



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2540 | Fax: 410-313-2548
TDD: 410-313-2323 | Toll Free: 1-866-533-6300
www.hcphhealth.org
Facebook: www.facebook.com/hcphhealth
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:
No

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

- Yes Explain observations:
No

Existing system design

- Drywell
French
Mound
Unknown
Other

Was a visual inspection of the sewage line conducted?

- Yes Blockage leading to the tank
Yes Explain
No Dug up outlet failing trenches
Blockage leading in 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: Fogley's Septic, Plean Contractor's Phone: 410-799-5670
Contractor's Address: 588 Oprecht Rd Sparksville 21784

Property Address: 1364 Long Corner Rd County file:
Subdivision: N/A Lot: Year Built: 1976
Owner's Name: Alan Sabatini Owner's Phone: 413-577-3379

Name of previous owners: Existing bedrooms: 3
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): N/A
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 roll/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**

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: 11/16/20 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572858

APPROVAL DATE: 11/20/2020 **PERMIT: REPAIR** A _____

PROPERTY ADDRESS: 1361 Long Corner Road

SUBDIVISION: _____ LOT: _____ TAX ID: _____

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

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

PROPERTY OWNER: Alan Sabatini EMAIL: _____

OWNER ADDRESS: 1361 Long Corner Road, Mount Airy, MD 21771 PHONE: 443-517-3379

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

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

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

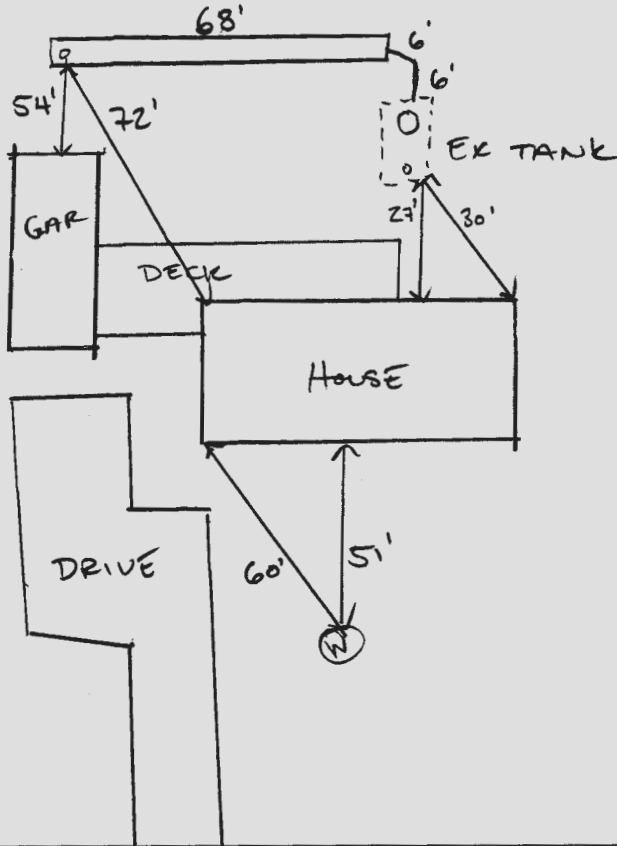
TRENCHES:	LINEAR FEET REQUIRED: <u>EX + 2'</u>	INLET DEPTH: _____
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
	LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<p>UPGRADE EX TR w/ PERF PIPE, OBS PORT, SCH 40 PIPE FROM TANK TO EX TR, GEOTEXTILE FABRIC</p> <p>EX SYSTEM IS UNDERSIZED, BUT NOT FAILING - FULL UPGRADE WAS OPTIONAL</p>	

ISSUED BY: CABATHO G 601997 ISSUE DATE: 11/19/2020 EXPIRATION DATE: 11/19/2021

- 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 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.

NOT TO SCALE



ROAD NAME
LONG CORNER ROAD

EXISTING	TRENCH/DRAINFIELD DATA		
	WIDTH	INLET	BOTTOM
	2'	4.5'	8'
	NUMBER OF TRENCHES		1 (EX)
	TOTAL LENGTH		68'
	ABSORPTION AREA _____		
	DISTRIBUTION BOX LEVEL _____		
	DISTRIBUTION BOX BAFFLE _____		
	DISTRIBUTION BOX PORT _____		

EXISTING	SEPTIC TANK DATA	
	SEPTIC TANK I LEVEL	_____
	MANUFACTURER	_____
	CAPACITY	_____ GAL
	SEAM LOC	_____
	TANK LID DEPTH	_____
	BAFFLES	OUTLET (NEW)
	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:

11/19/2020 EXISTING TRENCH DISCOVERED 1 X 60' TRENCH. OBSERVED CLEAN BLUE STONE. HOMEOWNER HAS OPTION TO UPGRADE EX TRENCH, INSTALL 1 X 62' 2" W TRENCH, AB EX TR AND INSTALL 2 X 62' 2" WIDE TRENCH. REPLACE EFFLUENT LINE W/ SCH 40 PVC, ADD GEOTEXTILE FABRIC

INSTALLATION:

11/20/2020 HOMEOWNER OPT TO UPGRADE EXISTING TRENCH. BLACK CORRUGATED PIPE REPLACED W/ LT WHT PERFORATED PIPE AT EXISTING INLET. 2' ADDED TO END OF TR W/ OBS PORT. 6" STONE ADDED ON TOP. SPUN GEOTEXTILE FILTER FABRIC INSTALLED AND BACKFILLED. PHOTOS SUBMITTED FROM CONTRACTOR. (✓)

FINAL INSPECTOR

Signature of Final Inspector

DATE OF APPROVAL

11/20/2020



HOWARD COUNTY HEALTH DEPARTMENT

72858

DATE
11/16/20

Received From

Togles Septic Clean

PHONE #

410-795-5070

For

Peric / Repair 1301

Long Corner

once rendered the...

Dollars

CASH

CHECK

NO.

6992

\$ 330.00

Received By

King