

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: 9/15/2015 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557373

APPROVAL DATE: _____ **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 10710 Cleo's Court

SUBDIVISION: Riverside Estates LOT: 31 TAX ID: 5382475

CONTRACTOR: Fogle's Septic EMAIL: kevin@foglesinc.com

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

PROPERTY OWNER: _____ EMAIL: _____

OWNER ADDRESS: _____ PHONE: _____

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. N/A APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>140</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>3.5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Install 4x35' trenches on contour in front yard. Trenches laid out w/ paint and flags. Install new Dbox Pump/collector. ca. Druppells obs. ports rigid on all trenches.</u>	

ISSUED BY: K. Wolf, LEHS ISSUE DATE: 10/8/2015 EXPIRATION DATE: 10/8/2016

- 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 WARRANTY 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.
 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

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:

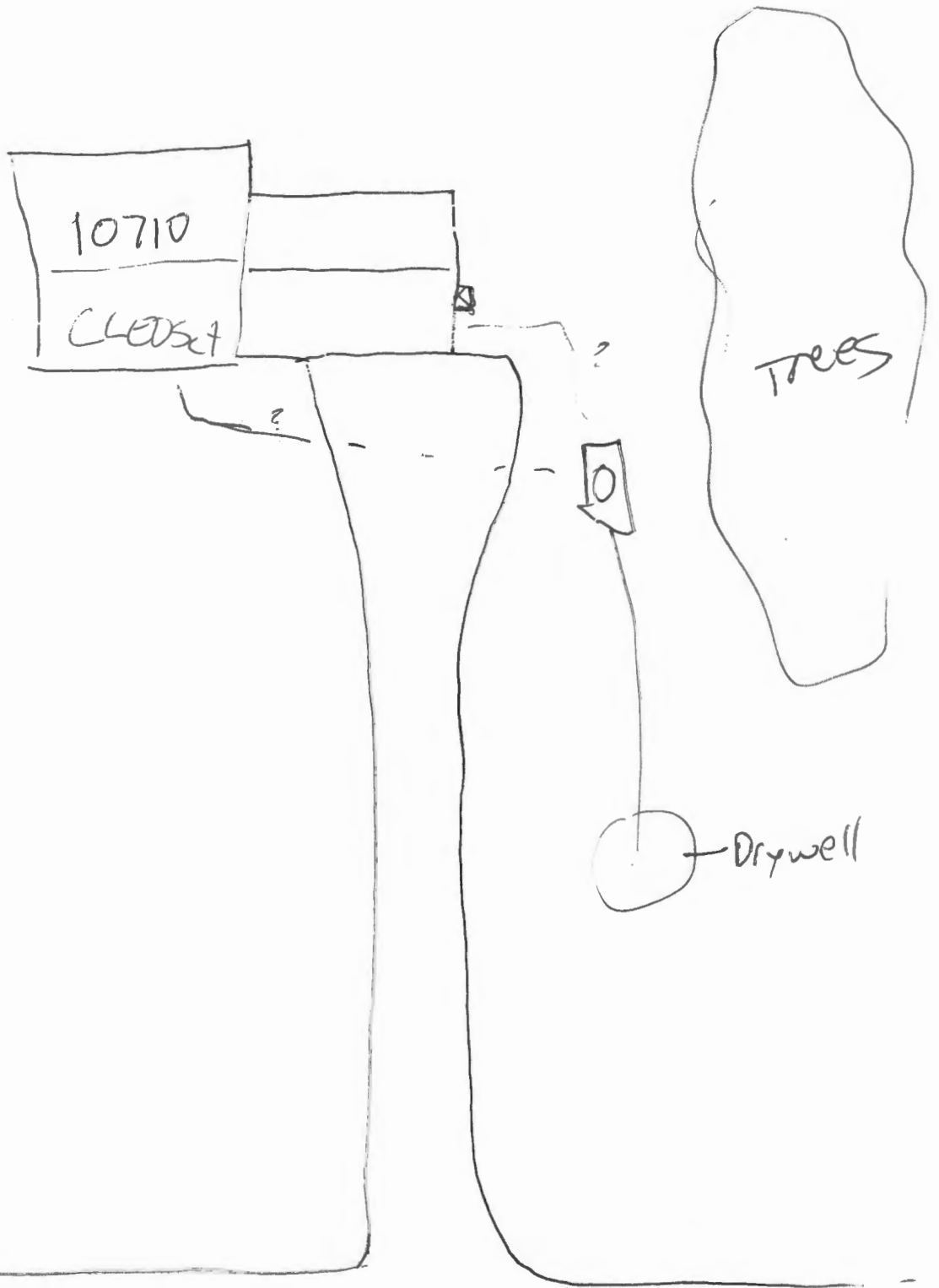
12/15/15 Install 4 x 35' trenches on contour run in both directions. Repair area is needed and may require connection to pub sewer. (known)

INSTALLATION:

12/14/15 Rec'd call from owner, they are considering to pub water and sewer. Req. to keep se. well in tact. Inst Policy and procedures for meeting with pub H2O. Need super abandonment report. (known)

FINAL INSPECTOR _____ DATE OF APPROVAL _____

WELL





Since 1987

16910 Oak Hill Road
Silver Spring MD 20905-3946
Main: (301)-879-0810 Fax: (301)-421-9438

December 15, 2015

Kevin M. Wolf, LEHS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

Mr. Wolf:

With regards to the home owned by Noreen Ramienski at 10701 Cleos Ct, Columbia, MD: Oak Hill Construction subcontracted to King & Sons (invoice attached) to perform all labor necessary to abandon the septic and dry well. I also have some photographs which I will forward to you today or tomorrow. Please let me or Kitty in the office know if you need anything else. Thank you.

Respectfully,

Terry Conrad

WATER INSTALLATION RECORD

11587
11006
58 I

Quote 5085312

Application No. 1-16-399

Type of Installation:

Date Applied 12/08/2015

Future _____ Capital Project _____ Utilities _____

Dev. Agreement _____
ADD No. _____



E

11 70462506

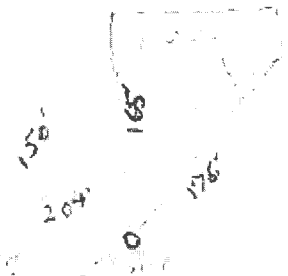
W.H.C. 1"
Size Meter 3/4"

Date of Tap _____
Length of Connection _____
Diameter _____
Kind of Pipe _____
Size of Core Cock _____
Meter Size 3/4" w/ Make Flow
Serial Number 47474862
FRT Number 70462596
Date of Meter Setting 12-15-15
Meter Location pit In _____
Location pit - 5' left of
drive way - 15' from K.C.F.
Curb _____

Date 12-18-15
P 15005642
W&S Plumbing Permit No.

ADD ON

TRIANGULATION



10710 CLEOS COURT
Site Address
Tim Dumas Plumbing
Plumbing Company

Reading Meter 0 Remote W.C.
Installed By W.C. & Kyle

SEWER INSTALLATION RECORD

Premise 5101005652

Application No. 2-16-394

Connection Object 7101076636

Date Applied 12/08/2015

Sewer Add _____ Water Add _____

W&S Contract No. 4350

Size S.H.C. 4" MR Unit 0900 4130

W&S Contract No. 4350-G

Street	House No.	Lot No.	Subdivision
CLEOS CT	10710		HOLIDAY HILLS

Type of Property	Town/Vicinity & Zip	Applicant Name & Address
	LAUREL 20723	JOSEPH RAMIENSKI 10710 CLEOS CT LAUREL MD 20723

Type of Installation:

Future _____ Capital Project _____ Utilities _____ Dev. Agreement _____
ADD No. _____

Depth of Sewer _____ Lateral _____

Length of Conn. From DH/MH _____
Plugged Sewer Information _____



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Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System (checked)
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 (checked) Date pumped: 4/14
No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Yes (checked) Explain observations: Drywell + Tank overflow
No

Was a visual inspection of the sewage line conducted?

- Yes (checked) Blockage leading to the tank:
Yes (checked) Explain: CLEAR LINES
No

Blockage leading to the field

- Yes Explain:
No

Existing system design

- Drywell (checked)
Trench
Mound
Unknown
Other:

Is discharge surfacing on the ground?

- Yes
No (checked)

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: Fugle's Septic Contractor's Phone: 410-705-5210
Contractor's Address: 580 OBRECHT RD. SYKESVILLE 21784

Property Address: 10710 CLEOS CT County file:
Subdivision: Riverside Estate Lot: 3 Year Built: 1976
Owner's Name: Stuart Marsh Owner's Phone: 443-745-1951

Name of previous owners: Existing bedrooms:
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name):
Public Sewer available/nearby:

*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.

10710 Cleo's Court – Pictures taken of septic system collapsed and filled in w/ clean fill. – 12/16/2015



KING & SONS
 Liquid Waste Removal
 P.O. Box 447
 MANCHESTER, MD 21102
 (301) 924-4219 (301) 253-9640
 (301) 596-5616 (410) 374-8859

CUSTOMER'S ORDER NO.		PHONE		DATE	
NAME		ADDRESS		Dec-12-15	
Rock Hill Construction		10701 Cleas Ct		Columbia, MD	
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	PAID OUT
QTY.	DESCRIPTION			PRICE	AMOUNT
2	Septic Service @ 225.00 ea				450.00
	Digging Fee				
	Drain & Sewer Cleaning				
	Backhoe Service				
	Grease Traps				
	Septic Inspection/Certification				
	Septic Tank Extensions				
	Service Charge				
PAYMENT DUE UPON RECEIPT					
Paid ck # 8797					
THERE WILL BE A \$35.00 CHARGE FOR ANY RETURNED CHECKS.				TAX	
RECEIVED BY				TOTAL	450.00

All claims and returned goods MUST be accompanied by this bill.

19862

Thank You