



# HOWARD COUNTY HEALTH DEPARTMENT

63003

DATE  
5/29/88

P5

Received From

Tosles Septic Co. Inc. PHONE # 410-795-567

For

Perce/Repair - 12515  
Poundage, Inc.

- CASH
- CHECK

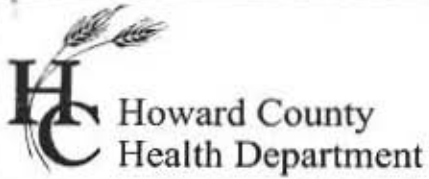
NO.

10479      Two hundred thirty Dollars

\$ 330.00

Received By

J Kemp



**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: 5/29/18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 563003

APPROVAL DATE: 07/13/2018 **PERMIT:** REPAIR A \_\_\_\_\_

PROPERTY ADDRESS: 12515 Howard Lodge Drive

SUBDIVISION: N/A LOT: \_\_\_\_\_ TAX ID: 03-288838

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kim@foglesinc.com

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

PROPERTY OWNER: Robert Buettner EMAIL: \_\_\_\_\_

OWNER ADDRESS: 12515 Howard Lodge Drive, Sykesville, MD 21784 PHONE: 302-420-2701

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

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. - APPLICATION RATE: 0.8

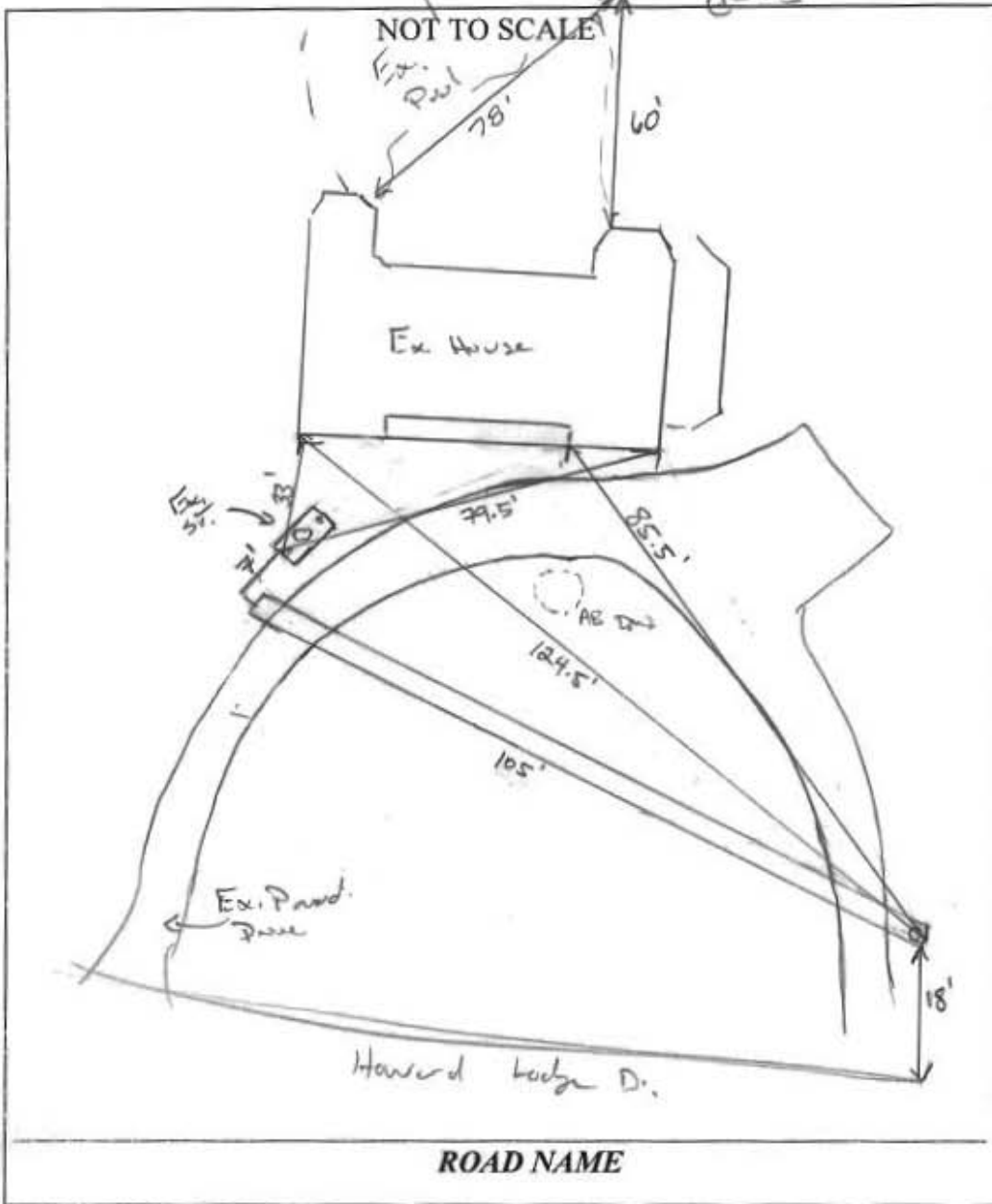
DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED  Appx 98 ton.

TRENCHES:	LINEAR FEET REQUIRED: <u>105'</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>9.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>N/A</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>
LOCATION:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	<u>Install 1x 105' trench above existing failed trench below perc test.</u>	

ISSUED BY: K. Wolf ISSUE DATE: 6/12/18 EXPIRATION DATE: 6/12/19

- 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 DOWNGRADE 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.**



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	4'	9.5'
NUMBER OF TRENCHES		1
TOTAL LENGTH		105'
ABSORPTION AREA		315 ft <sup>2</sup> + SIDE WALL
DISTRIBUTION BOX LEVEL		N/A
DISTRIBUTION BOX BAFFLE		N/A
DISTRIBUTION BOX PORT		N/A

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	_____

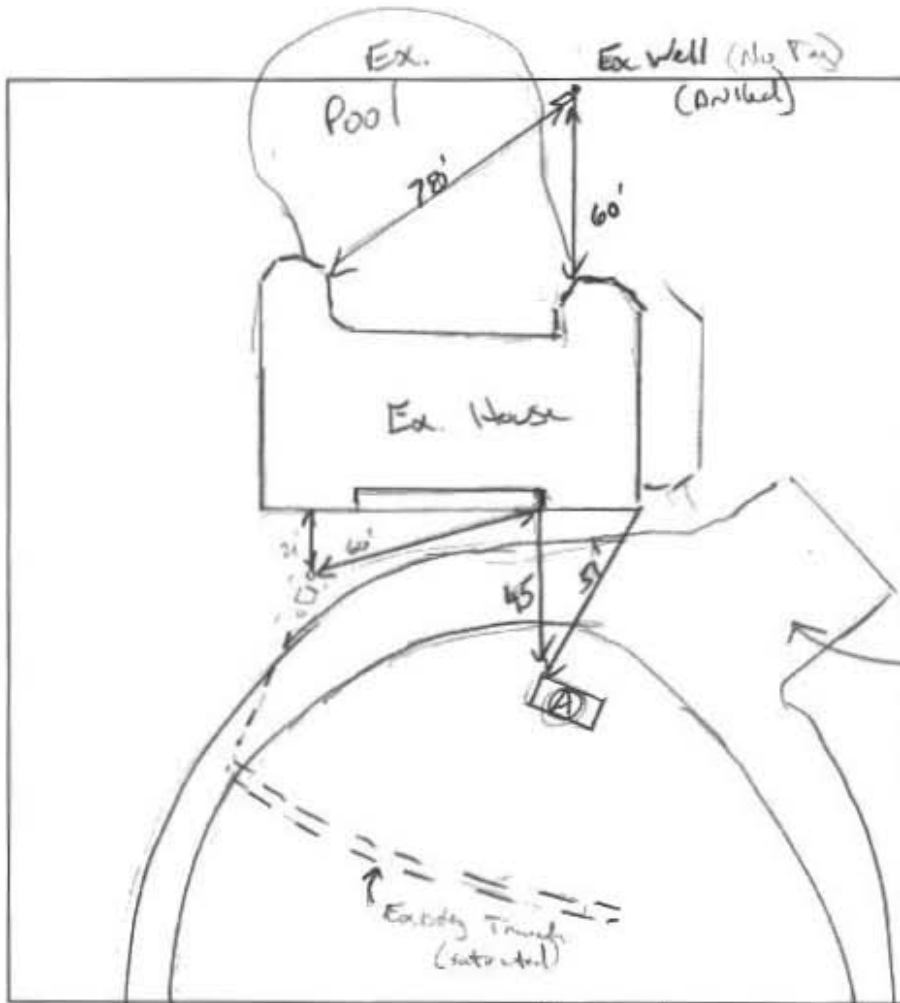
PRE-CONSTRUCTION:

6/12/18 Install 1x105' trench on contour just below pipe A. Owners give knowledge of water consumption efforts. Property is limited for repair, High ground water. Ex. old dry well/tank to be collapsed/filled in land

INSTALLATION: 7/11/2018 WORKING ON TRENCH CONST. TRENCH TIED IN. EX S.T. BEING FITTED w/ RISER. 7/12/2018 TRENCH COMPLETE. OK TO BACKFILL. (P)  
 7/13/2018 Ex ST FILLED AND EX DW. COLLAPSED + FILLED. (P)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 07/13/2018

AP \_\_\_\_\_



2' Drk Br L  
ESBK. roots  
Br LL,  
mSBK, sandy,  
CW, Frable, roots

4' Br L  
wk SBK, roots  
- wk Fpl.  
Many roots

5'-5 1/2' li Cr / Y Soil  
wk FSBK,  
micaceous,  
Frable, roots.

8' HBR - B/Y  
Sil, wk Fpl  
Highly stained.

14'6" H<sub>2</sub>O seeps

— Howard Lodge —

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PVF/H
6/12/18	Ⓐ	7' 1/4"	00:46	00:53	01:01	B	P

REMARKS \_\_\_\_\_

SANITARIAN K. Wolf BACKHOE Sake OTHERS W/p, m

TEST HOLES USED IN SDA 1 AVG. PERC TIME 8 SQ. FT/BR 0.8 x 1/4"

TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 9.5 EFFECTIVE SW 5-9 (.42)

$$4BA = \frac{600 \text{ gal}}{0.8} = 750 \div 3 = 250 (.42) = 105$$



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Dr. 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

Has the septic tank been pumped within the last month?

- Yes Date pumped: 5/1/18
- 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 \_\_\_\_\_

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: Fogle's Septic Clean Contractor's Phone: 410-795-5670  
 Contractor's Address: 580 Obrecht Rd Sykesville Md 21784  
 Property Address: 12515 Howard Lodge Dr County file: \_\_\_\_\_  
 Subdivision: Indian Hills Lot: 41 Year Built: 1969  
 Owner's Name: Erik Fesmire Owner's Phone: 302-920-2701  
 Name of previous owners: Robert Buehner Existing bedrooms: 4  
 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 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.



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

AS103003

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Indian Hills

PROPERTY ADDRESS 12515 Howard Lodge Dr Sykesville 21784

TAX ACCOUNT # 288838 TAX MAP 9 GRID 11 PARCEL 118 LOT NO. 41 PROPOSED LOT SIZE (ACRES) 1.07 ac

ZONING CATEGORY TIER

PROPERTY OWNER(S) Erik Fesmirc

DAYTIME PHONE 302-420-2701 CELL EMAIL

MAILING ADDRESS 12515 Howard Lodge Dr Sykesville 21784

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

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

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 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

DATE

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

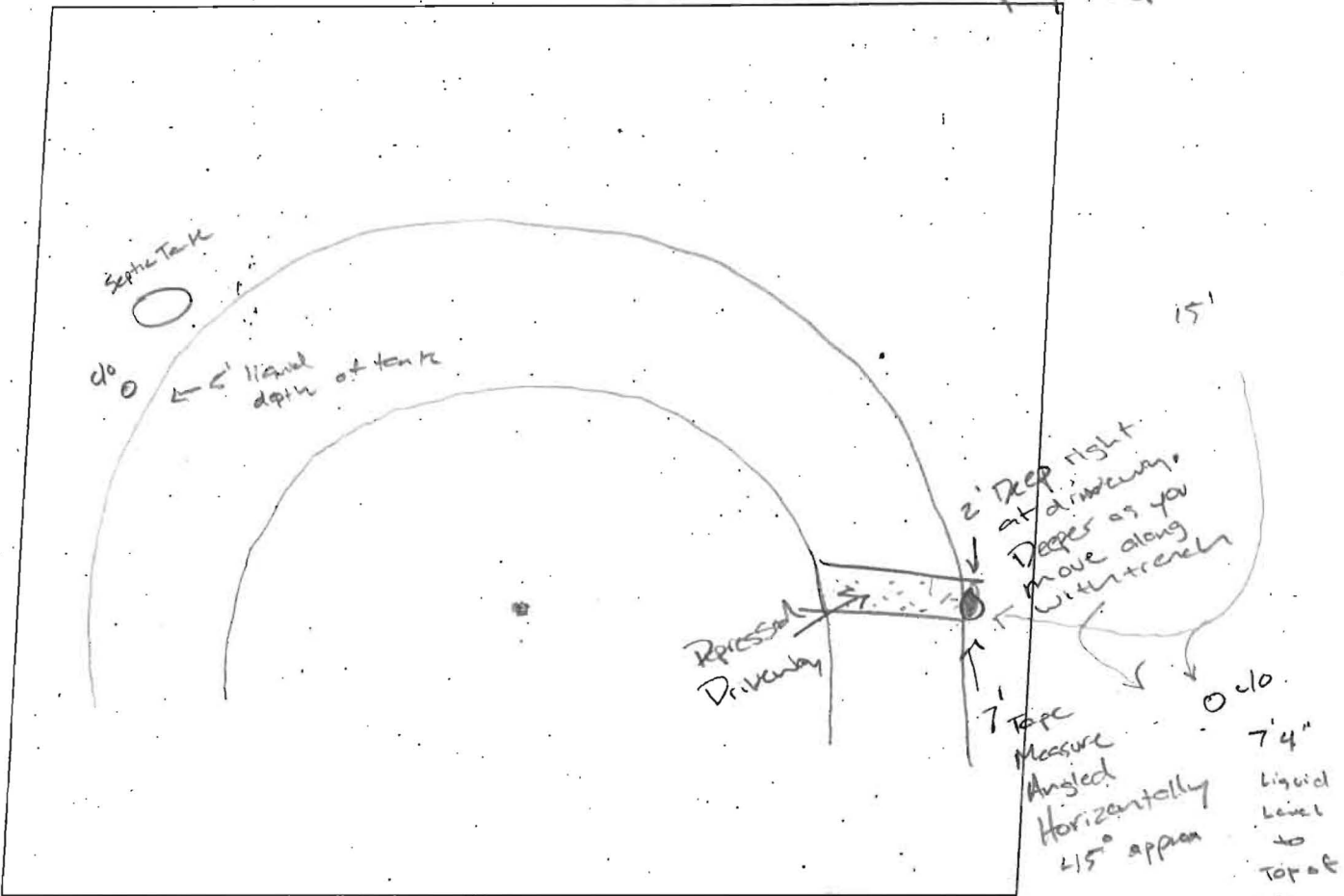
ADDRESS: 12515 Howard Lodge CONTRACTOR: \_\_\_\_\_

WELL TAG #: \_\_\_\_\_

SUBDIVISION: Indian Hill LOT: 41 COUNTY #: \_\_\_\_\_

PROPOSAL: Complaint about dirt settling over recent repair of septic system. Large hole next to driveway. Contractor refuses to fix it without additional payment

LOCATION DIAGRAM



COMMENTS: owner said they came out and tamped the center of property and added stone to left side (from street) driveway over trench.  
Filled with large stone on part of driveway. Did not alert with right side of driveway. Now right side of driveway sinking with hole. 2' diameter and 2' deep. Follows along trench.

DATE: 9/21/2018 INSPECTOR: RSF

**Freemon, Robert**

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**From:** Robert Freemon [REDACTED]  
**Sent:** Monday, September 24, 2018 9:44 AM  
**To:** Freemon, Robert  
**Subject:** Pic

*Boshey Park Rd. Howard Lodge Rd.  
End of trench c/o*



Sent from my iPhone

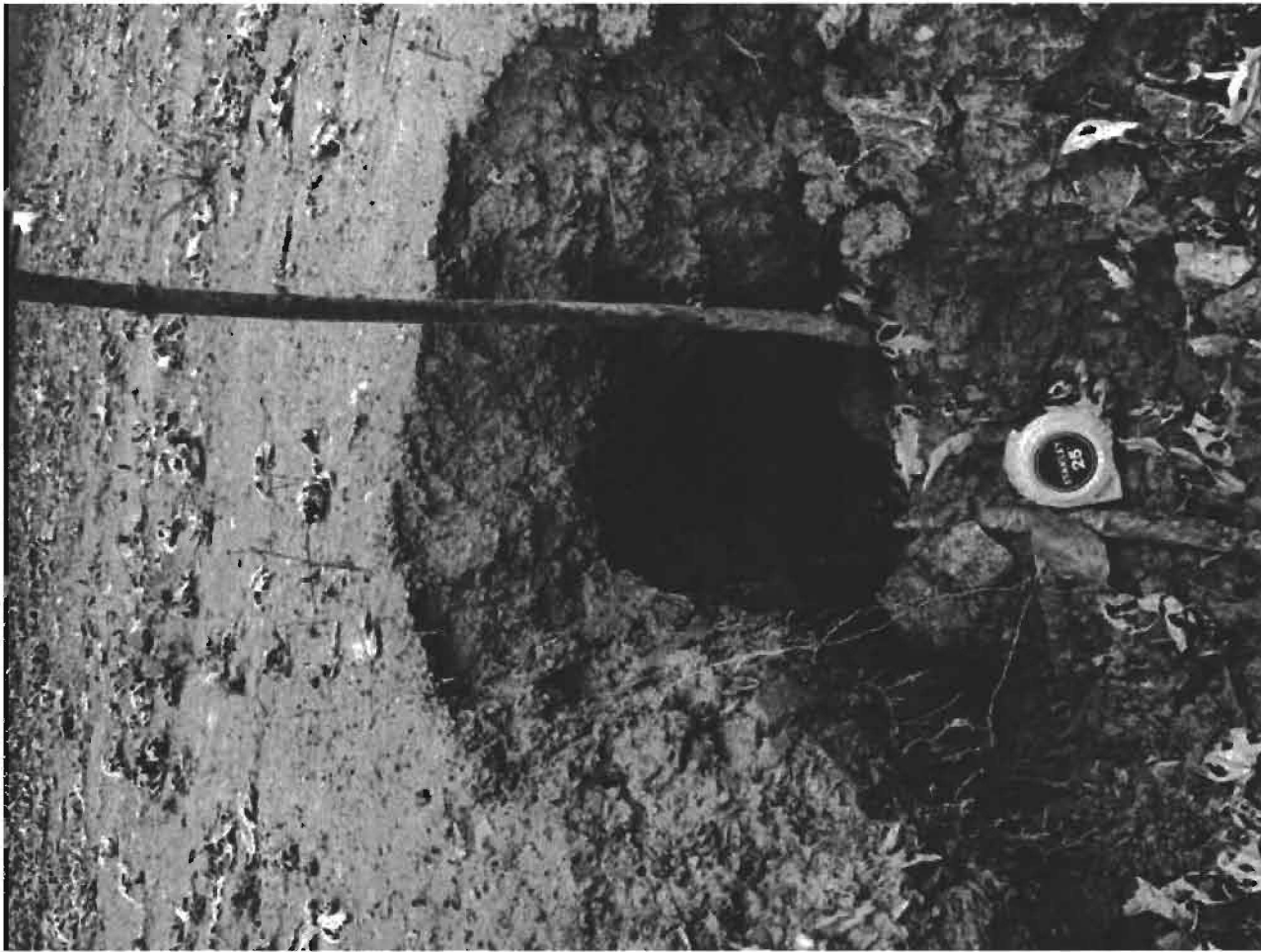
**Freemon, Robert**

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**From:** Robert Freemon <[REDACTED]>  
**Sent:** Monday, September 24, 2018 9:45 AM  
**To:** Freemon, Robert  
**Subject:** Pics



— 7ft Deep on a 40-45° angle.



Sent from my iPhone

- Coal patch
- Stone acts as channel
- Rain water run off creating hole