

Bureau of Environmental Health

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

1574083

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 1001

PROPERTY ADDRESS 12905 Kentham Dr Clarksville 21029

TAX ACCOUNT # TAX MAP 0004 GRID 0010 PARCEL 0274 LOT NO. 2 PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Steven Segal

DAYTIME PHONE 202-215-4869 CELL EMAIL ssey143@gmail.com

MAILING ADDRESS

APPLICANT Freedom Septic STREET CITY, STATE ZIP RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-735-2947 CELL EMAIL chrisly@freedomseptic.com

MAILING ADDRESS 2309 Liberty Rd Sykesville, MD 21784

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 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.

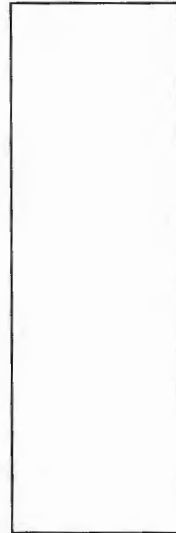
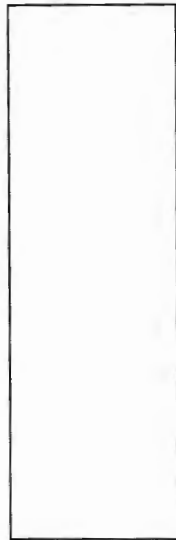
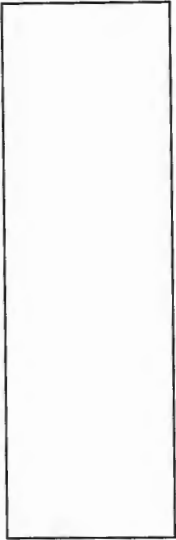
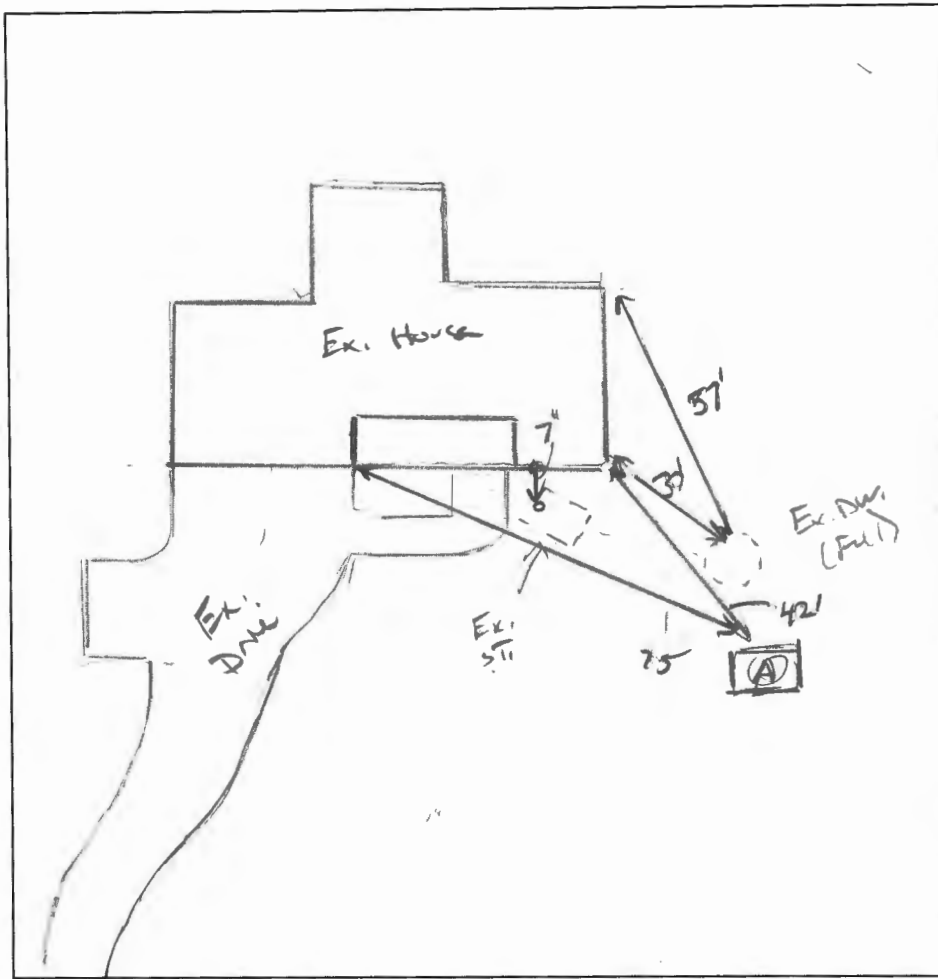
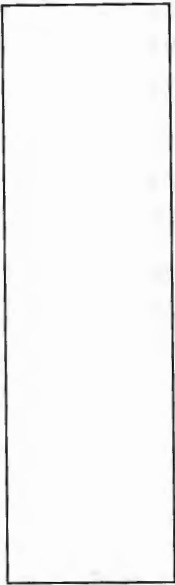
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Signature of Applicant

4/4/23

SIGNATURE OF APPLICANT

DATE



(A)

Ditch Bill
 M Co BK
 CS, Roots
 Br/Rd CL
 Wk Co SBK
 CS, roots
 M...
 Br/Y/Rd L
 Wk F SBK
 F...
 Br/Y/Rd L
 Wk F CL
 F...

3'

6'

7'

10'

14.6'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/10/2013	(A)	7' 46"	00:53	01:03	01:27	24	P
		H ₂ O found @ 14'				~ 124	P

REMARKS Ex. D.W. Full

SANITARIAN IC Wolf BACKHOE Dan Finner OTHERS over

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 9.6

TRENCH WIDTH 3" INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 6-10 (142)

$4(150) \text{ gal} = 1100 \div 3 = 334 \text{ LF } (.42) = 140$

 $(2 \times 70) \text{ or } (3 \times 47)$



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 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:

This is for a repair, they had it pumped from another company, and they told him the drywell is failing

*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: Freedom Septic Service Contractor's Phone: 410.795.2947
 Contractor's Address: 2905 Liberty Rd Sykesville, MD 21784
 Property Address: 2905 Kentbury Dr County File: _____
 Subdivision: 1001 Lot: 2 Year Built: 1973
 Owner's Name: Steven Seigel Existing bedrooms: 4
 Name of previous owners: _____ 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.