



HOWARD COUNTY HEALTH DEPARTMENT

67908

DATE 7/12/20

Received From

Sophia Cooper PHONE # 795-5670

For

Peru Paper - 11918
Queen St.

CASH

CHECK

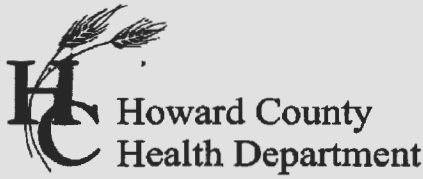
NO.

10752 Three Hundred Thirty Dollars

\$ 330.00

Received By

[Signature]



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

RECEIPT DATE: 7-20-20 **ONSITE SEWAGE DISPOSAL SYSTEM** P 507908

APPROVAL DATE: 8/20/2020 **PERMIT: REPAIR** A _____

PROPERTY ADDRESS: 11918 Queen Street

SUBDIVISION: Kings Manor LOT: 13 TAX ID: 05-349400

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

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

PROPERTY OWNER: Alle and Padakandla Reddy EMAIL: _____

OWNER ADDRESS: 11918 Queen Street, Fulton, MD 20759 PHONE: _____

SEPTIC TANK SIZE (GALLONS): _____ PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: 0.6

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>180'</u>	INLET DEPTH: <u>2'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2.5'</u>

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

NOTES:

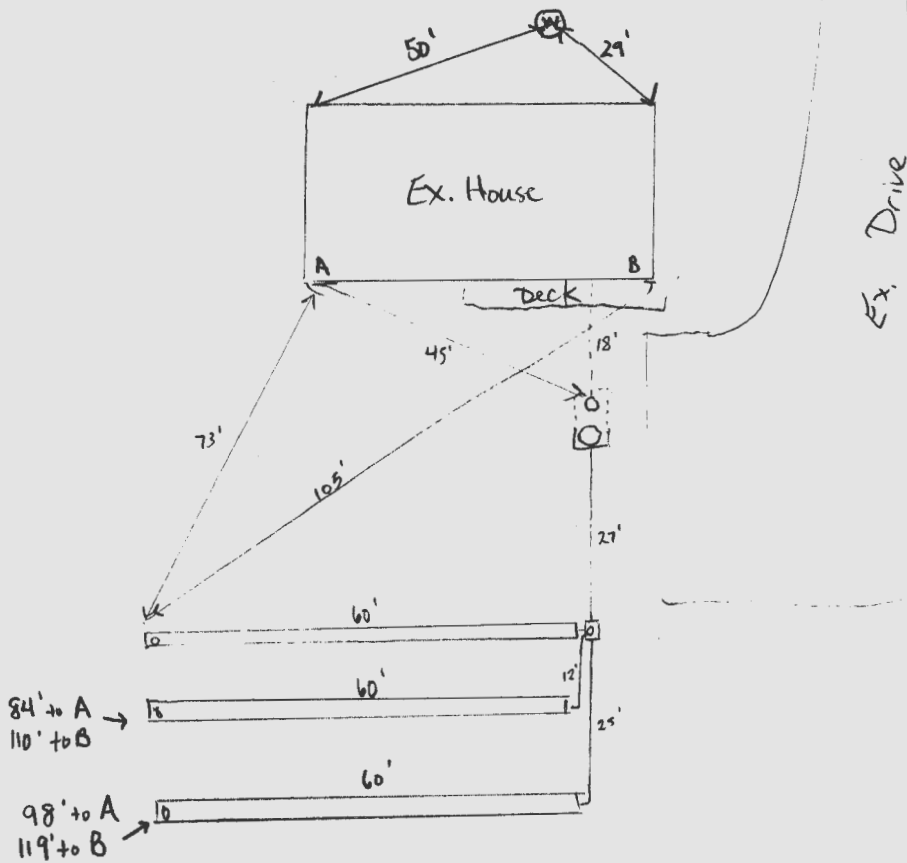
ISSUED BY: R. Bricker ISSUE DATE: 7-20-20 EXPIRATION DATE: 7-20-21

- 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 1' ≈ 30'



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	2'	5'
NUMBER OF TRENCHES	3	
TOTAL LENGTH	180'	
ABSORPTION AREA	540 sqft + sidewall	
DISTRIBUTION BOX LEVEL	yes	
DISTRIBUTION BOX BAFFLE	yes	
DISTRIBUTION BOX PORT	yes	

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 _____

PRE-CONSTRUCTION:

INSTALLATION: 8/19/20 New outlet baffle and back manhole installed in tank D-box set and first trench completed. As agreed upon between contractor and Robert Bicker during layout, 3 x 60' trenches will be constructed, 3' wide, with 3' of stone and bottom depth of 5'. (ST)
 8/20/20 - final 2 trenches completed, stone and fabric in place, ok to backfill, observation pipes at ends of trenches installed. Well was gps'd. (RW)

FINAL INSPECTOR R. Roppaport DATE OF APPROVAL 8/20/20



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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 11918 Queen St

Subdivision: Kings Manor Lot: 13

Initial system: Application rate: 0.6 Effective area beginning depth: 2.5 Bottom maximum depth: 5

1st Replacement: Application rate: Effective area beginning depth: Bottom maximum depth:

2nd Replacement: Application rate: Effective area beginning depth: Bottom maximum depth:

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

(W + 2) / (W + 1 + 2D) x 100 = Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

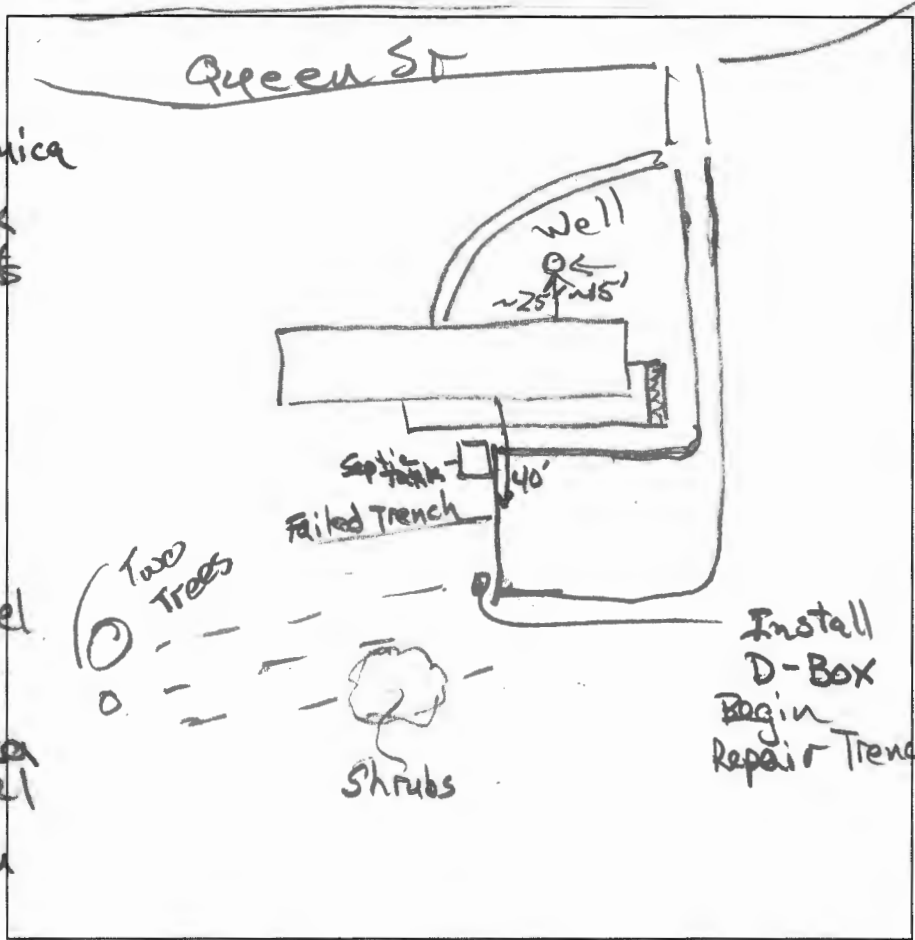
Standard design requirements:

- Trenches must be located to provide room for 3 systems in the disposal area
All trenches must be equal length unless low pressure dosed
All trenches must be on contour
Tank and trenches must be placed as shallow as possible while maintaining 2% fall in pipe from house and at least 18" cover over trenches. If 2% fall from house is not possible, the minimum allowable fall is 1%.
Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D + W up to a maximum spacing of 18'.
Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
Maximum trench length is 100'
Maximum pipe depth is 4'

Additional requirements:

Install Distribution Box & Trench system for existing residence

Approved: RBueler Date: 7/30/2020



0.2' dk brn sl
 2 fq, few mica
 brn L, 2 sbk
 many fine roots
 0.8' red-brn L
 2 msbk
 few mica
 1.6' red-brn
 & yel-red
 2 msbk
 few mica
 few gravel
 2.5' yel-red sl
 thick platy
 common mica
 few gravel
 9' yel-red sbrn
 gr L, platy
 few mica
 10' ~~water~~
 brn grcsl
 s.g.
 saturated

Two Trees

Shrubs

Install D-Box
Begin Repair Trench

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/30/2000	A	5'9"	9:54	10:18	10:47	29	P

REMARKS 3 bed rooms reported
 SANITARIAN R Bricker BACKHOE Fogle's - Ricky OTHERS Kevin
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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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: _____
- No

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

- Yes Explain observations: _____
- No _____

Existing system design

- Drywell
- French
- Mound
- Unknown
- Other: _____

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 _____
- No

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: Fogles Septic Clean Contractor's Phone: 410-795-5670

Contractor's Address: 580 Oberlin Rd Sykesville Md 21784

Property Address: 11918 Queen St County file: _____

Subdivision: _____ Lot: _____ Year Built: 1970

Owner's Name: David Thomas Owner's Phone: 443-535-7848

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.



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APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

11918 Queen St

Fulton

20759

TAX ACCOUNT #

349400

TAX MAP

41

GRID

19

PARCEL

294

LOT NO.

PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

David Thomas

DAYTIME PHONE

443-535-7948

CELL

Same

EMAIL

MAILING ADDRESS

APPLICANT

Eagle's Septic Clean Inc

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-795-5070

CELL

EMAIL

MAILING ADDRESS

580 Obrecht Rd

Sykesville

21784

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

PROPERTY:

- Subdivision: Number of lots including residue: ... Major/Minor
Construct new OSDs on undeveloped lot
Repair or replace failing OSDs
Upgrade existing OSDs

BUILDING:

- Residential with 3 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

7/10/20

SIGNATURE OF APPLICANT

DATE

Seller:
David
443-535-7848

Thomas (son of owner)
7848

HOME LAND ENVIRONMENTAL

Agent Tracy Lucido

410-802-2567

pull perc/repair permit

p:443-995-5385 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com

Date: June 17, 2020 Name of Evaluator: David Vincent Time: 3:00 PM Property Address: 11918 Queen Street Fulton, MD 20759 Recent Weather Conditions: Normal		Ordered By: Well Water Solutions Buyers: Homeowner Interview: The homeowner interview was requested but was not received prior to the evaluation.	Occupied: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length of Time Vacant: Unknown # of People Living in Home: N/A # of People moving in: Unknown Property Age: 1970 System Age: 1970 Last Date of Cleaning: Unknown Recomm'd Pumping Freq: 2-3 Years
Liquid level in tank is: <input checked="" type="checkbox"/> Above Normal <input type="checkbox"/> Normal <input type="checkbox"/> Below Normal		Bottom Solids Depth: 10 Inches	
Depth of tank: 28 & 22 Inches		Type of Tank Access: Concrete Cleanout	
Maintenance appears: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor		Depth of tank access: 4 Inches	
Effluent Filter present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previous high liquid level: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Distance to well: -90 Feet			
Records Search: Howard County does not appear to have septic records on file for this property.			
Were there any impermeable surfaces above the septic system (i.e. driveway)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Type of Tank		Tank Composition and Size	
<input checked="" type="checkbox"/> Septic Tank (1 tank) <input type="checkbox"/> Aeration System <input type="checkbox"/> Other:		<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Plastic Tank Size: 1,000 gallons	
		Type of Absorption System	
		<input checked="" type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound <input checked="" type="checkbox"/> Drywell (Number of: 1) <input type="checkbox"/> Cesspool <input type="checkbox"/> Unknown:	
System Component		Condition	
Septic Tank		<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	
		The septic tank is composed of concrete and has a capacity of 1,000 gallons. Access consists of a concrete cleanout 4" below grade over the front end of the tank; the tank is 28" below grade on the front end and 22" below grade on the back end. The cleanout cap is composed of cinder blocks; it is recommended it be replaced with a proper cap to prevent debris from entering the tank. The back baffle is currently in place. There are currently 10" of solids in the tank, indicating the tank should be cleaned again in about 1-2 years.	
Absorption System		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	
		One drainfield was located during the evaluation; the trench was probed and found to be holding heavy amounts of biomat. Due to the age and geographic location of the property, there is believed to be a drywell installed as a component of the system as well. The drywell was unable to be located at the time of the evaluation. Approximately 200 gallons of water were introduced into the system when a back-up occurred. The absorption system will need to be replaced by a licensed contractor once permits have been pulled from the county health department.	

HOME LAND ENVIRONMENTAL

p:443-995-5385 | f:443-267-0098 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com



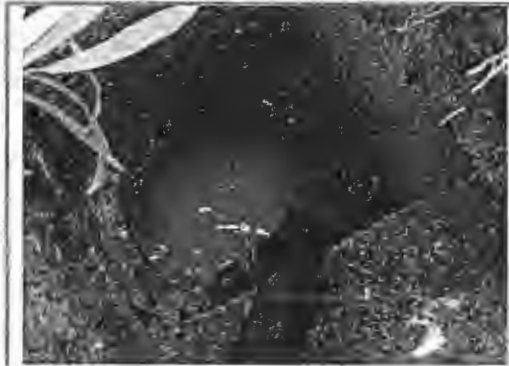
Picture 1:

It is recommended that the concrete cleanout over the front end of the tank have a proper cap installed. The current cap is composed of cinder blocks.



Picture 2:

The drainfield was probed and found to be holding heavy amounts of biomat, indicating the system has reached the end of its expected life.



Picture 3:

A back-up was observed during the hydraulic load test. The absorption system will need to be replaced by a licensed contractor once the proper permits are pulled.

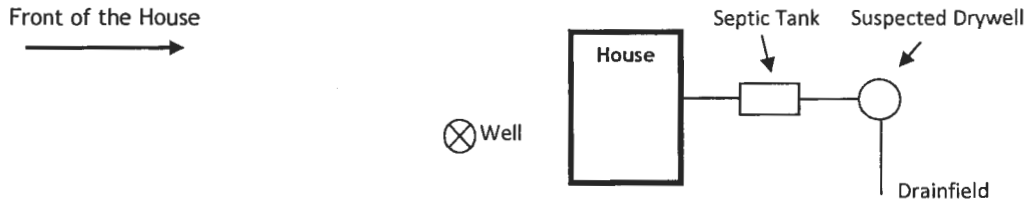
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HOME LAND

ENVIRONMENTAL

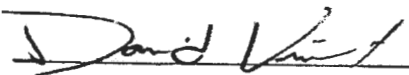
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Sketch of System



DISCLAIMERS

- This is a subjective and visual inspection only, the conclusions of which are based on the observed condition of the system components that could reasonably be accessed, and information known about the system at the time this report was completed. There may be unknown historical problems or unseen conditions which may compromise the conclusions stated in this report.
- Suggestions or recommendations for repairs or remediation may result in the need for further repair or remediation once the system components are fully excavated.
- A 'Satisfactory' evaluation does not mean the system will meet the local approving authority's criteria for determining compliance with state code: COMAR 26.04.02.02 D(4).
- The evaluation of the Sewage Disposal System as reported is based on the conditions observed on the day of the inspection.
- This report is neither a WARRANTY nor does it GUARANTEE continued acceptable functionality or performance of the Sewage Disposal Systems operations.
- If the house has been unoccupied the findings in this report may not be accurate, as limited or no use of the system may conceal or mask problems that may be revealed under typical sewage loading.
- If the general ground condition is excessively wet at the time of inspection, the findings in this report may not be accurate, as ground moisture may cover or hide septic effluent that may be on or near the ground surface.
- If the house is vacant or the conditions excessively wet during inspection, it is recommended that the system be reevaluated at a later date and/or alternate techniques be used to address those potential issues.
- Payment and/or use of this evaluation signify understanding and acceptances of the above clauses, as well as any noted faults with the system.

Representative's Signature:		Date: 6/17/2020
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