



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2540 | Fax: 410-313-2548
 TDD: 410-313-2323 | Toll Free: 1-866-313-6300
 www.hchealth.org
 Facebook: www.facebook.com/hchealth
 Twitter: HowardCoHealthDep

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

PS 67867

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

Has the septic tank been pumped within the last month?

- Yes Date pumped: 6/1/20
- No

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

- Yes Explain observations: tank overfull, smacked call for relief
- No

Existing system design:

- Drywell
- Trench
- 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

Is discharge surfacing on the ground?

- Yes
- No

Additional Comments: _____

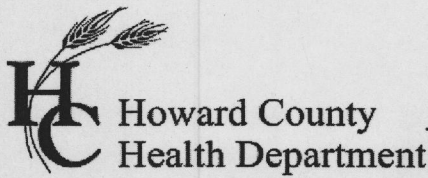
*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests 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: People's Septic Clean Contractor's Phone: 410-795-5670
 Contractor's Address: 580 Obrecht Rd Sykesville 21784
 Property Address: 14701 Pt. Place - Mill Rd County file: 4
 Subdivision: Carriage Mill Farms Lot: 19 Year Built: 1998
 Owner's Name: Ralph Devito Owner's Phone: 410-259-2034
 Name of previous owners: _____ Existing bedrooms: 5
 Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): _____
 Public Sewer available/nearby: No

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

RECEIPT DATE: 6/10/2020 **ONSITE SEWAGE DISPOSAL SYSTEM** P 567867

APPROVAL DATE: 06/29/2020 **PERMIT:** **REPAIR** A 567867

PROPERTY ADDRESS: 14701 Carriage Mill Road

SUBDIVISION: Carriage Mill Farms LOT: 19 04-358457

CONTRACTOR: Fogles Septic EMAIL: Kim@foglesinc.com

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

PROPERTY OWNER: Ralph and Katherine Devito EMAIL: _____

OWNER ADDRESS: _____ PHONE: 410-259-2934

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): n/a PUMP SIZE: na

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. _____ APPLICATION RATE: 0.6

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>188</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>11</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>7.5</u>

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

NOTES: Install new dist box at the middle of upper trenches. Install 4 x 50ft trenches running in both directions 11'ctc. Existing trenches to be abandoned. Call for Inspection

ISSUED BY: K. Wolf ISSUE DATE: 6/23/2020 EXPIRATION DATE: 6/23/2021

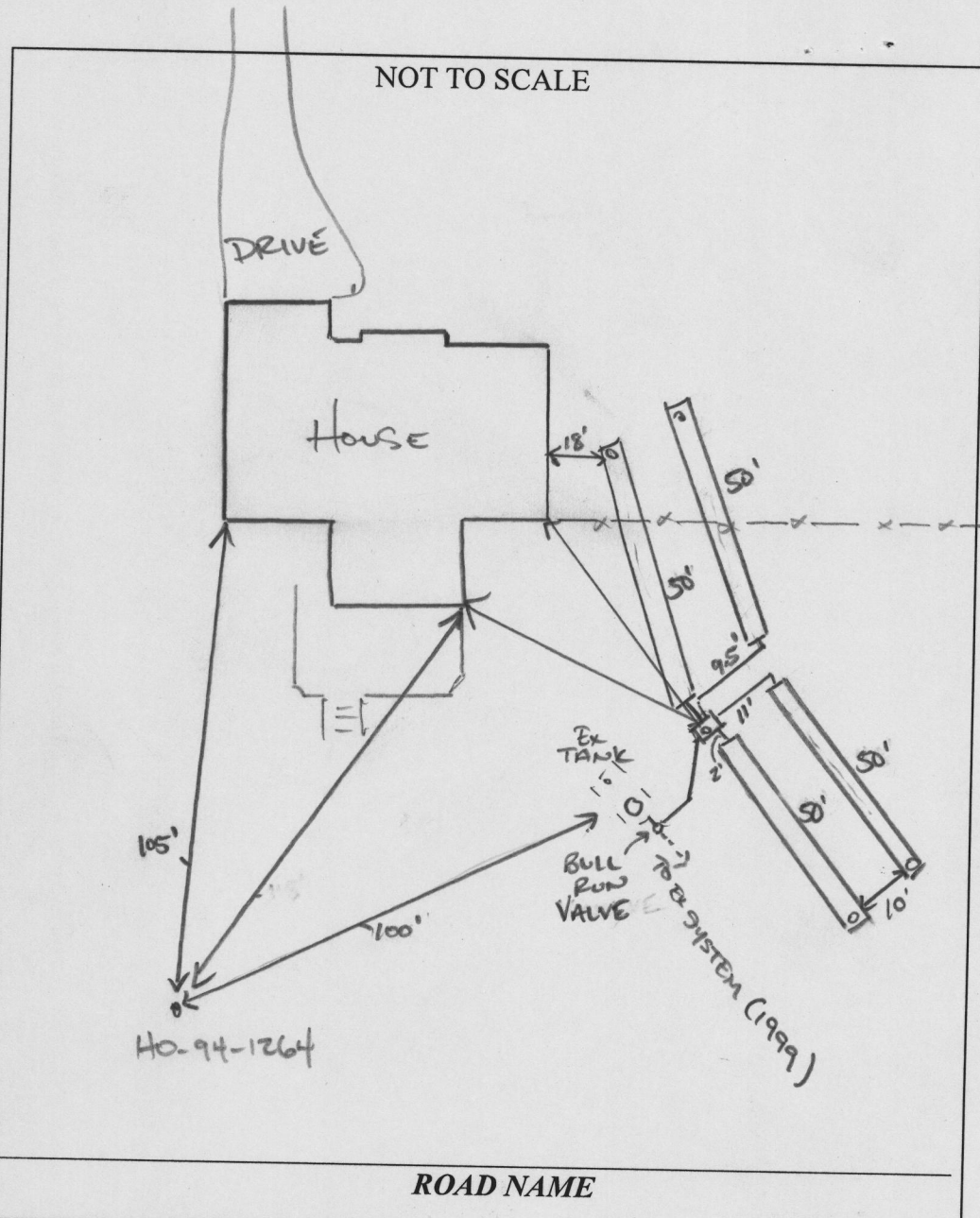
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- 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 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
3	4'	11
NUMBER OF TRENCHES		4
TOTAL LENGTH		200'
ABSORPTION AREA		600 SF + SIDE WALL
DISTRIBUTION BOX LEVEL		SPEED
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA - EXISTING	
SEPTIC TANK 1 LEVEL	(1999)
MANUFACTURER	
CAPACITY	_____ GAL
SEAM LOC	
TANK LID DEPTH	3'
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	OUTLET
6" PORT LOC	INLET
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: 6/23/2020 Set new Dbox ~ 17' from tank @ middle up upper tanks
 Install 4x50' trenches in both directions

INSTALLATION: 06/26/2020 CONSTRUCTION ON TRENCHES BEGIN. TO FINISH MONDAY. @ 06/29/2020 TRENCHES COMPLETED. D BOX LEVELED W/ SPEED LEVELS. OK TO BACKFILL. (+)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 06/29/2020



HOWARD COUNTY HEALTH DEPARTMENT

67867

DATE 6/10/20

Received From

Togles Septic Clean PHONE # 410 795-5670

For

Part / Repair - 141701
Car Wash Mill

CASH

CHECK

NO.

68319

Three hundred thirty Dollars

\$330

20

Received By

J. Ken