

**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: 9/11/17      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 561519  
 APPROVAL DATE: 10/16/2017 **PERMIT:**      **REPAIR**      A \_\_\_\_\_  
 PROPERTY ADDRESS: 4851 Manor Lane  
 SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ TAX ID: 02-236648  
 CONTRACTOR: Fogle's Septic Clean Inc.      EMAIL: kim@foglesinc.com  
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784      PHONE: 410-795-5670  
 PROPERTY OWNER: Christian Domerchie      EMAIL: \_\_\_\_\_  
 OWNER ADDRESS: 4851 Manor Lane, Ellicott City, MD 21042      PHONE: 410-913-1377

SEPTIC TANK SIZE (GALLONS): 1000      PUMP CHAMBER CAPACITY (GALLONS): —      PUMP SIZE: —  
 NUMBER OF BEDROOMS: 3      HOUSE SQ. FT. \_\_\_\_\_      APPLICATION RATE: 1.2  
 DISTRIBUTION SYSTEM:      GRAVITY FED       LOW PRESSURE DOSED

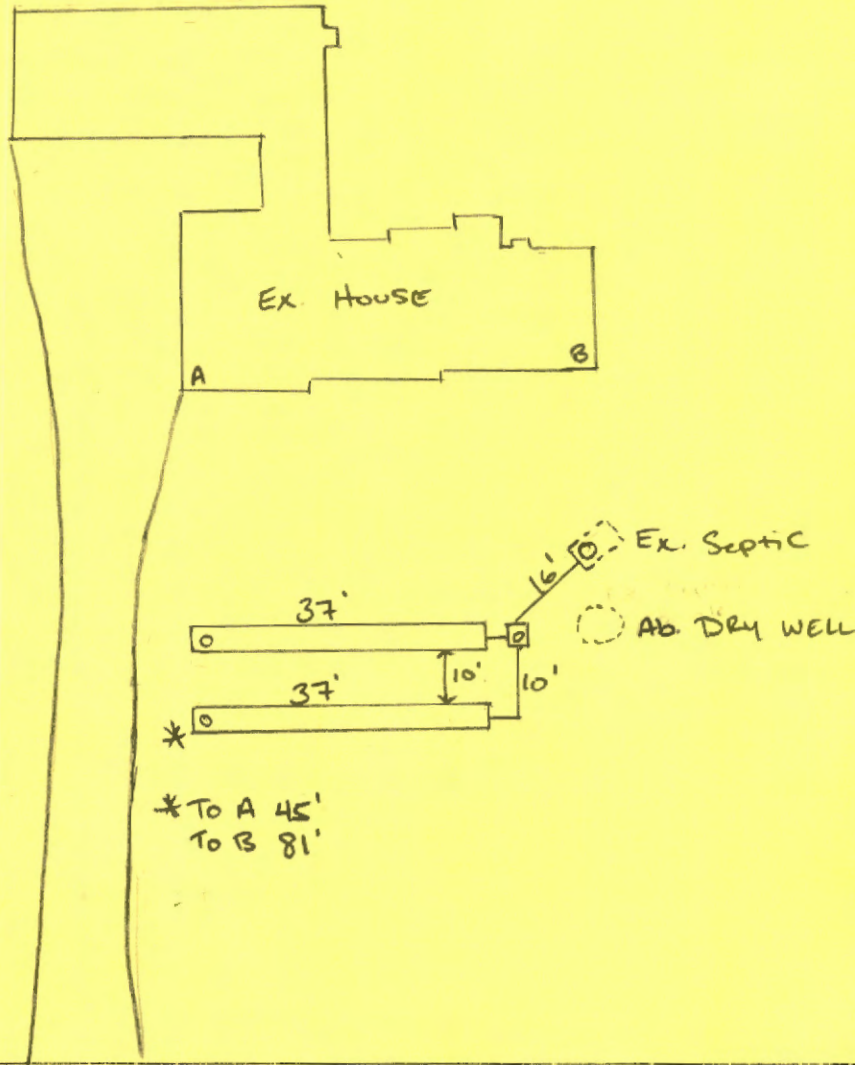
|           |   |   |
|-----------|---|---|
| TRENCHES: | LINEAR FEET REQUIRED: <u>55' (3 BR) 73' (4 BR)</u>  | INLET DEPTH: <u>4'</u>                      |
|           | TRENCH WIDTH: <u>2'</u>   | MAXIMUM BOTTOM DEPTH: <u>10'</u>            |
|           | MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>   | EFFECTIVE AREA BEGINNING DEPTH: <u>4.5'</u> |
| LOCATION: | TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.  |   |
| NOTES:    | Homeowner will decide whether to install 3 BR or 4 BR system<br>2 x 28' trenches for 3 BR<br>2 x 37' trenches for 4 BR<br>Pump + fill dry well with dirt or stone |   |

ISSUED BY: Sarah Collins      ISSUE DATE: 9/21/17      EXPIRATION DATE: 9/21/18

- 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                |
| 2'                      | 4'    | 10'                   |
| NUMBER OF TRENCHES      |       | 2                     |
| TOTAL LENGTH            |       | 74'                   |
| ABSORPTION AREA         |       | 148 sq ft + Side Wall |
| DISTRIBUTION BOX LEVEL  |       | yes                   |
| DISTRIBUTION BOX BAFFLE |       | yes                   |
| DISTRIBUTION BOX PORT   |       | yes                   |

| SEPTIC TANK DATA             |              |
|------------------------------|--------------|
| SEPTIC TANK I LEVEL _____    |              |
| MANUFACTURER                 | _____        |
| CAPACITY                     | _____ GAL    |
| SEAM LOC                     | _____        |
| TANK LID DEPTH               | _____        |
| BAFFLES                      | Added outlet |
| 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                  | _____        |

MANOR LN ROAD NAME

PRE-CONSTRUCTION:  
 9/21/17 Laid out 4BR system. 2x37' trenches on contour running towards driveway.  
 If homeowner wants to go with 3BR system, shorten trenches to 2x28'. (SC)

INSTALLATION: 10/16/2017. Trenches installed. 37' ea per 4BR spec. Dry well was abandoned and sealed. Outlet Baffle installed in existing septic tank. Solvent welded SCH 40 PVC sewer line. Abandoned Dry well filled w/ left over stone and clean dirt.

FINAL INSPECTOR [Signature] DATE OF APPROVAL 10/16/2017



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Twitter: HowardCoHealthDep

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

Has the septic tank been pumped within the last month?

- Yes Date pumped: 9/8/17
No

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

- Yes Explain observations: failing drywell
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: Fogle's Septic Clean Contractor's Phone: 410-795-5670
Contractor's Address: 580 Obrecht Rd Sykesville Md 21784

Property Address: 4851 Manor Lane County file:

Subdivision: Lot: Year Built: 1971

Owner's Name: Cheryl Ann Damerchive Owner's Phone: 410-913-1377

Name of previous owners: Marie Dutton 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.



# HOWARD COUNTY HEALTH DEPARTMENT

61519

AS

DATE 9/11/17

Received From

Fogles Septic

PHONE #

410-795-5670

For

Repair Pole - 4851 Home Care

CASH

CHECK

NO.

5000

Three hundred thirty

Dollars

\$

330

Received By

King