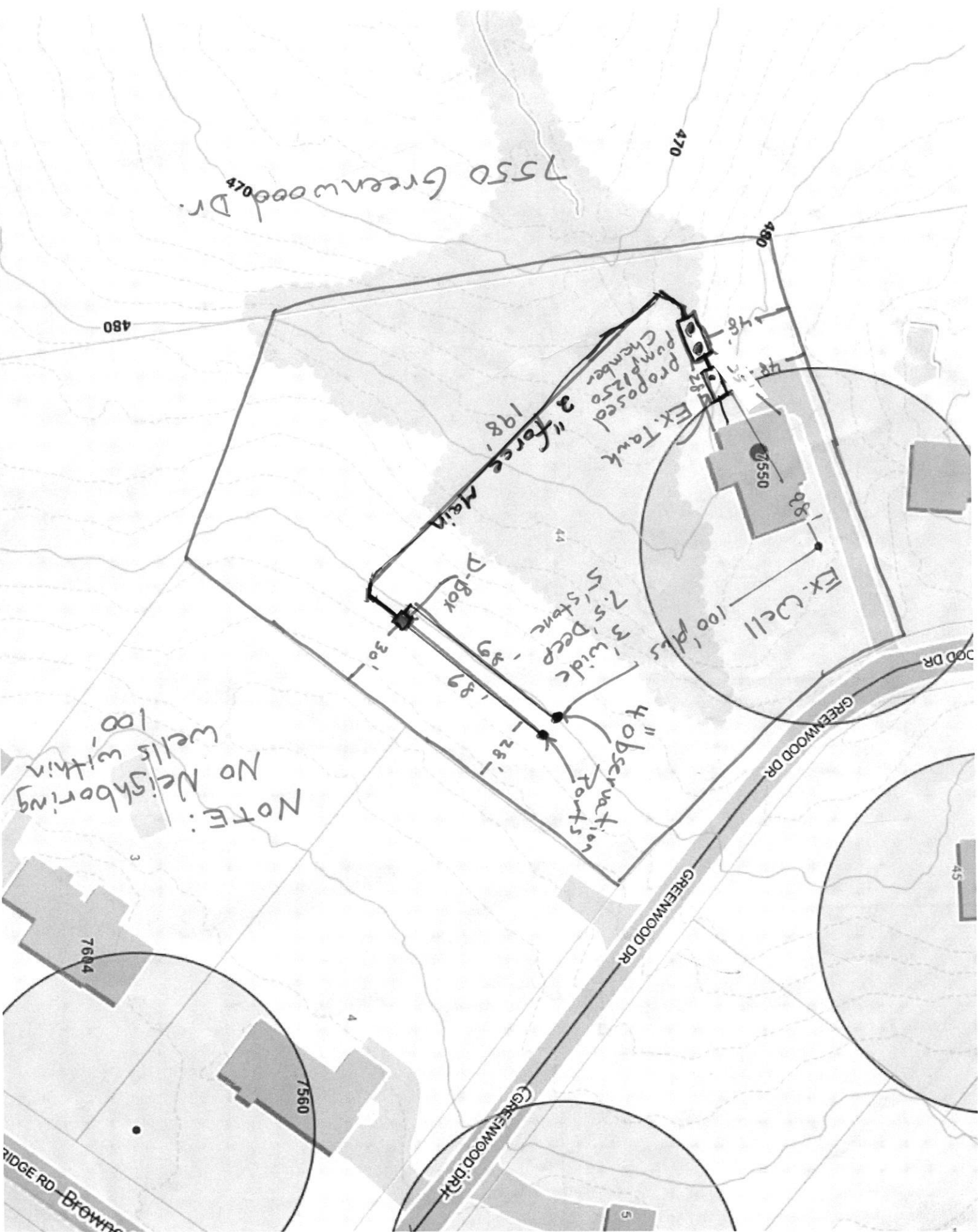
*failing trench*

\*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: Fogle's Septic Clean Contractor's Phone: 410-795-5670  
 Contractor's Address: 580 Obrecht Rd Sykesville Md 21784  
 Property Address: 7550 Greenwood DR County File: \_\_\_\_\_  
 Subdivision: Greenwood Farms Lot: 44 Year Built: 1962  
 Owner's Name: Robert Crawford Existing bedrooms: 4  
 Name of previous owners: \_\_\_\_\_ 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



7550 Greenwood Dr.

480

470

460

Proposed  
Pump  
Chamber  
2" Force  
Main  
198'

Ex. Tank  
125'

7550

Ex. Well  
100' p/s

D-Box

7.5' Deep  
3' wide  
5' Stone

4" Observation  
Point

30'

29'

29'

28'

NOTE:  
No Wells within  
100'

7604

7560

RIDGE RD - BROWNE

GREENWOOD DR

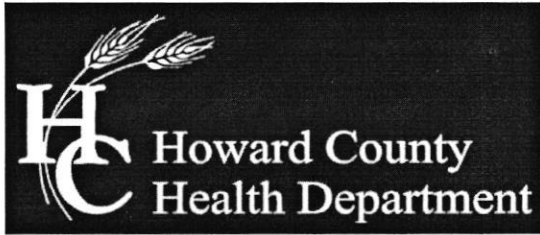
GREENWOOD DR

GREENWOOD DR

POD DR

Kevin Wolfe

Howard County



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SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 7550 Greenwood Drive

Subdivision: N/A Lot: -

Repair Initial system: Application rate: 0.8 Effective area beginning depth: 5.5 Bottom maximum depth: 7.5'

1st Replacement: Application rate: Effective area beginning depth: Bottom maximum depth:

2nd Replacement: Application rate: Effective area beginning depth: Bottom maximum depth:

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

(W + 2) / (W + 1 + 2D) x 100 = Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
All trenches must be on contour
Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D +W up to a maximum spacing of 18'.
Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
Maximum trench length is 100'
Maximum pipe depth is 4'

Additional requirements:

- 3' wide inlet
- Ex. S.T. to remain
- New 1250 w/ pump tank.
- 1/2 HP or equivalent
- Entered Rent Repair

Approved: [Signature] Date: 7/20/22

8/2/62

Approved  
8-7-62  
sum

# PERMIT

P 05163  
A 05049

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY 5

DISTRICT \_\_\_\_\_

DATE 7/11/62

**INDEXED**

*J. L. Levy*

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Shocwood Farms ROAD Shocwood Farms Drive LOT 44A, sec. 3

PROPERTY OWNER Shocwood Farms, Inc.

ADDRESS Edmore

**SPECIFICATIONS**

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

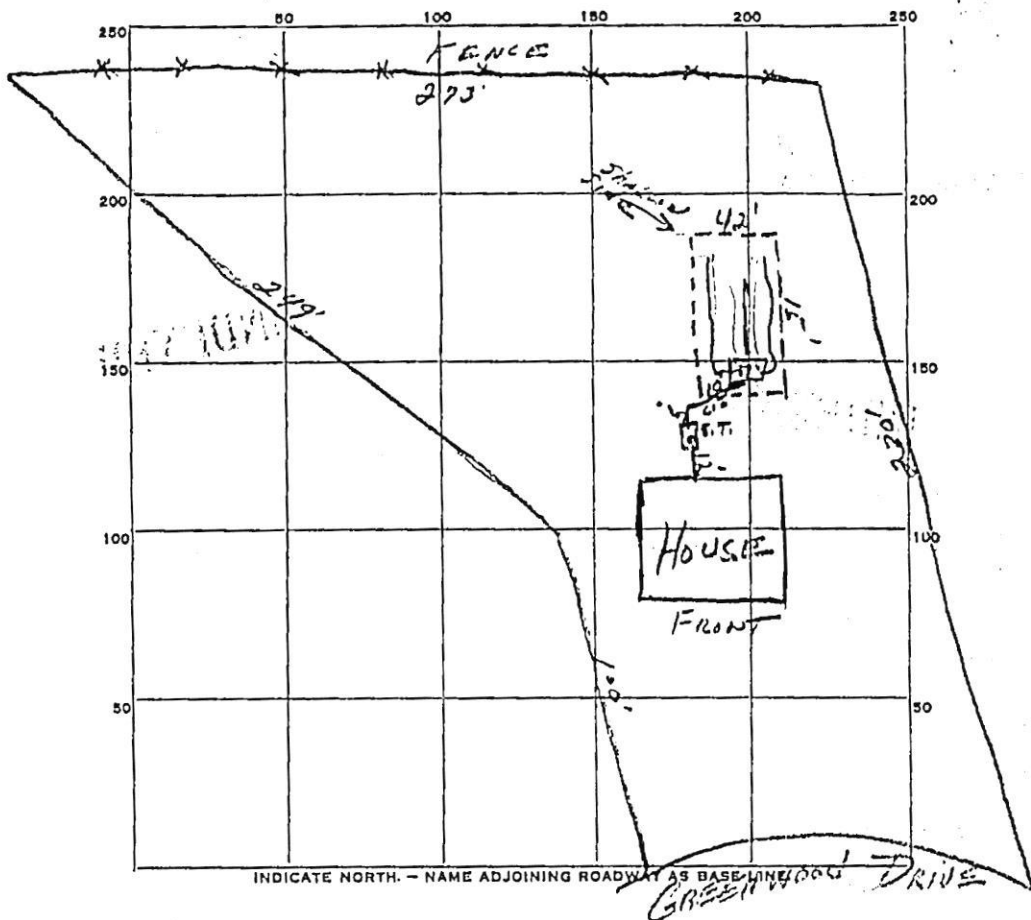
OTHER Leaching bed - 15 feet wide by 43 feet long. Locate length side 18 feet from the right side property line and the width side 60 feet from the rear property line. Depth of bed 5 1/2 feet on the shallow side. Right side property line determined when facing the lot from Greenwood Drive. Two line of tile effluent in bed on centers.

PLANS APPROVED BY J. L. Levy DATE 5/1/62

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 05049



PERMIT CARD yes

SEPTIC TANK, LEVEL 18" concrete 1000 gal. CLEANOUTS 8" stand pipes

DISTRIBUTION BOX, LEVEL None

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 8-2-62 No distribution box in back. No pipe on bed.  
Leaching bed 42 ft long by 15 ft long - Ditch 5 - 5 1/2 ft  
shallow side. Note absorbent permit card #1

DATE SYSTEM APPROVED 8-7-62 INSPECTOR du Monaghan

# APPLICATION

A 05049

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5  
DATE 4/24/62

*Leaching bed 15 ft wide by 43 ft long. Located along the side 18 ft from the right side property line and three width side 60 ft from the rear property line. Depth of bed 5 1/2 ft on the shallow side. Right side property line determined when the 100 gal tank was in bed on center. Two lines of field effluent 100 gal water tank.*

TO: THE COUNTY HEALTH OFFICER,  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Greenwood Farms, Inc.

ADDRESS Edmon, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION  
SUBDIVISION Greenwood Farms LOT NO. 44A sec 3

ROAD AND DESCRIPTION Greenwood Dr.

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 1 acre TYPE BLDG. 4 NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT Margaret J. Drew  
Bram Bridge Rd Highland - AT6-2895

APPROVED BY [Signature] FOR Leaching Bed DATE 5-1-62  
(KIND OF SYSTEM)

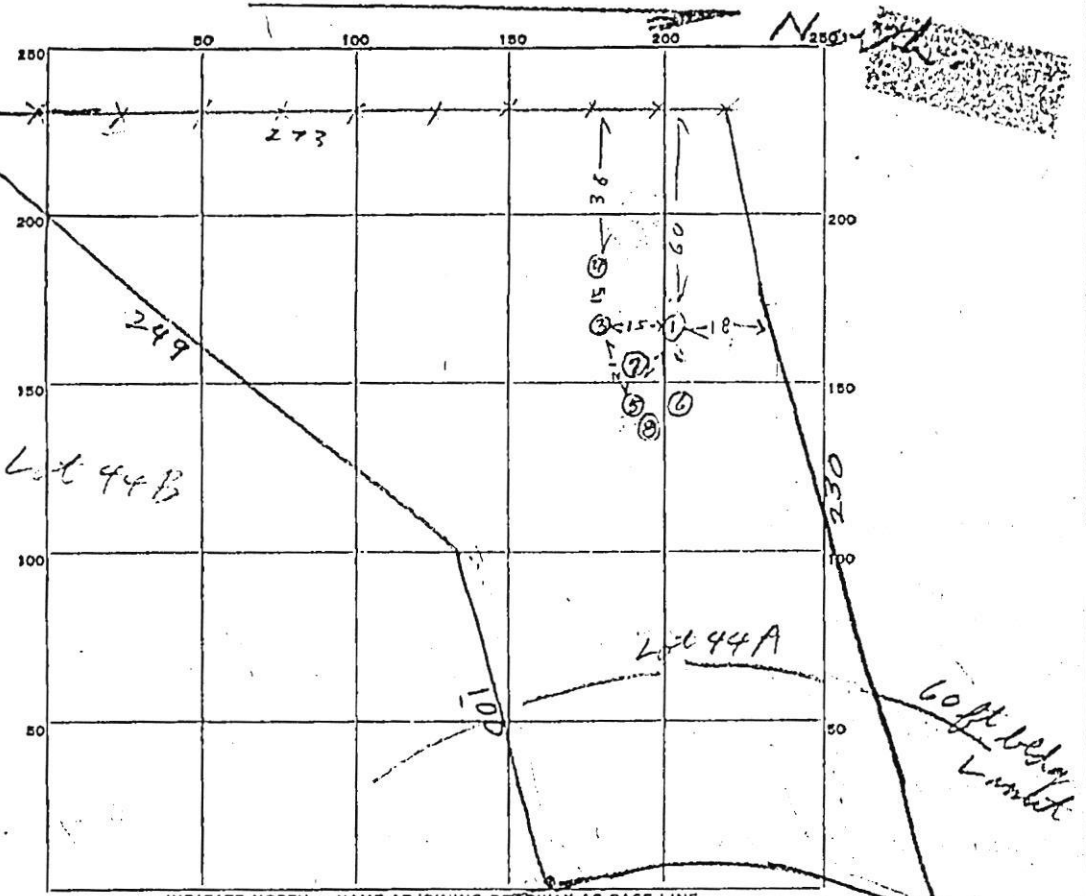
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

Lot 44C



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

GREENWOOD DRIVE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
25AP 62	1	5	950	1007	1007	1027	20	
same pit as #1	25AP 62	2	Underground water at 10 ft					
"	3	3	957	1050	no perc.			
"	4	3	958	1050	no perc.			
"	5	5	1007	1150	little perc.			
5-1-62	6	5	11:31	11:35	11:35	11:39	4 min.	
"	7	5	11:57	over time				
"	8	5	12:05	12:08	12:08	12:21	13 min.	

SOIL AUGER FINDING

TESTED BY Raymond Hodger

REMARKS \_\_\_\_\_

ALSO PRESENT Marjory Owen LOT NO. 44A sect 3

5-1-62  
M. Owen





[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 05 Account Number - 348684

**Owner Information**

Owner Name: CRAWFORD JOHN R Use: RESIDENTIAL  
 CRAWFORD TERESA K Principal Residence: YES  
 Mailing Address: 7550 GREENWOOD DR Deed Reference: /15906/ 00164  
 HIGHLAND MD 20777-

**Location & Structure Information**

Premises Address: 7550 GREENWOOD DR Legal Description: LOT 44, 2.038 A.  
 HIGHLAND 20777-0000 7550 GREENWOOD DR  
 GREENWOOD FARMS SEC. 3

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:  
 0040 0018 0157 5020201.14 2106 44 2020 Plat Ref: 5 88

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use  
 1962 2,235 SF 2.0380 AC

Stories Basement Type Exterior Quality Full/Half Bath Garage Last Notice of Major Improvements  
 2 NO SPLIT LEVEL FRAME/4 2 full/1 half 1 Attached  
 BRICK

**Value Information**

	Base Value	Value As of 01/01/2020	Phase-in Assessments	
			As of 07/01/2021	As of 07/01/2022
Land:	210,300	230,300		
Improvements	214,800	214,600		
Total:	425,100	444,900	438,300	444,900
Preferential Land:	0	0		

**Transfer Information**

Seller: DREW MARVIN E Date: 12/03/2014 Price: \$399,000  
 Type: ARMS LENGTH IMPROVED Deed1: /15906/ 00164 Deed2:  
 Seller: DREW MARVIN E ET AL Date: 12/29/1989 Price: \$0  
 Type: Deed1: /02105/ 00598 Deed2:  
 Seller: DREW MARVIN E AND WF Date: 10/19/1981 Price: \$0  
 Type: NON-ARMS LENGTH OTHER Deed1: /01074/ 00710 Deed2:

**Exemption Information**

Partial Exempt Assessments: Class 07/01/2021 07/01/2022  
 County: 000 0.00  
 State: 000 0.00  
 Municipal: 000 0.00|0.00 0.00|0.00

Special Tax Recapture: None

**Homestead Application Information**

Homestead Application Status: Approved 02/25/2015

**Homeowners' Tax Credit Application Information**

Homeowners' Tax Credit Application Status: No Application Date: