



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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

1567893

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 1432 Long Corner Rd Mt. Airy 21771

TAX ACCOUNT # 315472 TAX MAP Cp GRID 10 PARCEL 26 LOT NO. PROPOSED LOT SIZE (ACRES) 1.199 AC

ZONING CATEGORY TIER

PROPERTY OWNER(S) Diane Nagengast

DAYTIME PHONE 410-472-2690 CELL EMAIL

MAILING ADDRESS 17512 Timberleigh Way Woodlawn 21797

APPLICANT Fogles Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 CELL EMAIL Kim@fogglesinc.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:

- PROPERTY: SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS tank replacement see attached UPGRADE EXISTING OSDS

BUILDING:

- BUILDING: RESIDENTIAL WITH 4 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

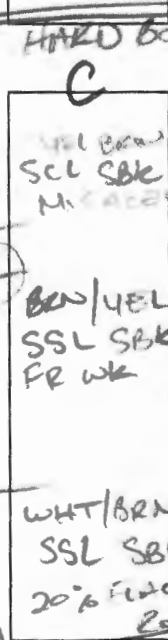
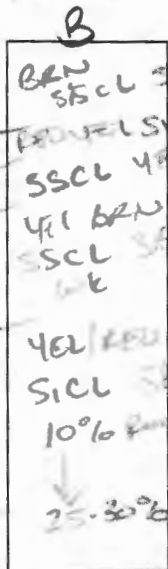
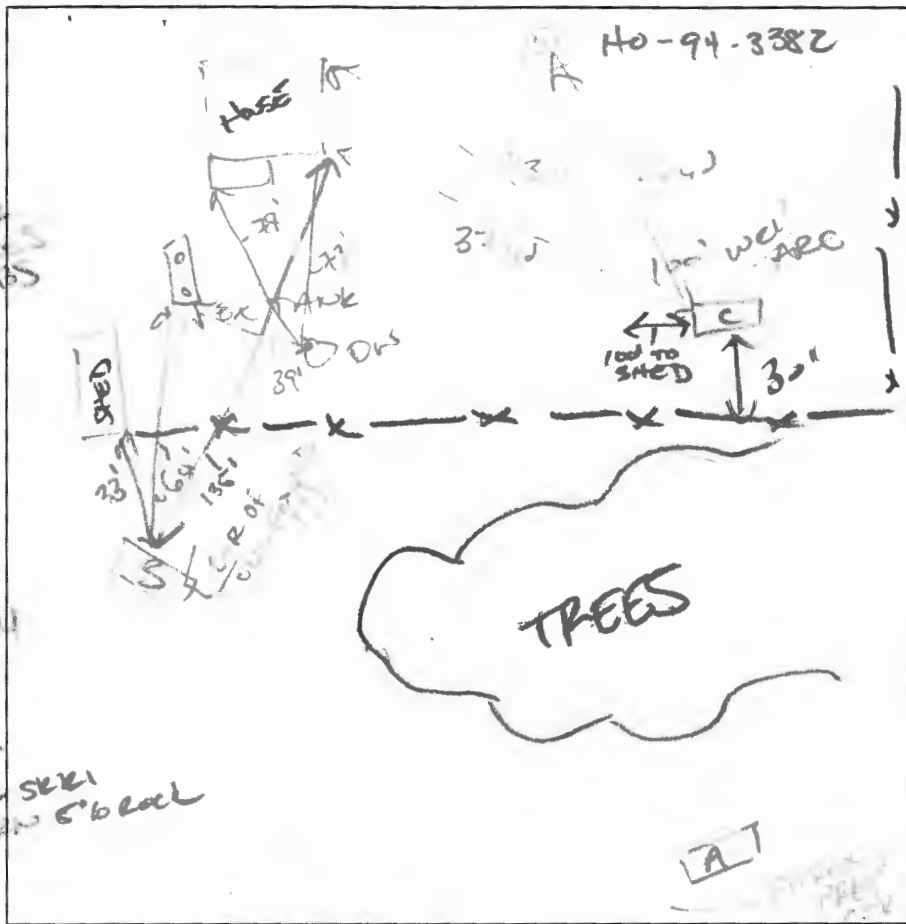
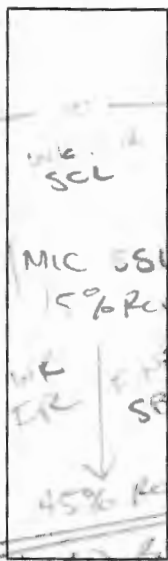
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

AP 567893

HO-94-3382



SHELF
BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
07/23/2000	A	3.5	0:00	0:19		30s	
	A	REPAIR				12m	
	A	9.5	10 gal RAN out in < 3 min				
07/23/2000	B	5	0:00	> 30 min			F
	B	6	0:00	6:30	13:30	7m	P
	C	5	12:43	REFUSE			F
07/23/2000	C	6	12:47	12:48	12:51	3m	P

REMARKS: HA WHT & BRN CR; DW EST 3' TILL FULL (1/2' DEEP/2' COVER)

SANITARIAN: CAROLUG 001997 BACKHOE: FOGLES; JAMIE OTHERS: FOGLES; CONNOR HOME OWNERS

TEST HOLES USED IN SDA: _____ AVG. PERC TIME: _____ SQ. FT/BR: 4

TRENCH WIDTH: _____ INLET DEPTH: _____ MAX. BOT DEPTH: 7' EFFECTIVE S/W: _____

BOTTOM BRN/WHT JAP

4 x 150	= 1000	2	500
.6		3	334
.8	= 750	2	375 x 8 300
		3	250 x 13 200

1432 LONG CORNER ROAD
PERC FOR REPAIR
07/23/2020 - CABANA 001997



* NOT TO SCALE. PRINTED FROM APPROX. GIS.

Cabahug, Joseph

From: Cabahug, Joseph
Sent: Friday, July 24, 2020 1:28 PM
To: John.Nagengast@att.net
Cc: Wolf, Kevin; Rappaport, Ryan; Thomas, Susan; Martin, Sharhonda
Subject: Perc Repair_1432 Long Corner Road
Attachments: Perc Notes_1432 Long Corner Road_2020.07.23.pdf

Hello Mr. Nagengast,

Attached is the documentation of the results from the Perc Repair that was done on 07/23/2020. At the time of inspection, the existing drywell was approximately estimated to have 3' of liquid left via angled tape measure. The existing dry well is about 2 feet below grade with a hand poured lid, estimated to be 10 feet deep. The drywell is not failing at this time and Health is not requiring a replacement drain field system at this time. It should be noted that the liquid level in the drywell is about the level of the horizon of the soil with an application rate slower than 0.6 gpd/sqft.

At this time we will require the replacement of the block tank with a tank sized for 4 bedrooms (the number of bedrooms reported to me in the field) and repair of the effluent lines.

It is recommended that all future plans for living space additions, especially bedrooms, be seriously considered should you chose to replace the drywell with conventional trenches at this time. The areas between Perc C and B appear to be very consistent and qualify for a conventional trench system. However any future repairs will head towards Perc A will require another perc test to determine system design.

If you have any questions please be at liberty to call our office.

Bests,

Joseph C. Cabahug – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2643 Office
www.hchealth.org



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TRI-COUNTY PUMP SERVICE INC.

6711 OLD NATIONAL PIKE
 BOONSBORO, MD 21713
 (301) 432-0330
 301-831-8331 301-662-5220
 540-338-8998 VA 304-263-1052 WV

JOB INVOICE

56533

TO Stephanie Moore
432 Long Corner Road
Mount Airy MD 29771
 Email _____

PHONE	DATE OF ORDER <u>June 24 2020</u>
ORDER TAKEN BY	CUSTOMER'S ORDER NUMBER
<input type="checkbox"/> DAY WORK	<input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA
JOB NAME/NUMBER	
JOB LOCATION	
JOB PHONE	STARTING DATE

QTY.	MATERIAL	PRICE	AMOUNT	DESCRIPTION OF WORK
	Septic Inspection		250 ⁰⁰	Just Was 2 Exposed Plastic Lids on 4' RISERS
	Pump Tanks Acc+		560 ⁰⁰	I opened lid I see this is not AN TOP to Code Tank There Are Broken Areas OF Top OF Tank Again Side Wall - ITS levels Are up I cant see in
			810	EXISTING EQUIPMENT I Hydrotested The tank Water ROSE 1" IN TANK - Split Tank. I pumped out Both Sides 200+ gal - I looked INSIDE THIS IS AN OLD Brick Tank - I

PD
OK 7/9/20

ESTIMATE MATERIAL		OTHER CHARGES	
			Tack P ² Closed up Lids AND Finished Inspection
			<i>[Signature]</i>
			<i>[Signature]</i>
			TOTAL LABOR 810 ⁰⁰
			TOTAL MATERIALS
			TOTAL OTHER
			CC FEE
			TAX
			TOTAL 810 ⁰⁰

By signing this invoice customer gives Tri-County Pump Serv. permission to shut off water until balance is paid.

Work ordered by _____
 Signature _____
 I hereby acknowledge the satisfactory completion of the above described work.

Thank You

**MDE Recommended Onsite Sewage Disposal System (OSDS) Inspection Form to
Conduct a Proper Inspection for Property Transfers in Maryland**

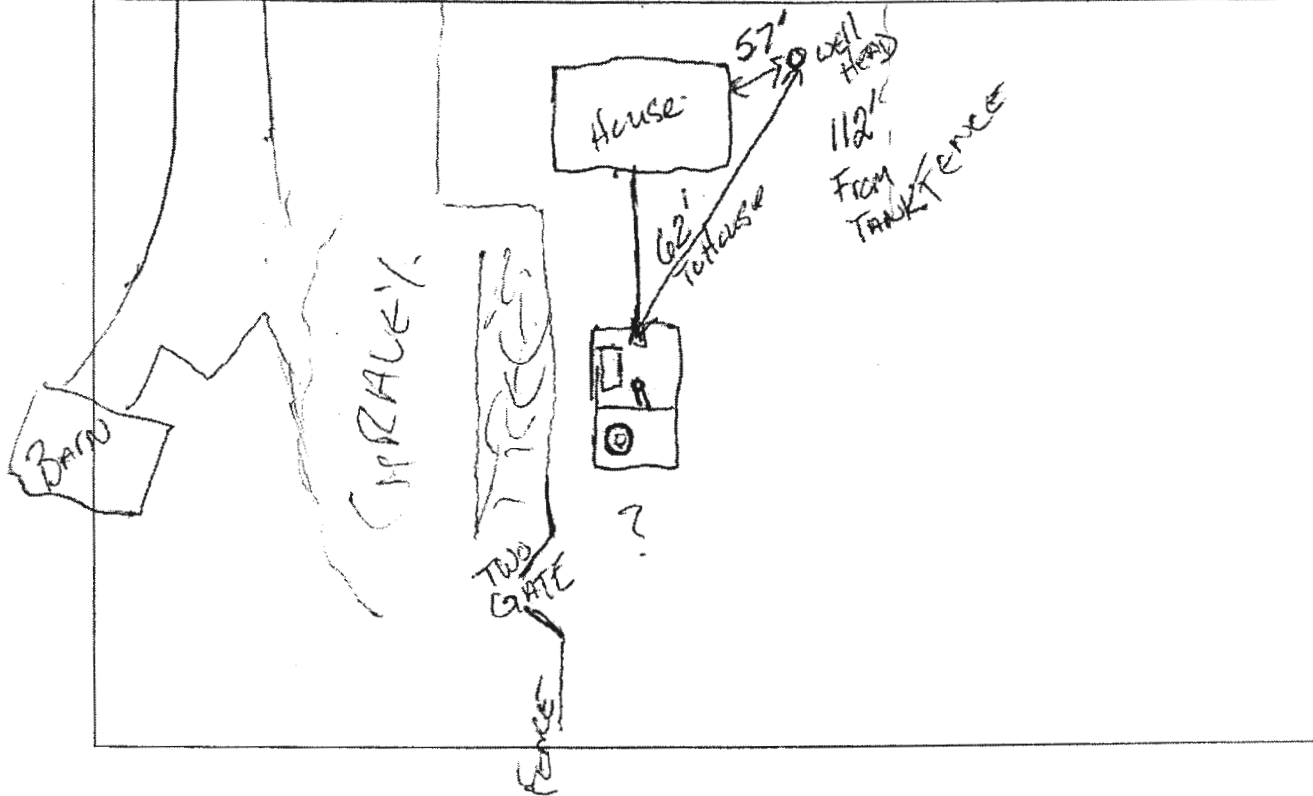
General Information									
Property Address		2432 Long Corner Road.							
City	Mount Airy	State	MD	Zip Code	21772				
County	HOWARD	Date and Time of Inspection							
Inspector Name	Eric J. Steer		Company						
Phone Number			email						
Property Type	RESIDENTIAL	Age of Dwelling		Number of Bedrooms					
Occupied?	YES	If Vacant, How long?		Rental?					
Number of People Moving In?		Homeowner Interview Conducted?							
OSDS Records Requested from County?			Were Records Available?			Not @ Inspection			
OSDS History									
How long Has Resident Lived There?									
Number of People In Dwelling now									
Age of OSDS?									
Any History Of Sewage Problems?									
If Yes, Detail Problems Below									
Pumping Frequency		Last Date Pumped							
Any Repairs to OSDS?									
If Yes, Detail Repairs (Include Dates)									

OSDS Components									
Septic Tank	Size	3000	Construction	Block.					
Pre-Treatment Unit	Make		Model						
Pump Chamber	Size		Construction						
Grease Trap	Size		Construction						
Conveyance System Type:		PVC	Cast Iron	Terra Cotta	Orangeburg				
Effluent Filter		Peat Filter			Sand Filter				
Distribution Box		Dropboxes (Number)							
Alternating Valve		Headworks Box (for drip tubing)							
Trenches (Number)		Length		Width	Depth				
Seepage Pits/Drywells (Number)			Diameter		Depth				
Low Pressure Pipe			Drip Tubing						
At-Grade Mound			Sand Mound						

WAS
TOLD
BY
OWNERS.

OSDS Layout

Show a diagram of the OSDS layout relative to the house. Include well location, street location, driveway and other pertinent site features as well as all OSDS piping and components. Indicate distances from the house and between system components.



Findings and Comments

System Component	Condition	Comments
Septic Tank / Pre-Treatment Unit	<ul style="list-style-type: none"> Acceptable Acceptable with concerns <input checked="" type="checkbox"/> Unacceptable Needs Further Evaluation 	Block Tank - Not up to MD. Codes -
Pump Tank	<ul style="list-style-type: none"> Acceptable Acceptable with concerns Unacceptable Needs Further Evaluation 	
Distribution Box	<ul style="list-style-type: none"> Acceptable Acceptable with concerns Unacceptable Needs Further Evaluation 	No Plat. of Property. Septic System.
Soil Absorption System	<ul style="list-style-type: none"> Acceptable Acceptable with concerns Unacceptable Needs Further Evaluation 	Effluent DIDNT LEAVE TANK After Hydro Test UNABLE to Certify Soil Absorption
Other:	<ul style="list-style-type: none"> Acceptable Acceptable with concerns Unacceptable 	System - No Plat of Property where is also unknown

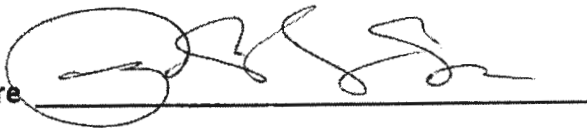
	Need Further Evaluation	
Additional Comments		

I attest that the information contained herein and my assessment is honest, thorough, and, to my knowledge, correct. Furthermore, I have completed an MDE approved course in the proper inspection procedures and have fully applied the standards of practice taught in the course during this inspection.

THIS INSPECTION REPORT INDICATES THE PRESENT CONDITION OF THE PRIVATE ON-SITE SUBSURFACE SEWAGE DISPOSAL SYSTEM BASED ON RECOMMENDED INSPECTION PROCEDURES OUTLINED IN THIS REPORT. THE RESULTS OF THIS INSPECTION DOES NOT GUARANTEE OR WARRANTY FUTURE PERFORMANCE.

The recipient of this report should discuss any deficiencies found by this inspection with the Inspector.

MDE Certified Inspector Signature





HOWARD COUNTY HEALTH DEPARTMENT

67893

DATE 7/18/20

AS/RS

Received From

Fogles Septic Clean PHONE # 410 795-5610

For

Repa Repair / 1432 Long Corner

CASH

CHECK

NO.

68620

Three hundred thirty Dollars

\$ 330.00

Received By

A King