



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Hallmark

PROPERTY ADDRESS 11290 Old Hopkins Rd Clarksville 21029
STREET TOWN ZIP

TAX ACCOUNT # 05-382858 TAX MAP 41 GRID 16 PARCEL 422 LOT NO. 10 PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Konstantin Gulisashvili

DAYTIME PHONE 301-379-7397 CELL _____ EMAIL _____

MAILING ADDRESS same as property address
STREET CITY, STATE ZIP

APPLICANT

Fogle's Septic Clean, Inc. RELATIONSHIP TO OWNER: Septic Contractor

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL john@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville, MD 21784
STREET CITY, STATE ZIP

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

PROPERTY:

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

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

1/25/24

DATE



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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

Existing system design

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

Is discharge surfacing on the ground?

- Yes
- No

Additional Comments:

Due to age of system homeowner would like to be proactive and replace system before they start having issues

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 Explain observation: _____
- No _____

Was a visual inspection of the sewage line conducted?

- Yes
- No

Blockage Leading to the field

- Yes Explain _____
- No _____

*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: 11290 Old Hopkins Rd County File: 05-382585

Subdivision: Hallmark Lot: 10 Year Built: 1979

Owner's Name: Konstantin Gulisashvili Existing bedrooms: 4

Name of previous owners: Jerome Cohen 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

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



SEPTIC EVALUATION

<input checked="" type="checkbox"/> Buyer / <input type="checkbox"/> Seller	Date: 7/12/2022 Time: 12:00	Occupied? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Client: Konstantin Gubishin	Ordered By: Konstantin Gubishin	If vacant, how long?
Property Address: 11290 OLD HOPKINS RD CLARKSVILLE, MD 21029	Phone: 301-379-7397	Last pumped: 2018
	email: kosta76@ME.GA	Property age: 1978 # Bedrooms: 4
	Weather: 1	County Records: <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Received
Ground Conditions:		Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> Left Message

Liquid level: <input type="checkbox"/> Above Normal / <input checked="" type="checkbox"/> Normal / <input type="checkbox"/> Below normal	Depth of tank: 30"
Maintenance Appears: <input checked="" type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Poor	Access to tank: 2' dia
Effluent Filter present? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	Pump system: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

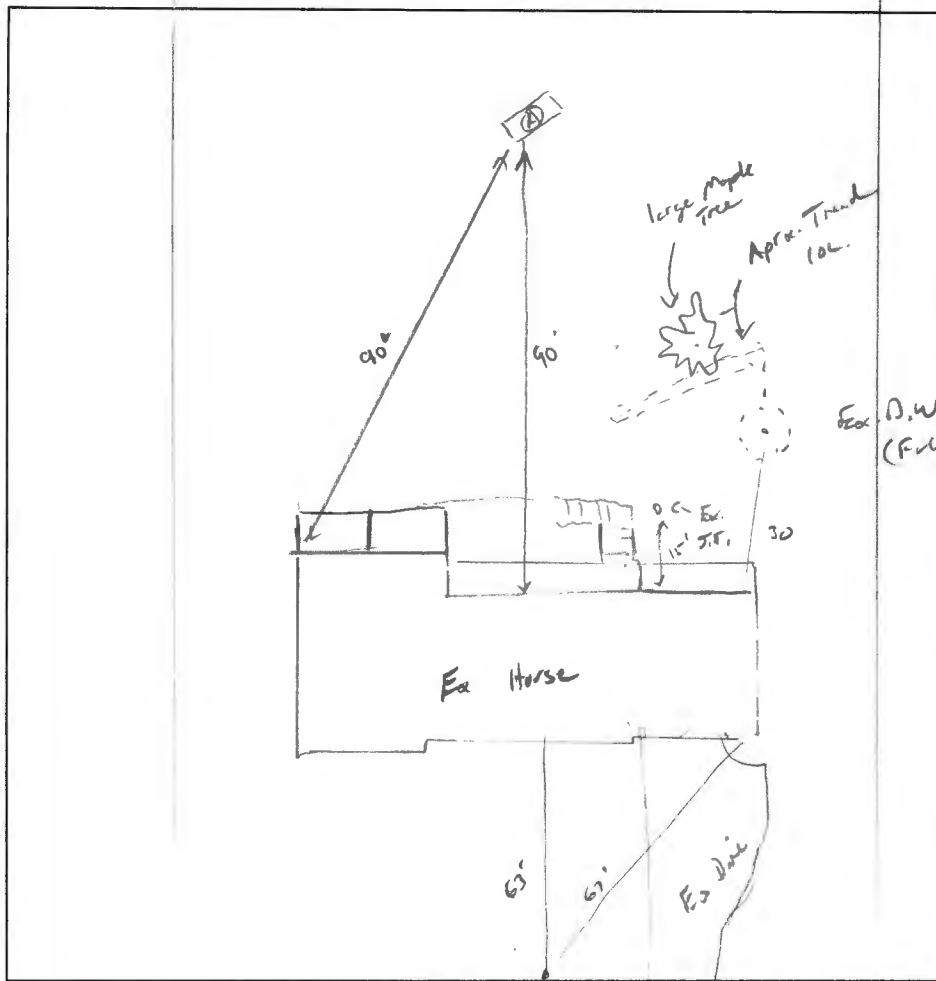
Type of Tank	Tank Composition & Size	Type of Absorption System
<input checked="" type="checkbox"/> Septic Tank (1 tank)	<input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Drainfield
<input type="checkbox"/> Cesspool	Tank Size: 3' dia	<input type="checkbox"/> Drywell
<input type="checkbox"/> Aeration System	Baffles intact? <input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Sandmound
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

Inspected System Appears:	Inspector's Comments	Sketch of System
<input checked="" type="checkbox"/> Functional <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory	Septic tank is made of PVC. Drywell is made of PVC. Drywell has liquid depth of 1 foot and is currently not utilized. It is a sand mound, which has very clean stone.	
Inspector:		
Signature: K. Gubishin		
Inspection Fee: \$300		
Locate/Hand Digging Fee:		
Water Test: PHO <input type="checkbox"/> Lead <input type="checkbox"/> Nitrite		
Water Test Other: PHO		
Amount Due:		
Check #		

IMPORTANT:

- 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.



(A)
 OM, WKM
 MS/SL, roots
 1: BR CL.
 WK Co SBK,
 Friable,
 many mica

3'
 1: BR/Y SL
 WK Co SBK
 Friable,
 micaceous,
 15% cherting

8'
 1: br/Y/red/SL
 WK Co PL,
 Friable,
 highly micaceous

HO 73-2537

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/9/2011	(A)	3' 8" / 15'	00:00	00:02	00:04	2	P
		H ₂ O percol @ 15'				5mp	P
		Repair	00:05	00:07	00:10	3	P

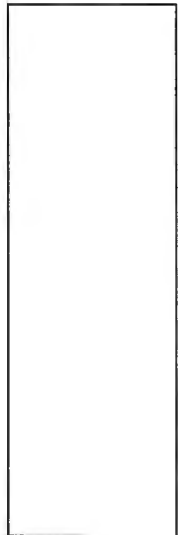
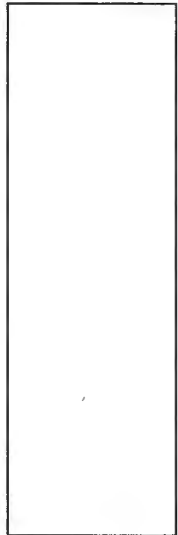
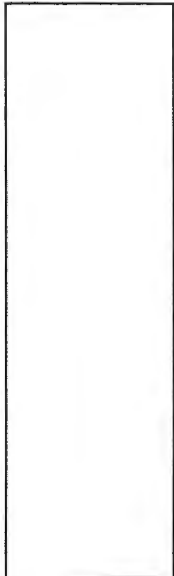
REMARKS H Bedrock - Ex trench off drywell in used.

SANITARIAN K. Wolf BACKHOE Mike = Fugle OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 1.2

TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 6.5' EFFECTIVE SW 3.5-5.5'

$HDR = \frac{600}{1.2} = 500 \div 3 = 167 \quad (1.62) = 104 \quad (1.62)$



RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-PT-24-00187
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 11290 Old Hopkins RD,

Receipt No.	8791					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	79825	\$265.00	01/25/2024	JUKING		Receipt # 75769

Work Description: Perc Repair/ 11290 Old Hopkins Rd