



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

Failing System **APPLICATION**
FOR PERCOLATION TESTING AND SITE EVALUATION

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____
 PROPERTY ADDRESS 11970 Lime Kiln Road Fulton 20756
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) David Wolfel
 DAYTIME PHONE _____ CELL _____ EMAIL 03alen55@gmail.com
 MAILING ADDRESS _____
STREET CITY, STATE ZIP

APPLICANT Hatfields Equipment Inc RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 301 490 4284 CELL 410 984 4880 EMAIL khathfield@hatfieldsequipment.com
 MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

- 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
 - UPGRADE EXISTING OSDS
- BUILDING:
- RESIDENTIAL WITH 3 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] 4/01/21
 SIGNATURE OF APPLICANT DATE



HOWARD COUNTY HEALTH DEPARTMENT

68885

DATE 4/18/21

Received From

Hatfield

PHONE #

301 490-4209

For

Septic Repair 1470 line

CASH

CHECK

NO.

426

Three hundred thirty ~~two~~ Dollars

\$

330.00

Received By

D. King

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: 4/23/21
 No

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

Yes Explain observation: _____
 No

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Was a visual inspection of the sewage line conducted?

Yes
 No

Blockage Leading to the field

Yes Explain: _____
 No

Is discharge surfacing on the ground?

Yes
 No

Additional Comments:

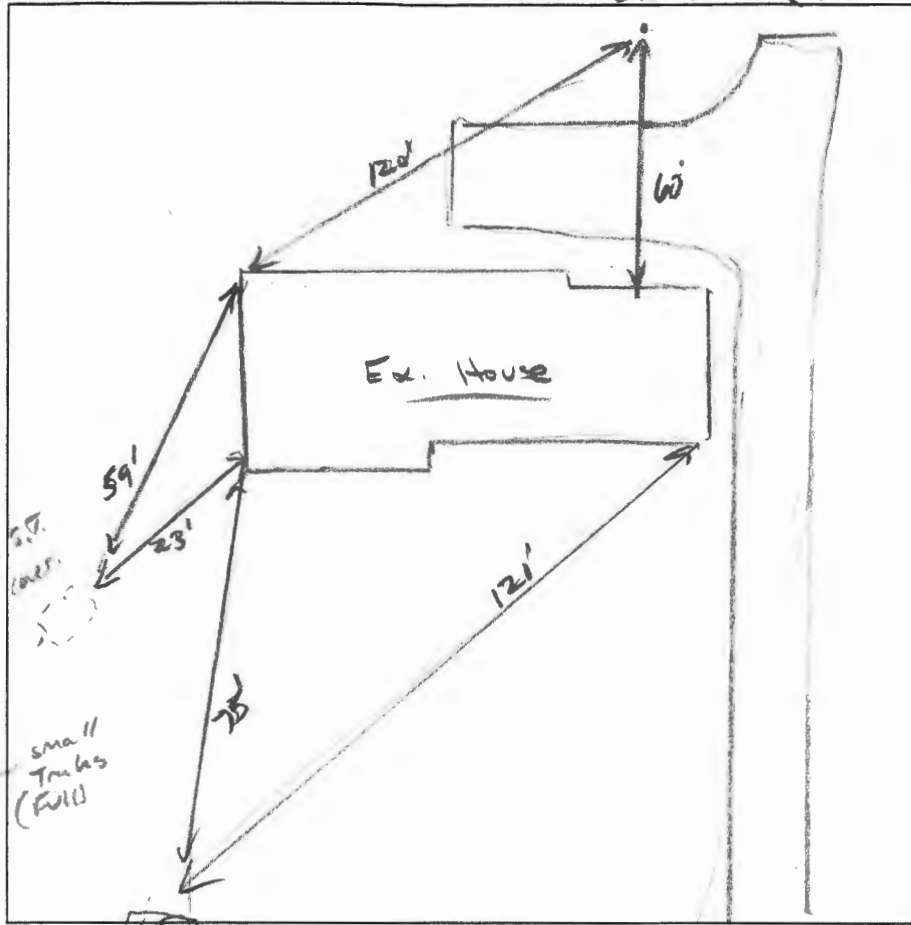
Kevin Wolf completed Percol test

*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 Regulations.

Septic Contractor: Hatfields Equipment Contractor's Phone: 301 440-4289
 Contractor's Address: P O Box 519 Annapolis Junction MD 20721
 Property Address: 11970 Lime Kiln Rd County File: No File
 Subdivision: _____ Lot: _____ Year Built: _____
 Owner's Name: David Wolfel Existing bedrooms: 3
 Name of previous owners: Same Existing bedrooms: _____
 Proposed bedrooms: _____

*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 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 exists.
 The contractor is to notify the office of the emergency as soon as possible.

AP _____



- Live K/L/A P/L -

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|---------|--------|---------------|-------|---------------|--------------|------------------|-------|
| 4/22/21 | (A) | 7' / 15' / 9' | 00:44 | pulled 1/2" | 20:15 | 14 | H |
| | | 9' | 00:02 | 00:12 | 00:26 | 14 | P |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

BR 10' L
MSBK, run.
BR 10' L
WIKO SAK,
CW, Fiddle.
slightly sticky.
3'
BR 10' L
WIKO SAK,
CW, Fiddle.
15% sprout
8'
BR 10' L
WIKO SAK
Fiddle, run
WIKO SAK

REMARKS _____
 SANITARIAN K. Wolf BACKHOE Donna OTHERS Ken Hatfield S.
 TEST HOLES USED IN SDA 1 AVG. PERC TIME _____ SQ. FT/BR 0.6
 TRENCH WIDTH 2 INLET DEPTH 4.5-5.5' MAX. BOT DEPTH 10 EFFECTIVE SW 7 (4)

$$3BR = \frac{450}{0.6} = 750 \div 2 = 375 (1.44) = 165 (2 \times 3)$$

15' 6"

