

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: 8/26/2022 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572110

APPROVAL DATE: 10/12/2022 **PERMIT:** **REPAIR** A Repair

PROPERTY ADDRESS: 15929 AE Mullinix Road

SUBDIVISION: River Farms LOT: 1 TAX ID: 04-326091

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: John@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: _____ EMAIL: _____

OWNER ADDRESS: Same as above PHONE: _____

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

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.6

TRENCHES:	LINEAR FEET REQUIRED: <u>180</u>	INLET DEPTH: <u>3-4'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>11'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11 ctc</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>7'</u>

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

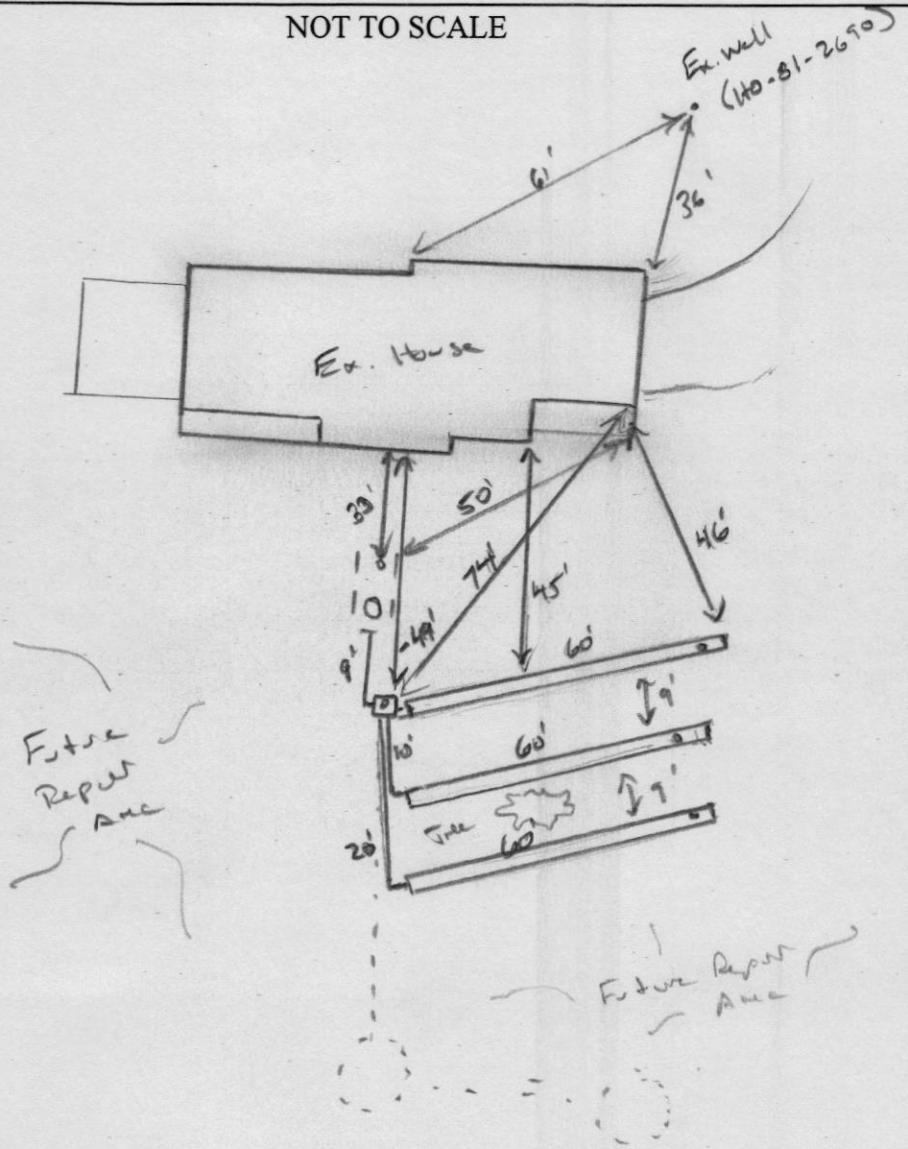
NOTES: Install system per approved plan. Existing drywell to be pumped and collapsed. Add manhole riser to ex. Tank.

ISSUED BY: K. Wolf, LEHS ISSUE DATE: 8/26/2022 EXPIRATION DATE: 8/26/2023

- 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 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



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3-4'	11'
NUMBER OF TRENCHES	3	
TOTAL LENGTH	180'	
ABSORPTION AREA	360+SW	
DISTRIBUTION BOX LEVEL	SPEED	
DISTRIBUTION BOX BAFFLE	CONC.	
DISTRIBUTION BOX PORT	YES	

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	N/A
CAPACITY	1250 GAL
SEAM LOC	mid
TANK LID DEPTH	3'
BAFFLES	Yes
BAFFLE FILTER	-
MANHOLE LOC	Rear
6" PORT LOC	Front
WATERTIGHT TEST	OK ✓
SLOTTED	NO
DATE ON LID	N/A
PUMP/SEPTIC TANK LEVEL	N/A
MANUFACTURER	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

ROAD NAME

PRE-CONSTRUCTION:

8/23/22 Shot extending in field. Contractor laid out trenches per approved area based on soil evaluator. Need proper lines to be reprinted. Need site plan (KM)
 8/26/22 site plan/drawings - rec'd. - approved. Permit ready (KM)

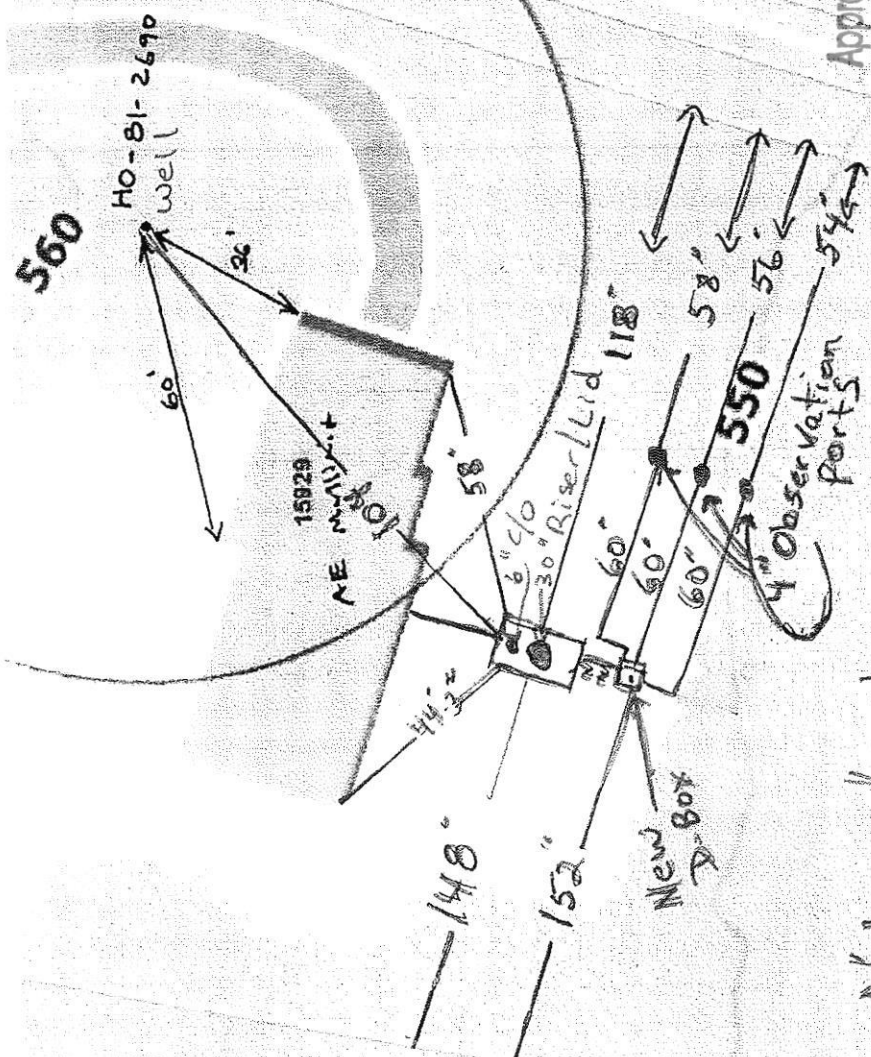
INSTALLATION:

10/11/22 lower trench complete. middle trench dug & stored. OK to continue. 1 of 2 diguiths poured and colored (KM) upper trench dug, waiting on stone to complete trench. Will inspect in the (KM) (KM) 10/17/2022 LEVEL @ BOX w/ SPEED LEVELS; TRENCHES COMPLETE; ABANDONED 2nd DRY WELL - (KM)

FINAL INSPECTOR

DATE OF APPROVAL

10/12/2022



Total trench width = 180'
 Trench width = 2'
 Trench Depth = 11'
 Stone = 7'

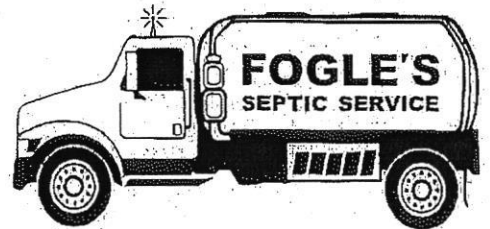
Note: No Neighboring wells within 100'

Note: Need to pump and Abandon (2) Drywells and (1) D-Box

Approved Septic System Plan
 Howard County Health Department
 Signature: *[Signature]*
 Date: 8/26/2022

Dropped off to Kevin Wolf @HCHD on 8-26-22

FOGLE'S SEPTIC CLEAN, INC.
 580 Obrecht Road • Sykesville • Maryland 21784
 (410) 795-5670



SEPTIC EVALUATION

518-391-9121

<input checked="" type="checkbox"/> Buyer / <input type="checkbox"/> Seller	Date: 2/4/2022 Time: 2:00	Occupied? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Client: TARA THEORET	Ordered By: PAT KOMISKE	If vacant, how long?
Property Address: 15929 AE MULLINEX RD WCCDBINE, MD 21797	Phone: 410-596-6523	Last pumped:
	email: PAT.KOMISKE@FOGLESEPTIC.COM	Property age: 1965 # Bedrooms: 4
Weather:	Ground Conditions:	County Records: <input type="checkbox"/> Requested <input type="checkbox"/> Not Received
		Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> Left Message

TARA.THEORET@GMAIL.COM

Liquid level: <input type="checkbox"/> Above Normal / <input checked="" type="checkbox"/> Normal / <input type="checkbox"/> Below normal	Depth of tank: 3.5'
Maintenance Appears: <input type="checkbox"/> Good / <input checked="" type="checkbox"/> Fair / <input type="checkbox"/> Poor	Access to tank: 8" x 10"
Effluent Filter present? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	Pump system: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

Type of Tank	Tank Composition & Size	Type of Absorption System
<input checked="" type="checkbox"/> Septic Tank (1 tank) <input type="checkbox"/> Cesspool <input type="checkbox"/> Aeration System <input type="checkbox"/> Other:	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Unknown Tank Size: 1000g Baffles intact? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Drainfield <input checked="" type="checkbox"/> Drywell <input type="checkbox"/> Sandmound <input type="checkbox"/> Other:

Inspected System Appears:	Inspector's Comments	Sketch of System
<input type="checkbox"/> Functional <input type="checkbox"/> Marginal <input checked="" type="checkbox"/> Unsatisfactory	Septic tank is relatively clean. System has good flow to drywell. It just has very limited life remaining, probably due to reasons. We recommend contacting HCHO to confirm and design a replacement system. Approx \$7,000-\$10,000.	
Inspector:		
Signature: <i>X. Parrell</i>		
Inspection Fee: \$285.00		
Locate/Hand Digging Fee:		
Water Test: <input type="checkbox"/> U&O <input type="checkbox"/> Lead <input type="checkbox"/> Nitrite Water Test Other:		
Amount Due: \$200.00		
Check #		

IMPORTANT: 1HR WELL YIELD BETWEEN 2-3 PM 2/3/22

- This is a subjective and visual inspection only, based upon many unknown and unseen factors.
- The condition of the Sewage Disposal system is reported as of the above date.
- This report does not WARRANT nor GUARANTEE continued functional Sewage Disposal System operations.
- If house has been unoccupied, this report may not be accurate. Little or no use of the septic system could have allowed the problems to temporarily clear themselves.
- If a larger family is moving in than is presently occupying the house, the septic system may be subject to failure.
- If the general ground condition is wet, this report may not be accurate, as ground moisture may cover or hide actual septic effluent on the surface.
- In the above cases, it is strongly suggested that the septic system be re-certified in 3 to 6 months.
- If the system is rated below as marginal or unsatisfactory, it is suggested that the local health department be contacted to inspect and confirm the findings.
- This report addresses the functionality of the system. It does not warrant or guarantee sizing for permitting code or regulation now or in the future.

Payment for this inspection signifies understanding and acceptance of above clauses.



560

HO-81-2690

60'

36'

15929

AE nullinit

550



Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- _____ P- 572110

RESIDENTIAL PERMIT
(NUMBER OF BEDROOMS: _____)

COMMERCIAL PERMIT
(DESIGN FLOW: _____ GPD)

PERMITEE: Fogles Septic Clean Inc.

LOCATION: 15929 AE Mullinix Road

****POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD****

STOP ALL CONSTRUCTION ON SEWAGE
DISPOSAL SYSTEM AND CONTACT HEALTH
DEPARTMENT BEFORE CONTINUING

Inspector Date

WORK IS SATISFACTORY, OK TO
CONTINUE

Inspector Date

COMMENTS: _____

FINAL INSPECTION MADE, OK TO
COVER ALL WORK

Inspector Date

11/20/64

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4

DATE 7/2/64

approved
11/20/64
DWT
P 08692
A 07152

Dr. Lee Keller Glendon Builders, Inc. IS PERMITTED TO INSTALL ALTER
ADDRESS Brunswick, Maryland L.D. Brockwell PHONE 286-3408
Brunswick 5467

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION River Farms 15929 A.E. ROAD Mullinix Rd. LOT 1, Sec. 1

PROPERTY OWNER Hallowell Real Estate (New Owner Harry S. Ransom)

ADDRESS _____

SPECIFICATIONS 4 bedrooms

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 Dry wells - 2 dry wells - each 9 ft. diameter and 7 1/2 ft. deep
below the inlet pipe. Inlet pipe to be 6 ft. below grade.
Place each dry well about 268 ft. from front lot line with
one dry well about 20 ft. from left sideline and the other dry
well about 50 ft. from left side line. Left side line is
determined as you face lot from Mullinix Rd. Dry wells must be
27 ft. apart from edge of 1 to edge of the other.

PLANS APPROVED BY Donald W. Monaghan DATE 7/19/63

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 071521