

Howard County Health Department

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

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

RECEIPT DATE: 7/8/20 ONSITE SEWAGE DISPOSAL SYSTEM P 567893

APPROVAL DATE: 8/19/20 (ST) PERMIT: TANK REPLACEMENT A

PROPERTY ADDRESS: 1432 Long Corner Road

SUBDIVISION: LOT: TAX ID: 04-315472

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

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

PROPERTY OWNER: Diane Nagengast EMAIL:

OWNER ADDRESS: 1432 Long Corner Road, Mount Airy, MD 21771 PHONE: 443-472-2690

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:

NUMBER OF BEDROOMS: HOUSE SQ. FT. APPLICATION RATE:

DISTRIBUTION SYSTEM: GRAVITY FED [ ] LOW PRESSURE DOSED [ ]

Table with 2 columns: TRENCHES and LOCATION. TRENCHES includes fields for LINEAR FEET REQUIRED, TRENCH WIDTH, MINIMUM SPACE BETWEEN TRENCHES, INLET DEPTH, MAXIMUM BOTTOM DEPTH, and EFFECTIVE AREA BEGINNING DEPTH.

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

NOTES:

ISSUED BY: ISSUE DATE: EXPIRATION DATE:

- 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
NOTE: THE HCHD DOES NOT WARRANT 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.





# HOWARD COUNTY HEALTH DEPARTMENT

67893

DATE  
7/18/20

AS/PS

Received From

FogCo Septic Clean PHONE # 795-5610

For

Home repair / 1432  
Longwood

CASH

CHECK

NO.

08620

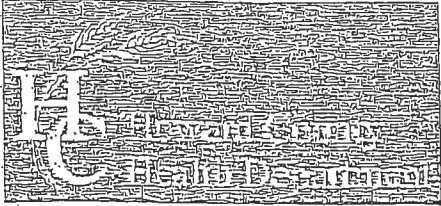
Three hundred thirty

Dollars

\$ 330.00

Received By

[Signature]



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INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- <sup>B134</sup> 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: See Attached
- 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: Foote's Septic Health Contractor's Phone: 410-745-5670

Contractor's Address: 4590 Quince Orchard Rd Silver Spring 21784

Property Address: 1432 Long Creek Rd County file: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: \_\_\_\_\_

Owner's Name: Janet Nagengast Owner's Phone: 443-472-2690

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 4

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.