

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: 10/11/23 **ONSITE SEWAGE DISPOSAL SYSTEM** P 575665

APPROVAL DATE: 11/20/2023 **PERMIT:** REPAIR A _____

PROPERTY ADDRESS: 7406 Cherry Tree Drive

SUBDIVISION: Hopkins Mead LOT: 19 TAX ID: _____

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

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-25670

PROPERTY OWNER: Clinton Davis EMAIL: _____

OWNER ADDRESS: 7406 Cherry Tree Drive, Clarksville, MD 21029 PHONE: _____

SEPTIC TANK SIZE (GALLONS): N/A TANK MANUFACTURER: _____

PUMP MODEL: _____ PUMP SIZE _____ PUMP TANK CAPACITY: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: _____ APPLICATION RATE: _____

TRENCHES:	LINEAR FEET REQUIRED: <u>N/A</u>	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Collapsed Drynell. OK to install new D500 route plumbly around D.W. to new tanks</u>	

ISSUED BY: K. Wolf ISSUE DATE: 11/9/2023 EXPIRATION DATE: 11/9/2024

- 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 N/A
- 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 <u>yes</u>		
DISTRIBUTION BOX PORT <u>Minhole</u>		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH 2'

BAFFLES Ex 6" Front

BAFFLE FILTER _____

MANHOLE LOC Front

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

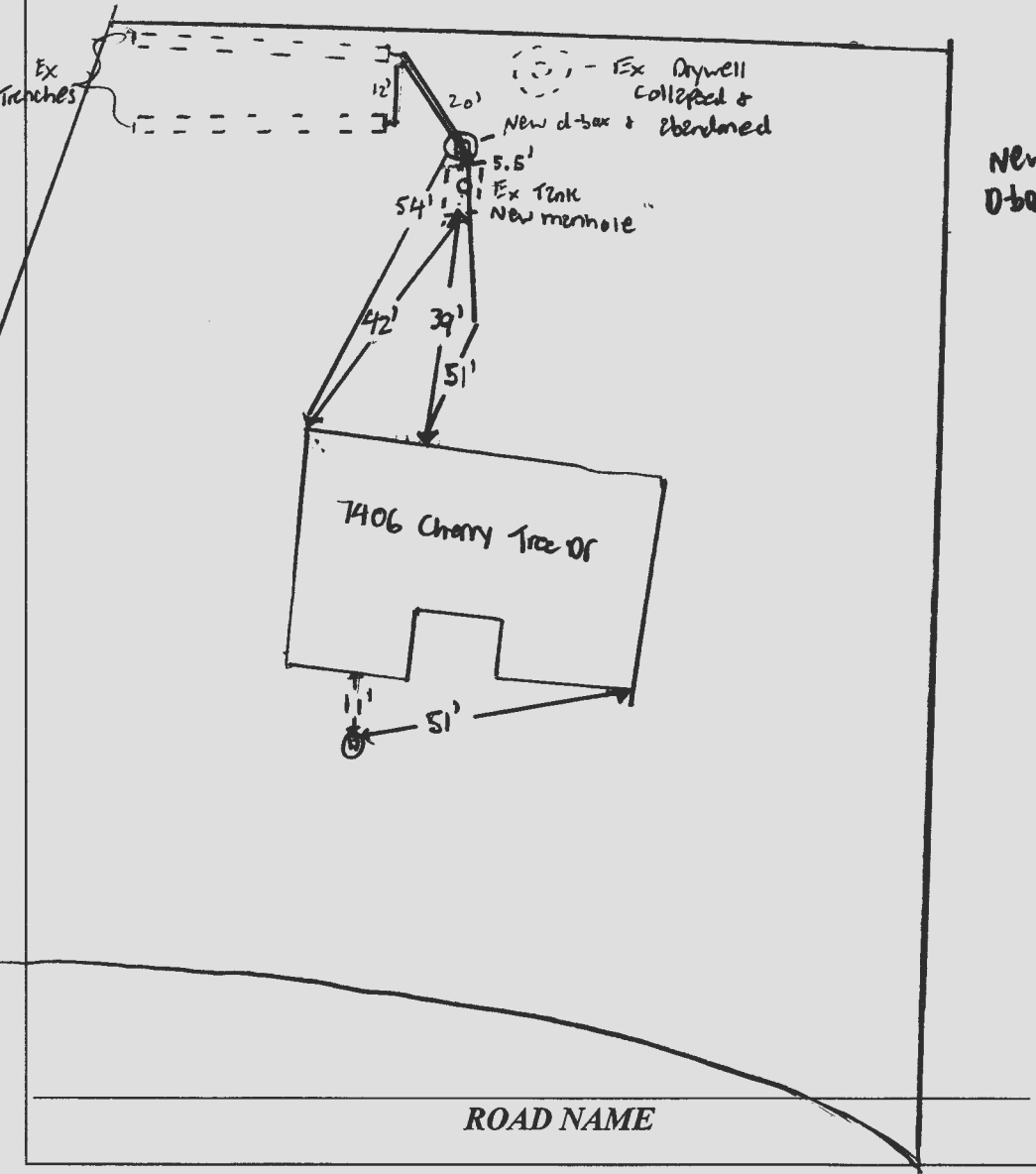
MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____



SEPTIC CONTRACTOR ONSITE INSTALLING SYTEM: _____
 SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO _____

PRE-CONSTRUCTION NOTES:

CONTROL PANEL DATA

CONTROL PANEL HEIGHT N/A
 (MIN 30")
 INSPECTION DATE N/A
 INSPECTION: PASS/FAIL (CIRCLE ONE)

INSTALLATION NOTES:
11/20/2023 - Drywell collapsed. Installer could not pump ex drywell before collapse; drywell disconnected from existing system. New manhole installed on ex tank, New d-box installed w/ manhole & abs port. Adequate fall from d-box + trenches. SCHD 40 PVC used. OP to backfill all work. (SP)

FINAL INSPECTOR S. Page DATE OF APPROVAL 11/20/2023

APPLICATION

A 01652

P 01813

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

Dry Well - 324 sq ft sidewalk area
below Top 3" of Clay

DISTRICT 5

DATE 9/14/59

Builder - Jattie & Leary
Atlas 6 - 3241

Place the dry well in back of the house
about 50-75 ft

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

Juhn

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION

Hopkins Meade

LOT NO.

19 - Sec. 3

ROAD AND DESCRIPTION

Dodd Street

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

1 acre

TYPE BLDG.

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

Raymond Hedges

APPROVED BY

Raymond Hedges

FOR

Dry Well

(KIND OF SYSTEM)

DATE

9/15/59

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

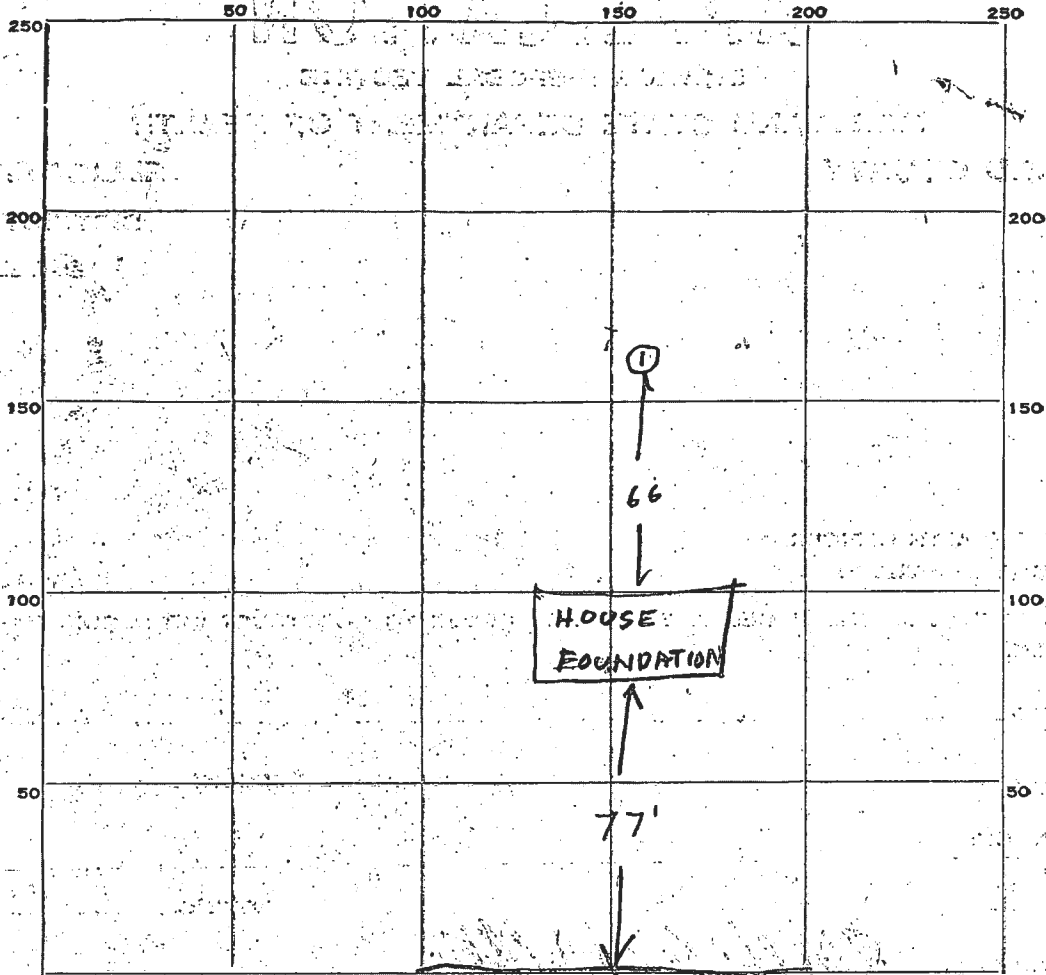
DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

A01652

Lot #20



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE:

DIAT RD

TO OAK CREST LANE →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/15/59	1	11	9.49	9.53	9.53	10.03	10 min

SOIL AUGER FINDING Top 3' Bottom 8' clay sand mixed

TESTED BY Raymond Hodges

REMARKS

ALSO PRESENT Rayl. B. Yattin LOT NO. 19 Sect 3

9/19/72
2 PM

app. 9-17-72

PERMIT

P 17455

SEWAGE DISPOSAL SYSTEM

A

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 9/18/72

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Oaks Road, Glenol, Maryland PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Hopkins Mede ROAD Cherry Tree Drive LOT
2nd house on right

PROPERTY OWNER

ADDRESS

SPECIFICATIONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY GALLONS

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

OTHER REPAIR - Call for inspection when ground is opened up and Sanitarian

will recommend repair system.

PLANS APPROVED BY Palmer F. Wine DATE 9/18/72

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

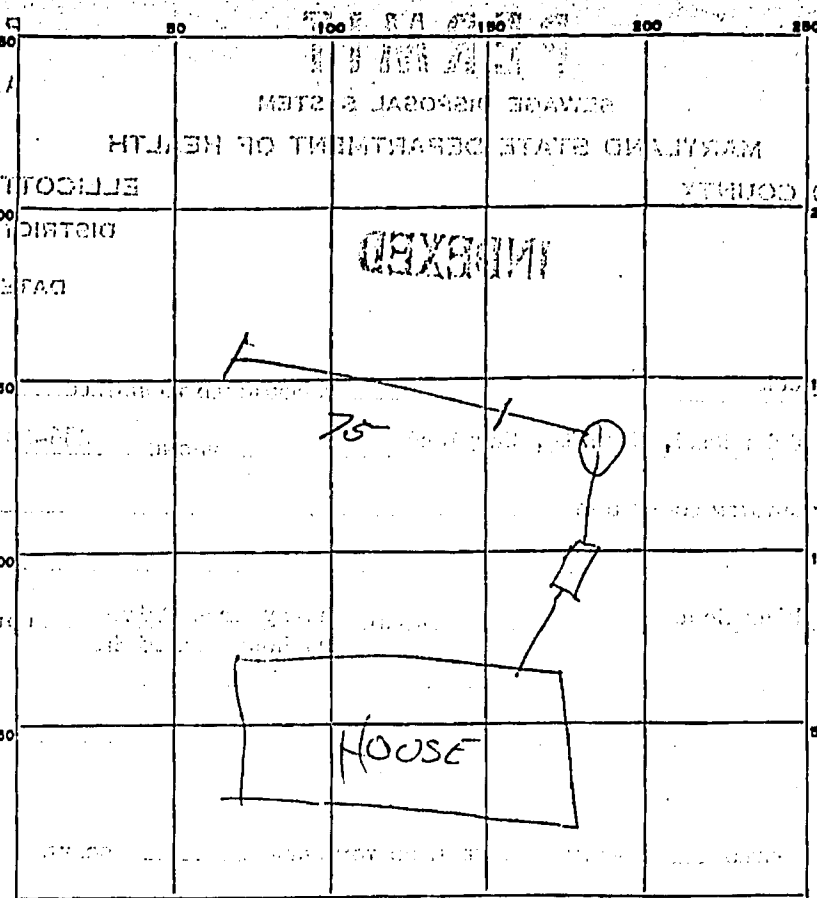
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

17455

DATE SYSTEM APPROVED

75
2
525

11 ft deep.
7 ft gravel



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL existing CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 84 IN. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 1020 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 9-19-72 INSPECTOR J. J. Sumner

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-347386

P 41928

A REPAIR

DISTRICT _____

DATE 4/10/89

DATE SYSTEM APPROVED 4/6/88

INSPECTOR C. Williams

INDEXED

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 7406 Cherry Tree Drive LOT _____

PROPERTY OWNER _____ Leonard Nardozzi
7406 Cherry Tree Drive

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X NO TANK REPLACEMENT

SEPTIC TANK CAPACITY 7500 GALLONS NUMBER OF BEDROOMS 5 THIS PERMIT

CURRENTLY HOUSE HAS 3 BEDROOMS - will be adding 2 BEDROOMS.

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

ADD TRENCH OFF DW WITH SUFFICIENT

TEST TO ESTABLISH SUFFICIENT REPAIR AREA FOR 2 BR ADDITION. CW.

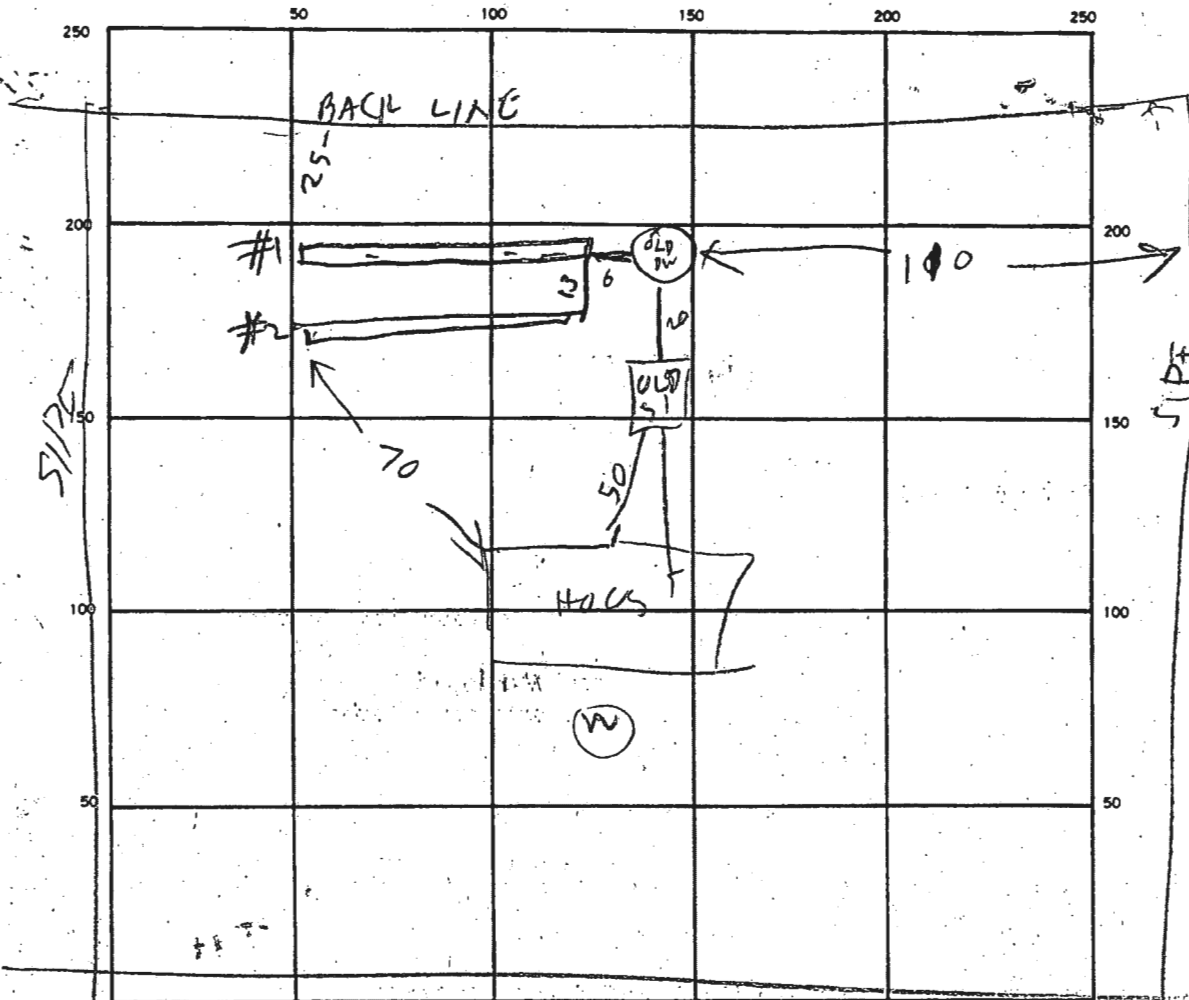
AREA FOR 5 BR. (625 SQ FT BETWEEN
3 FT & 11 FT depth off old DW)

PLANS APPROVED BY _____ C. Williams DATE 3/31/88

- COVER NO WORK UNTIL INSPECTED AND APPROVED.
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.
- PERMIT VOID AFTER TWO YEARS.
- NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

CHERRY TREE DRIVE

RECENT REPAIR DONE ON BACK OF ADJOINING LOT

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH $\frac{12}{11}$ FT. TRENCH WIDTH $\frac{14}{2}$ FT. INLET DEPTH $\frac{12}{45}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{6}{6}$ FT. TOTAL LENGTH $\frac{65}{65}$ FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 780 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/6/88 PLENTY OF FUTURE REPAIR AREA EXISTING TANK IS TOO SMALL FOR 5 BR HOUSE. ANOTHER TANK TO BE ADDED LATER WHEN ADDITION MADE

136
 6

 780
 5
 125

 780
 25
 125

 5
 5

DATE SYSTEM APPROVED 4/6/88 INSPECTOR CWELL

12/11/59
ck out
Monday Morning

approved
P 01813
A 01652

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 10/15/59

INDEXED

Tattrie & Levy Cons. Co.

IS PERMITTED TO INSTALL ALTER

ADDRESS Simpsonville

PHONE Atlas 6-3241

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Hopkins Meade

ROAD ~~XXXXXXXX~~

LOT 19, Sec. 3.

PROPERTY OWNER Nuhn

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 324 SQ. FT. below top 3 ft. of cla

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Place the dry well in back of the house about 50 - 75 ft.

System must be installed in area that passed perc. test.

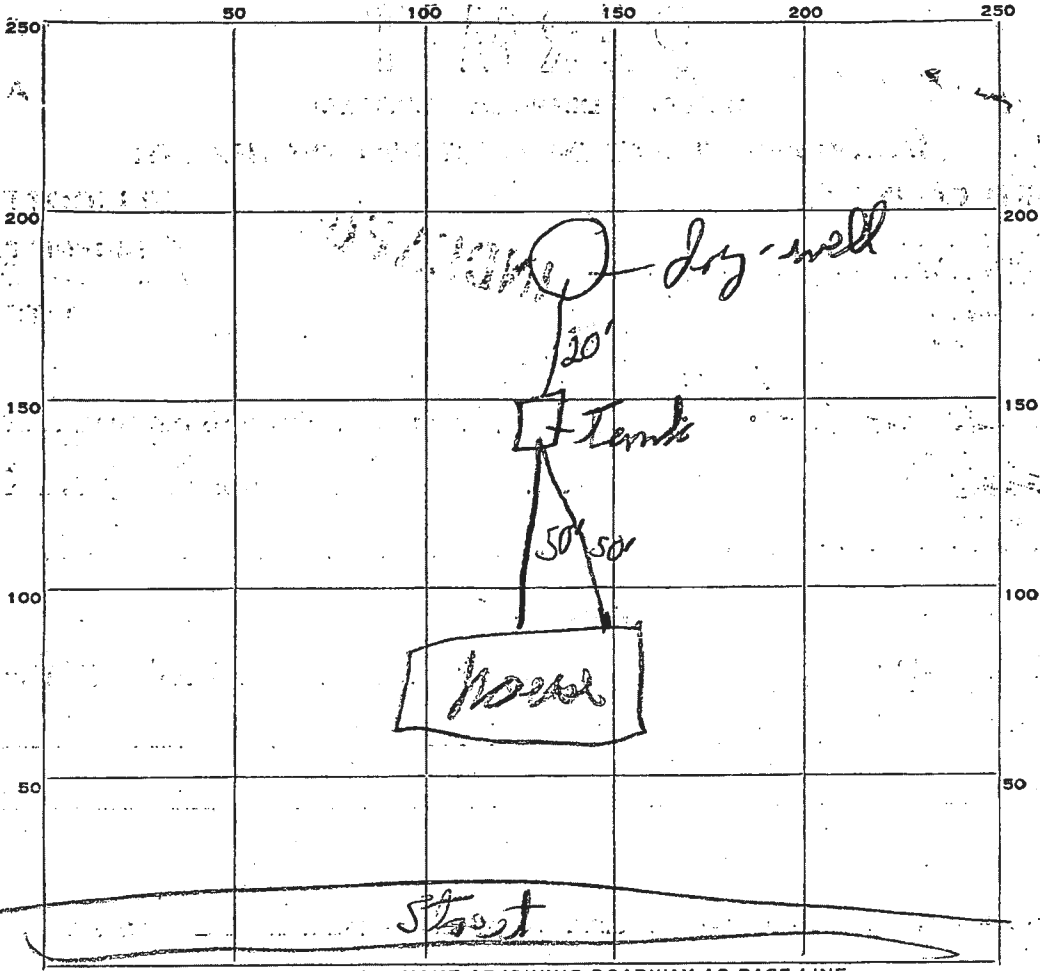
PLANS APPROVED BY Raymond Hodges

DATE 7/15/59

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.

A01652



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 10' FT. DEPTH BELOW INLET 12 FT.

ABSORBENT AREA 324+ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 12/14/59 INSPECTOR D. W.

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

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

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Is discharge surfacing on the ground?

- Yes
- No

Additional Comments:

Proposing to abandon existing drywell (pump, crush and backfill), set new 5 hole d-box and connect to the two existing trenches.

Has the septic tank been pumped within the last month?

- Yes
 - No
- Date pumped: _____

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

- Yes
 - No
- Explain observation: Collapsing drywell, two functional trenches beyond the drywell. Septic tank will need manhole riser installed.

Was a visual inspection of the sewage line conducted?

- Yes
- No

Blockage Leading to the field

- Yes
 - No
- Explain _____

*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, Inc. Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville, MD 21784

Property Address: 7406 Cherry Tree Dr County File: 05-347386

Subdivision: Hopkins Mead Lot: 19 Year Built: 1959

Owner's Name: Clinton Davis Existing bedrooms: 3

Name of previous owners: Richard Dales Existing bedrooms: _____

Jerold Chall Hutchinson 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