

**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: 7/14/20 **ONSITE SEWAGE DISPOSAL SYSTEM** P 567897

APPROVAL DATE: 10/19/2020 **PERMIT:** **REPAIR** A \_\_\_\_\_

PROPERTY ADDRESS: 12245 Howard Lodge Road

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 03-297349

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

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

PROPERTY OWNER: Tony Spangler EMAIL: \_\_\_\_\_

OWNER ADDRESS: 12245 Howard Lodge Road, Sykesville, MD 21784 PHONE: 410-926-5174

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: N/A

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: 12

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>63'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>6'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3'</u>
LOCATION:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:		

ISSUED BY: Susan Thomas ISSUE DATE: 10/19/2020 EXPIRATION DATE: 12/19/2021

- 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 \_\_\_\_\_
- 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**

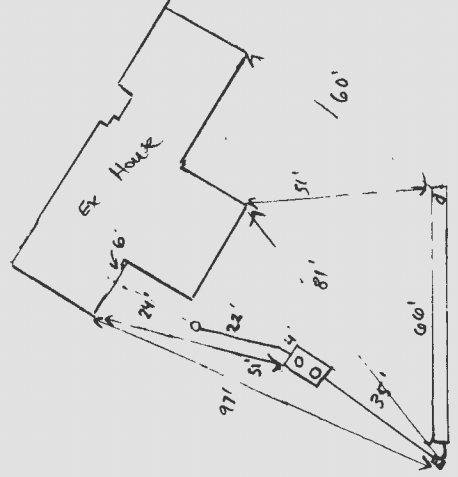
WIDTH	INLET	BOTTOM
3'	3'	6'
NUMBER OF TRENCHES <u>1</u>		
TOTAL LENGTH <u>60'</u>		
ABSORPTION AREA <u>198 sq ft</u>		
DISTRIBUTION BOX LEVEL <u>N/A</u>		
DISTRIBUTION BOX BAFFLE <u>yes</u>		
DISTRIBUTION BOX PORT <u>yes</u>		

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL yes  
 MANUFACTURER Babylon  
 CAPACITY 1500 GAL  
 SEAM LOC top  
 TANK LID DEPTH 1.5'  
 BAFFLES front & back  
 BAFFLE FILTER -  
 MANHOLE LOC front & back  
 6" PORT LOC -  
 WATERTIGHT TEST -  
 SLOTTED yes  
 DATE ON LID 8-17-20

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSTALLATION: 10/9/2020 SHC installed previously. Tank set & connected into house  
 Old tank collapsed T-box set, 10' x 6' trench installed. (SI)

FINAL INSPECTOR Austin Thomas DATE OF APPROVAL 10/9/2020



Bureau of Environmental Health

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Facebook: www.facebook.com/hocphhealth

Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Railing 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: 3/20/19
- No

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

- Yes Explain observations: \_\_\_\_\_
- No \_\_\_\_\_

Was a visual inspection of the sewage line conducted?

- Yes
  - Blockage leading to the tank
    - Yes Explain: \_\_\_\_\_
    - No \_\_\_\_\_
  - Blockage leading to the field
    - Yes Explain: \_\_\_\_\_
    - No \_\_\_\_\_

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: \_\_\_\_\_

Is discharge surfacing on the ground?

- Yes
- 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: Eagle Septic Contractor's Phone: 410-795-5670

Contractor's Address: 580 W. 20th St \_\_\_\_\_

Property Address: 1245 Sunrise in U-A County file: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: 1975

Owner's Name: Tony Springer Owner's Phone: 410-226-5174

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 3

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.



# SEPTIC EVALUATION

<input type="checkbox"/> Buyer / <input type="checkbox"/> Seller	Date: <u>5-25-19</u> Time: <u>11 AM</u>	Occupied? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Client: <u>Tony Spangler</u>	Ordered By:	If vacant, how long?
Property Address: <u>12245 Howard Lodge Rd</u>	Phone: <u>410 926-5174</u>	Last pumped:
<u>Sykesville, MD</u> <u>21784</u>	email:	Property age: # Bedrooms:
Weather:	County Records: <input type="checkbox"/> Requested <input type="checkbox"/> Not Received	Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> Left Message
Ground Conditions:		

Liquid level: <input type="checkbox"/> Above Normal / <input checked="" type="checkbox"/> Normal / <input type="checkbox"/> Below normal	Depth of tank: <u>18"</u>
Maintenance Appears: <input checked="" type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Poor	Access to tank: <u>6" x 10"</u>
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 checked="" type="checkbox"/> Metal <del>to</del> Concrete <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Drainfield
<input type="checkbox"/> Cesspool	Tank Size: <u>~ 650g</u>	<input type="checkbox"/> Drywell
<input type="checkbox"/> Aeration System	Baffles intact? <input type="checkbox"/> Yes / <input type="checkbox"/> No <u>?</u>	<input type="checkbox"/> Sandmound
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

Inspected System Appears:	Inspector's Comments	Sketch of System
<input type="checkbox"/> Functional <input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory	<p><i>metal tank has begun to collapse, but is still functioning. Tank appears to be connected to a single deep trench.</i></p>	
Inspector:		
Signature: <u>Consult fee</u>		
Inspection Fee: <u>\$ 150</u>		
Water Test: <input type="checkbox"/> U&O <input type="checkbox"/> Lead <input type="checkbox"/> Nitrite		
Water Test Other:		
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.





# HOWARD COUNTY HEALTH DEPARTMENT

DATE  
7/14/20

05

Received From

Fogles Septic Clean

PHONE # 410-495-5670

CASH

CHECK

NO.

68707

For

Failing Septic System

12245 Howard Lodge Rd.

One hundred and Sixty Five

Dollars

\$

165 00

Received By

Shah Beatty

**SEPTIC SYSTEM TRENCH DESIGN:**

EXISTING HOUSE - 2 BEDROOMS  
 PROPOSED ADDITION - 1 BEDROOMS  
 TOTAL BEDROOMS - 3

**INITIAL SYSTEM:**

APPLICATION RATE = 1.2 GPD/SQ. FT.  
 EFFECTIVE DEPTH IS 3'  
 TRENCH WIDTH = 3'  
 150 GAL x 3 BEDROOMS = 450 GAL/DAY  
 450 GAL/DAY / 1.2 GAL./DAY/SQ. FT. = 375 SQ. FT.  
 375 SQ. FT. / 3' = 125 L.F.  
 125 L.F. x .50 = 62.5 L.F. OF DEEP TRENCH  
 USE 1 - 63 L.F. OF TRENCH FOR EACH SYSTEM

**REPLACEMENT SYSTEM #1:**

APPLICATION RATE = 1.2 GPD/SQ. FT.  
 EFFECTIVE DEPTH IS 3.8'  
 TRENCH WIDTH = 3'  
 150 GAL x 3 BEDROOMS = 450 GAL/DAY  
 450 GAL/DAY / 1.2 GAL./DAY/SQ. FT. = 375 SQ. FT.  
 375 SQ. FT. / 3' = 125 L.F.  
 125 L.F. x .60 = 75 L.F. OF DEEP TRENCH  
 USE 1 - 75 L.F. OF TRENCH FOR EACH SYSTEM

**REPLACEMENT SYSTEM #2:**

APPLICATION RATE = 0.8 GPD/SQ. FT.  
 EFFECTIVE DEPTH IS 3.7'  
 TRENCH WIDTH = 3'  
 150 GAL x 3 BEDROOMS = 450 GAL/DAY  
 450 GAL/DAY / 0.8 GAL./DAY/SQ. FT. = 560 SQ. FT.  
 560 SQ. FT. / 3' = 187.5 L.F.  
 187.5 L.F. x .40 = 75 L.F. OF DEEP TRENCH  
 USE 1 - 75 L.F. OF TRENCH FOR EACH SYSTEM

**PLAN NOTES**

1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM EARTH COVER OVER THE TANK IS 3 FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
3. IF A BUILDING PERMIT IS SUBMITTED ANYTIME IN THE FUTURE, A SEPTIC SYSTEM UPGRADE WILL BE REQUIRED TO FINISH THE AREA CURRENTLY IDENTIFIED AS THE BASEMENT. AT THAT TIME, A SEPTIC SYSTEM UPGRADE WILL BE REQUIRED, AS FINISHING THE BASEMENT COULD POSSIBLY CREATE A FOURTH BEDROOM, PER HOWARD COUNTY CODE 8.80 (B).
4. TANK MEASUREMENTS AND ELEVATIONS ARE BASED ON SEPTIC TANKS AS MANUFACTURED BY MAYER BROS., ELK RIDGE, MD 410-796-1434.
5. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100 FEET OF THE PROPERTY BOUNDARIES AND 200 FEET DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

**GENERAL NOTES**

1. THE STORMWATER MANAGEMENT WAS NOT REQUIRED.
2. THERE ARE NO STREAMS, PONDS, FLOODPLAINS, OR WETLANDS ON THIS LOT UNLESS OTHERWISE SHOWN HEREON.
3. THERE ARE NO 20% OR GREATER SLOPES ON THIS LOT.
4. THE EXISTING WELL (TAG # HO-15-0022) HAS BEEN FIELD LOCATED BY CLSI AND IS ACCURATELY SHOWN HEREON.

**DATA TABULATIONS**

1. ZONING DISTRICT: RR-DEO
2. NUMBER OF BUILDING SITES: 1
3. TOTAL AREA OF LOT: 6,505 ± ACRES

**PURPOSE NOTE:**  
 THE PURPOSE OF THIS ON SITE SEWAGE DISPOSAL PLAN IS TO SHOW A PRIVATE SEWAGE AREA TO SUPPORT THE PROPOSED ADDITION. THE TOTAL BEDROOMS WILL BE 3 BEDROOMS.

**ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN  
 SPANGLER PROPERTY**

ALSO KNOWN AS 12245 HOWARD LODGE DRIVE  
 LIBER 16107, FOLIO 280 AND LIBER 16592, FOLIO 405  
 TAX MAP 9 \* BLOCK 12 \* PARCEL 123 & P/O PARCEL 66  
 3rd ELECTION DISTRICT \* HOWARD COUNTY, MD



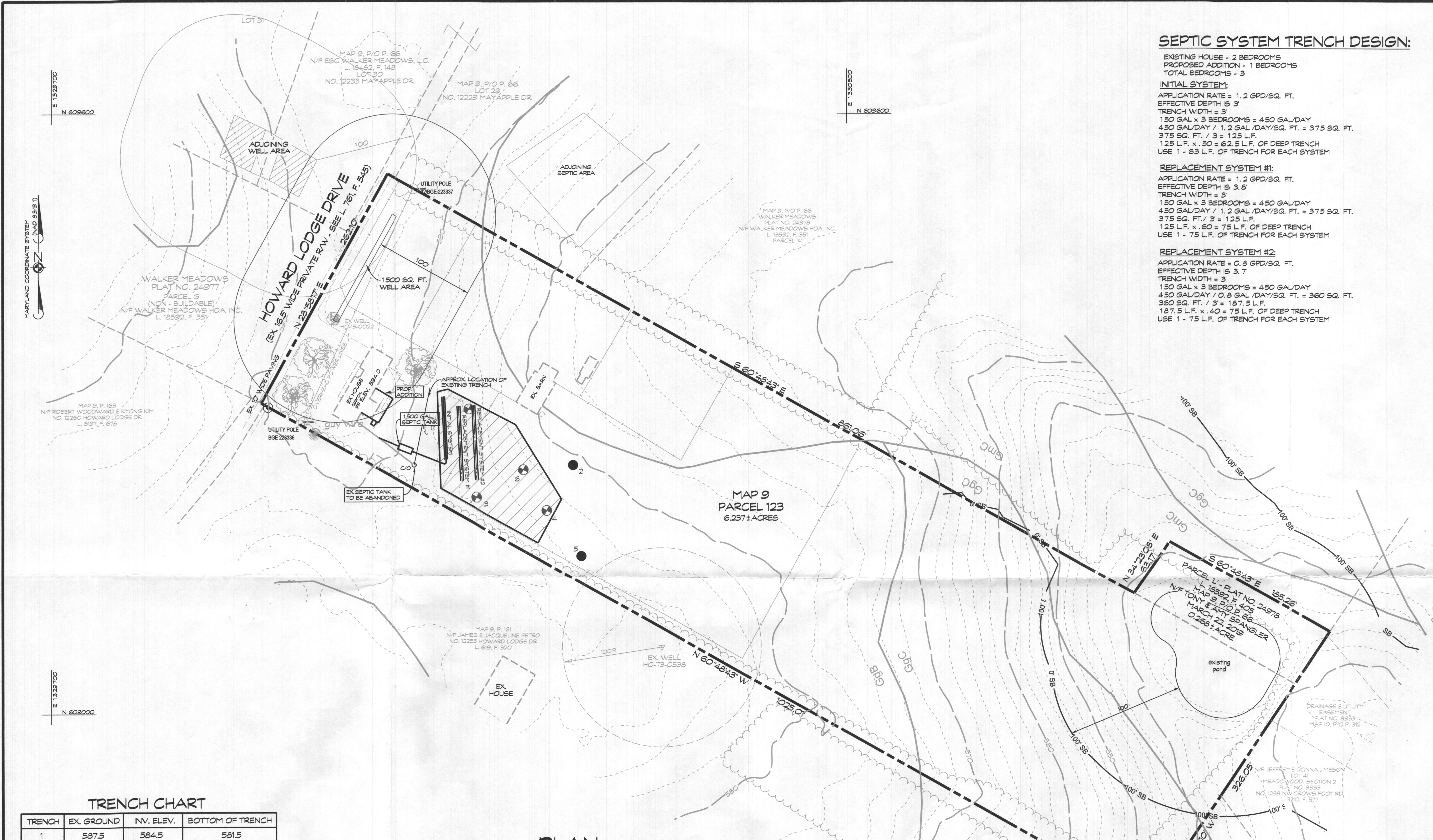
*Linda D. Alexander*  
 Linda D. Alexander  
 Qualified Professional

439 East Main Street Westminster, MD 21157-5539  
 (410) 848-1790 FAX (410) 848-1791

Date	Revisions	Drawn By: J.W. BM
		Designed By: LDA
		Reviewed By: LDA
		Date: 05-28-2020
		Scale: 1" = 50'
		Job No.: 2019162
		Sheet: 1 OF 1

**OWNER/DEVELOPER**

TONY & AMY SPANGLER  
 12245 HOWARD LODGE DRIVE  
 SYKESVILLE, MD 21784

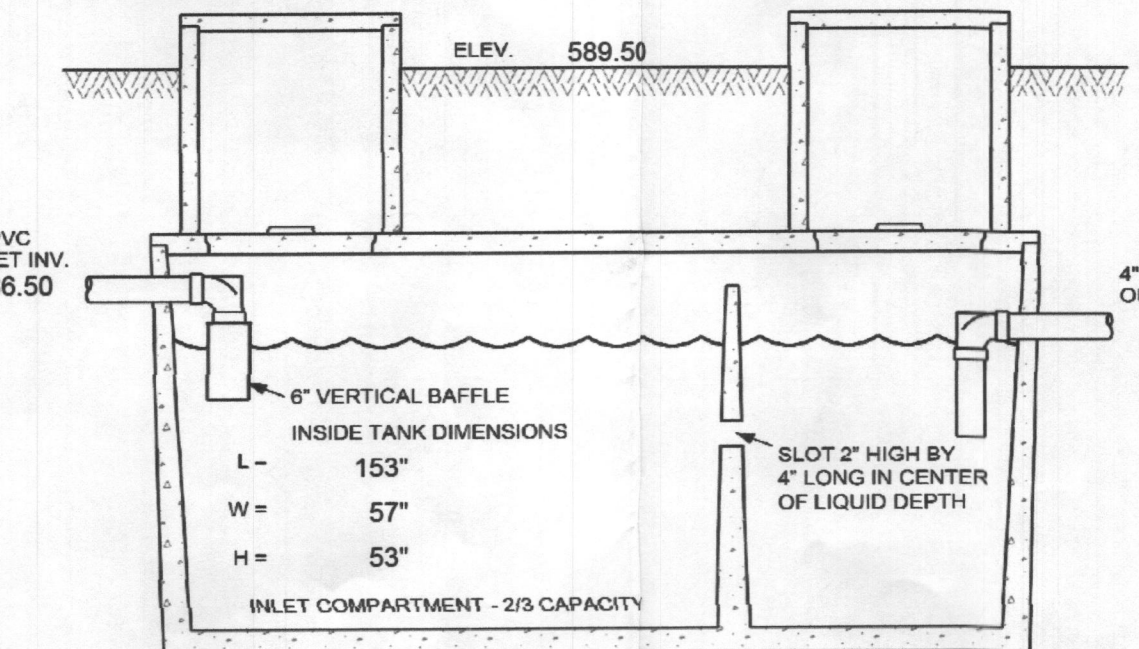


**TRENCH CHART**

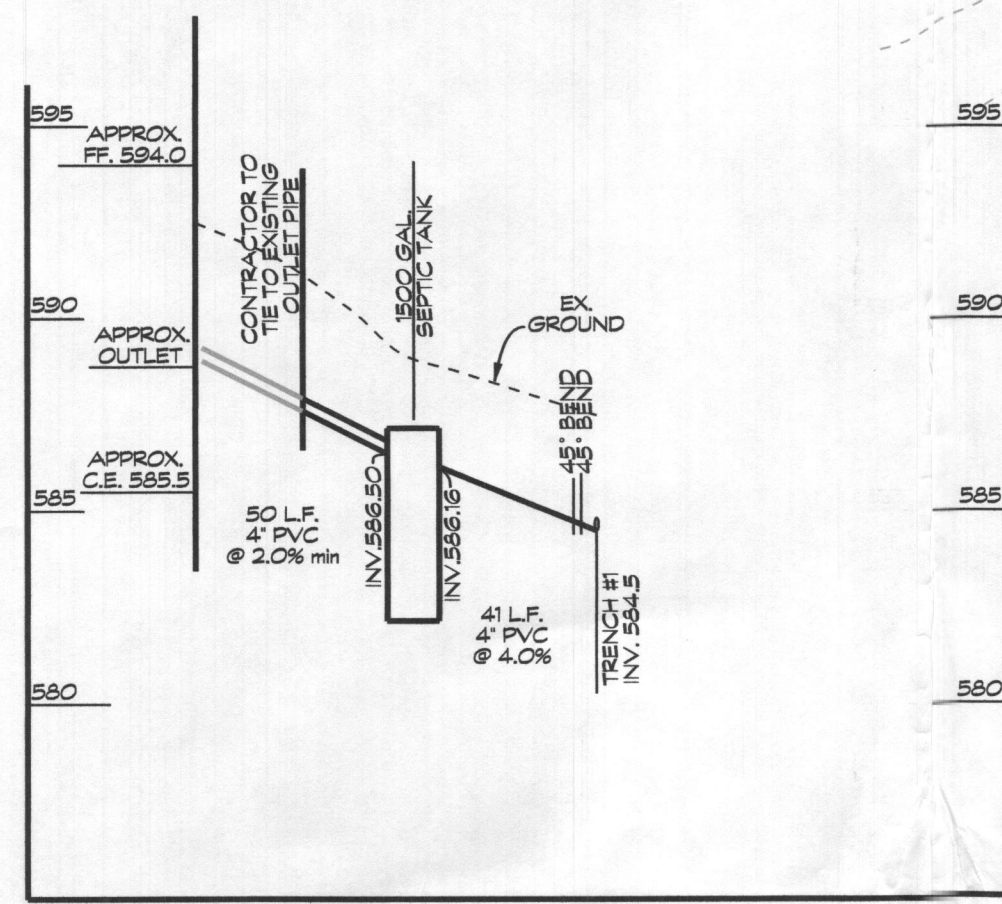
TRENCH	EX. GROUND	INV. ELEV.	BOTTOM OF TRENCH
1	587.5	584.5	581.5

**PLAN SCALE: 1" = 50'**

**NOTE:**  
 THE SEPTIC TANK RISERS TO TERMINATE AT LEAST 6" ABOVE FINAL GRADE.



**1500 GAL SEPTIC TANK**  
 (NOT TO SCALE)



**SEPTIC LINE PROFILE**  
 SCALE: HORIZ. 1" = 50' VERT. 1" = 5'

**LEGEND**

- 360 — EX 10' CONTOUR
- EX. 2' CONTOUR
- 100' SB --- STREAM BUFFER
- FAILED PERC TEST
- PASSED PERC TEST
- △ EXISTING WELL LOCATION
- G/C SOIL LINES
- ▨ DENOTES - TOTAL PROPOSED SEPTIC BASEMENT AREA FOR THE PURPOSE OF PARCEL 123, SINGLE FAMILY RESIDENCE
- EXISTING TREELINE