

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

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

RECEIPT DATE: 9/7/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 559757

APPROVAL DATE: 11/11/16 **PERMIT:** BRF REPAIR A _____

PROPERTY ADDRESS: 2409 Millers Mill Road

SUBDIVISION: _____ LOT: _____ TAX ID: 04-322916

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kim@foglesinc.com

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

PROPERTY OWNER: Cheryl Miles EMAIL: _____

OWNER ADDRESS: 2409 Millers Mill Road, Cooksville, MD 21723 PHONE: 443-745-1940

Norweco LP

SEPTIC TANK SIZE (GALLONS): 600 PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT.: _____ APPLICATION RATE: 1.2

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>120</u>	INLET DEPTH: <u>2</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6.5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3</u>

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

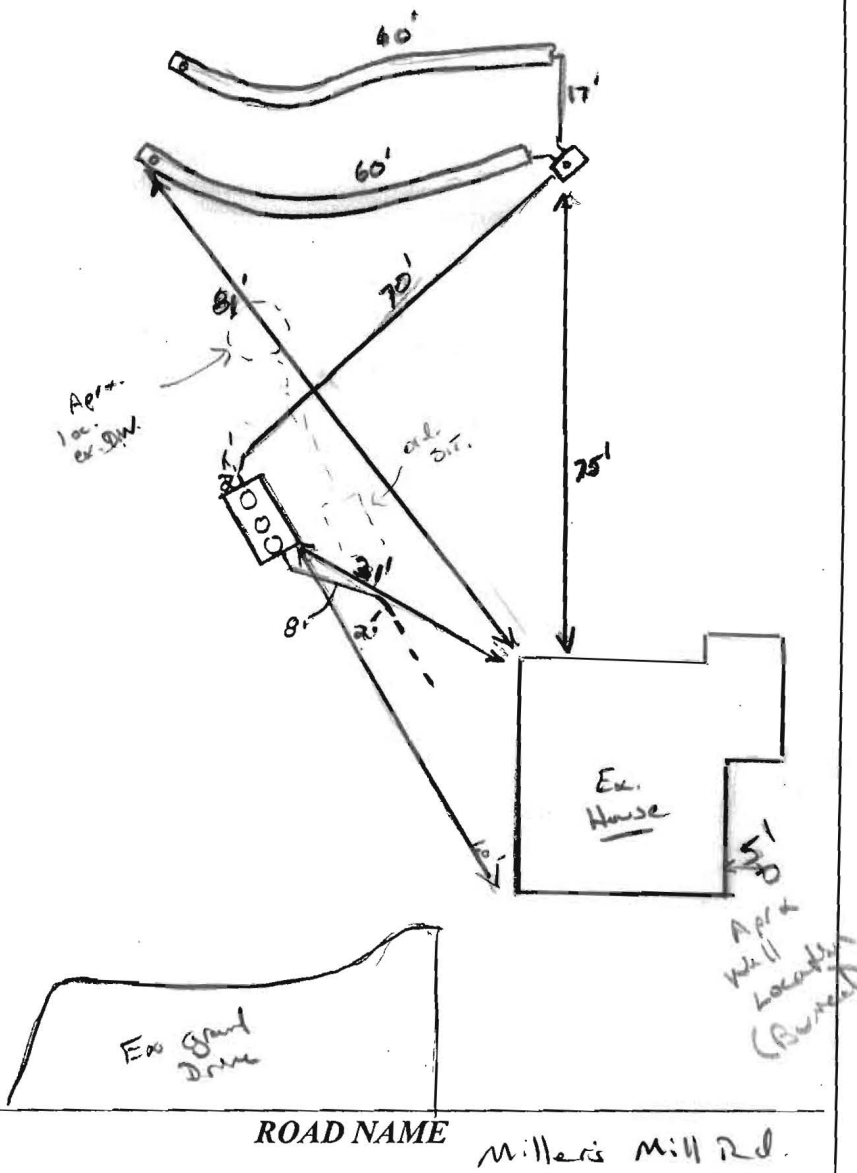
NOTES: INSTAL 2 X 60' trenches on contour between perc tests A & B. Set new BAT unit 100' from existing well. Pump and collapse existing SA and drywell.

ISSUED BY: Kevin Wolf ISSUE DATE: 11/1/16 EXPIRATION DATE: 11/1/17

- 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 1600 5729
- NOTE: THE HCHD DOES NOT WARRANTY 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



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3	2	6.5
NUMBER OF TRENCHES		2
TOTAL LENGTH		120'
ABSORPTION AREA		360'±±±
DISTRIBUTION BOX LEVEL		Leveler's
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Norweco
CAPACITY	1175 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	N/A
BAFFLE FILTER	Yes (cut)
MANHOLE LOC	Front/Middle/Rear
6" PORT LOC	None
WATERTIGHT TEST	-
SLOTTED	Yes
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:

9/13/16 Tentative layout given. Underwired on BAT unit. (RB)
 10/17/16 Verified and adjusted trench layout w/ contractor.
 Set BAT next to ex S.T. call for inspection (KW)

INSTALLATION:

11/4/16 Digging and storing 20' of last trench.
 BAT unit set per layout. Ex tank and D.W. pumped
 and collapsed. Contractor tied into orangeburg line as indicated.
 OK to cover all work. Need BAT start-up certification
 prior to final approval. (KW) 11/11/16 start-up certification received
 from manufacturer.

FINAL INSPECTOR J. Wolf DATE OF APPROVAL 11/11/16



HOWARD COUNTY HEALTH DEPARTMENT

59825

DATE 11/1/16

AS

Received From

Fogles Septic

PHONE #

410-995-5670

For

Repair / 2409 Millers
Ave Rd.

CASH

CHECK

NO.

5221

Two hundred thirty-one

Dollars

\$ 231.10

Received By

King



HOWARD COUNTY HEALTH DEPARTMENT

59757

DATE
9/1/16

AS/RS

Received From

Fogles Septic Clear PHONE # 410-95-5040

For

Perc Repair - 2409
Millers Mill Rd.

CASH

CHECK

NO.

54646

Three hundred Twenty Dollars

\$

330.00

Received By

J King

Back River Pre-Cast, LLC

PO BOX 329
Glyndon, MD 21071
Phone # 410-833-3394
Fax # 410-833-4116

Letter of Certification

This is to certify that the Norweco Singlair TNT 600 GPD Septic Tank installed at 2409 Millers Mill Rd., Cooksville, MD 21723 November 03, 2016 was installed according to the manufacture's specifications.

Installer: Matt Cooney

Property Owner: Cherly Miles

Permit #

THIS CERTIFICATION IS FOR INSTALLATION ONLY. THE 5-YEAR OPERATIONS & MAINTENANCE AGREEMENT FROM DATE OF INSTALLATION WILL ONLY GO INTO EFFECT AFTER BACK RIVER PRE-CAST, LLC RECEIVES FINAL AND FULL PAYMENT FOR THE SYSTEM.

MATTHEW GECKLE

Vice-President



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

**OPERATION AND MAINTENANCE AGREEMENT
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 18 day of Oct 2016, among Cheryl Miles, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 240A Millers Mill Rd Cooksville 21723, in the 04 Election District of Howard County, Maryland, and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 14, Block # _____, Parcel # 0107, Deed Reference # _____ and Tax Account # 322916 ("the Property").
106328/00531

WHEREAS, The Property is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013. The pre-treatment device being installed is Singular TNT System - 600.
GPD

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the County the right to enter upon the Property at any reasonable time with prior notice for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County.
- B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
- C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.
- D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.

E. This agreement shall run with the land and upon Owner's taking title to the Property shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Property that the system shall require maintenance or other attention. Upon taking title to the Property, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

Bert Nelson 10/18/2016
Howard County Health Department

Cheryl R. Miles 10/18/2016
Owner #1 Signature Date

Cheryl R. Miles
Owner #1 Print Name

Owner#2 Signature Date

Owner #2 Print Name

Buyer #1 Signature Date

Buyer #2 Signature Date

Buyer #1 Print Name

Buyer #2 Print Name

Clerk of the Circuit Court for
Howard County
Land Records/Licensing

The Thomas Dorsey Building
9250 Bendix Road
Columbia, MD 21045
410-313-5850

=====
LR - Agreement Recording Fee
1x 20.00 20.00

Grantor/Grantee Name: howard county
Reference/Control #: 14

LR - Agreement Surcharge
1x 40.00 40.00

=====
SubTotal: 60.00
Total: 60.00

=====
REV-Check-BOA 60.00
Number : 1151

10/21/2016 10:22
#7151242 /1247/109

CC13-LS

~ Thank you for visiting us today ~

Back River Pre-Cast, LLC.

P.O. Box 329 - Glyndon, Maryland 21071
 Phone: (410)-833-3394 Fax: (410)-833-4116
 E-MAIL: backriver@gmx.com

NORWECO BAT SEPTIC PROPOSAL

Homeowner: Cheryl Miles	Installer: Fogle's Septic
County: Howard	Permit #/to
Street address: 2409 Millers Mill Rd	Street address: 580 Orbrecht Rd
City, State, & Zip Code: Cooksville, MD 21723	City, State, & Zip Code: Sykesville, MD 21784
Site Address if different:	Contact: Kim Fogle
Phone: Cell:	Phone: 410-795-5670 Fax:
Email:	Email:

We hereby submit specifications and estimate for the following:

MDE Pre-Central Region

HOMEOWNER REQUIREMENTS:

- Completing and Recordation of Easement Form, and filing with County;
- Filing all completed paperwork necessary for reimbursement to Back River Pre-Cast, LLC..
- Note: County permits and easement recordation must be complete before any installation to occur.**
- Homeowner agrees to be personally liable to Back River Pre-Cast, LLC. for total amount due, if applicable.

INSTALLER TO PERFORM:

- A site visit to evaluate scope and feasibility, Installation Permits, and Miss Utility Notification
- Safe Abandonment of existing septic tank if needed. Electrical supply to Norweco System
- Installation and Connection of Norweco System according to Installation Instructions
- Coordinating inspection and obtaining final approval from local health department and Norweco representative.
- Final grading, seeding and straw, with one additional site visit as needed to address any settling that may occur.

BACK RIVER PRE-CAST, LLC., RESPONSIBLE FOR:

- Supply Norweco Singulair TNT Treatment System-600 GPD and 18" of risers for aerator and filter chambers
- Delivery and setting of unit.
- Operation, Maintenance & Warranty service for 5 years from the date of installation
- Final payment to installation Contractor

Tax included, were applicable

TOTAL PRICE: \$10,942.00

Note: No work will be scheduled until easement is recorded and permits have been issued.

Back River Pre-Cast, LLC., and it's installers will exercise caution while excavating, but can not be responsible for any underground utilities which are not marked by Miss Utility. Private utilities to outbuilding, landscape lighting and sprinkler system: locations are the homeowners responsibility to mark. Sidewalks and driveways will be avoided and protected when possible, but Back River Pre-Cast, LLC., is not responsible for damage due to equipment required for installation. All work is considered completed when accepted by appropriate county inspection agency.

Authorized Signature: County Health Dept. Representative	Authorized Signature: Back River Pre-Cast, LLC.
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MATT GEBEL
10/10/16

Acceptance
of
Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Accepted: _____ / _____ / _____
 Homeowner Signature Installer Signature Date

(A)

Moderately
Dense
Red Br
Loam

3.5'-4'

Med Fine
Beige
Loamy Sa
~30% Rock
Near
Bottom
Hard
Bottom

14'

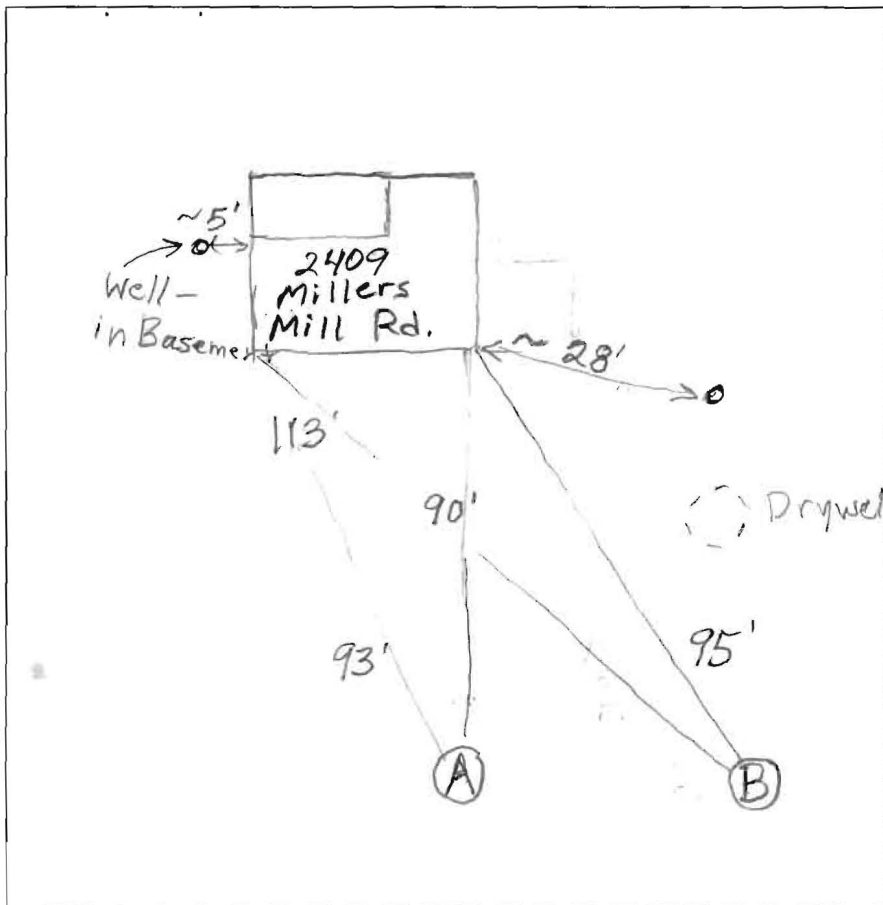
(B)

Red Br
Sa(C) Loam
and Fill
Beige
Med. Coarse
Loamy Sa

1.5'-2.5'

~35%
Rock
Hard
Bottom

11'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/15/2016	A	55'/14"	11:04:30	11:05:45	11:08:15	2 1/2	P
	B	35'/11"	12:00	12:02	12:06:30	4 1/2	P

REMARKS Soils O.K. for a Shallow System

SANITARIAN B. Baker BACKHOE Fogles OTHERS _____

TEST HOLES USED IN SDA A+B AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



CANAAN VALLEY INSTITUTE

October 6, 2016

Cheryl L. Miles
2409 Millers Mill Road
Cooksville, MD 21723

RE: FY 2017 Howard County Bay Restoration Fund OSDS Upgrade Program

Dear Ms. Miles:

Thank you for your application to participate in the Howard County Bay Restoration Fund OSDS Upgrade Program. The Howard County Health Department has verified that your existing septic system is failing and in need of repair. Based on your 2015 income tax return form, you are eligible to receive funding to cover **100%** of the cost to upgrade your system to one of the MDE approved BAT units listed below. The approved price includes the cost of the unit, installation of the unit, and 5 years of operation and maintenance. The price does not include the cost of permits.

<u>System</u>	<u>Vendor</u>	<u>Contact</u>	<u>Phone</u>
Bio-Microbic (RetroFast)	Jones Pump Service	Dwayne Jones	410-836-9206
Orenco (Advantex AX20)	Atlantic Solutions	Robert Johnson	877-214-9283
HOOT 600 BNR	Mayer Bros, Inc	Nancy Mayer	410-796-1434
Norweco Singulair TNT	Back River Precast LLC	Matthew Geckle	410-833-3394
SeptiTech	Jones Pump Service	Dwayne Jones	410-836-9206

In order to receive your OSDS upgrade, **you MUST follow these steps:**

1. **Sign this letter** on the bottom of page 2 **and return it** in the envelope provided within **2 weeks of the date of this letter.**
2. File a septic repair permit application with the Howard County Health Department **within 2 weeks of the date of this letter.** The permit application fee is \$396.00 (\$165 for tank approval only).
3. Obtain the Agreement and Easement for Installation of Best Available Technology Systems with Bay Restoration Funds from the Howard County Health Department, have it signed by a Howard County Health Department Bureau Director or Designee. Then take it to the Circuit Court and have it recorded in Land Records **within 2 weeks of the date of this letter.**
4. Prepare your property and schedule installation of the system. The system must be installed **within 6 weeks of the date the Agreement and Easement is recorded.**

If assistance is needed in completing any of the steps listed above, you may contact me at 304-940-3443 or kristin.mielcarek@canaanvi.org.

494 RiverStone Road | Davis, WV 26260
Phone: (304) 259.4739 or (800) 922.3601|Fax: (304) 259.4759
www.canaanvi.org

The system vendor may provide a contractor to install your BAT unit. CVI will provide payment directly to the vendor. The vendor may also require proof of insurance from your contractor.

If your system is not installed within the 8 week timeframe listed in the steps on page 1, the funds may be released and used elsewhere. If you cannot complete installation in within this timeframe, please contact me to request an extension. Please note that failure to request an extension may result in termination of your grant and your system must be installed no later than June 27, 2017 in order to retain your funding.

For more information on septic repair permitting, contact:

Jeff Williams
Program Supervisor, Well and Septic
410-313-1771

Please sign and return this original letter and keep a copy for your records. If you have any questions, please contact me at 304-940-3443 or by email at kristin.mielcarek@canaanvi.org.

Sincerely,

Kristin Mielcarek, Watershed Circuit Rider

Accepted by: Cheryl R. Miles, Property Owner

I have read and agree to the conditions of this Agreement Letter.

Signature

Date

494 RiverStone Road | Davis, WV 26260
Phone: (304) 259.4739 or (800) 922.3601 | Fax: (304) 259.4759
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2409 Millers Mill Road
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Jeff Williams
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Sincerely,

Kristin Mielcarek, Watershed Circuit Rider

Accepted by: Cheryl R. Miles, Property Owner

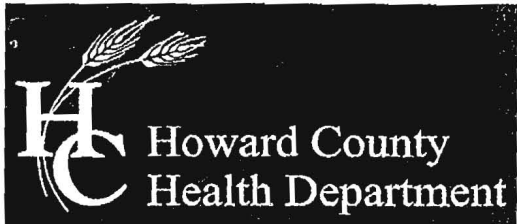
I have read and agree to the conditions of this Agreement Letter.

Signature

Date

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Phone: (304) 259.4739 or (800) 922.3601|Fax: (304) 259.4759
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Twitter: HowardCoHealthDep

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

A559757

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 2409 Millers Mill Rd. Cooksville 21723

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Cheryl Miles

DAYTIME PHONE 443-275-1940 CELL EMAIL

MAILING ADDRESS 2409 Millers Mill Rd. Cooksville, MD 21723

APPLICANT Fogles Septic Clean, Inc. RELATIONSHIP TO OWNER:

DAYTIME PHONE 410 795 5670 CELL EMAIL

MAILING ADDRESS 580 Obrecht 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

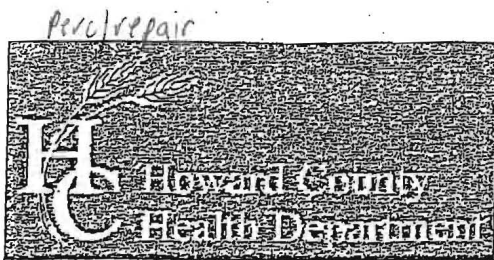
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

9/7/16

DATE



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Facebook: www.facebook.com/hocohealth
 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
- 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

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: Fogles Septic Clean Inc Contractor's Phone: 410-795-5670
 Contractor's Address: 580 Obrecht Rd. Sykesville, MD 21784

Property Address: 2409 Millers Mill Rd. County file: HC
 Subdivision: _____ Lot: _____ Year Built: 1959
 Owner's Name: Cheryl Miles Owner's Phone: 443-745-1940

Name of previous owners: _____ Existing bedrooms: 4
 Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): No
 Public Sewer available/nearby: N/A

*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.

Real Property Data Search (w1)

Guide to searching the database

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration								
Account Identifier:		District - 04 Account Number - 322916								
Owner Information										
Owner Name:	MILES ELLA S L/E	Use: Principal Residence:	RESIDENTIAL YES							
Mailing Address:	2409 MILLERS MILL RD COOKSVILLE MD 21723-9401	Deed Reference:	/06328/ 00581							
Location & Structure Information										
Premises Address:	2409 MILLERS MILL RD COOKSVILLE 21723-0000	Legal Description:	1 A 2409 MILLERS MILL RD COOKSVILLE							
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No: Plat Ref:	
0014	0004	0107		0000				2017		
Special Tax Areas:		Town:		Ad Valorem:		Tax Class:				
		NONE		100						
Primary Structure Built	Above Grade Enclosed Area	Finished Basement Area	Property Land Area	County Use						
1959	1,532 SF		1.0000 AC							
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
1 1/2	YES	STANDARD UNIT	BRICK	1 full						
Value Information										
			Base Value	Value As of 01/01/2014	Phase-in Assessments					
					As of 07/01/2016	As of 07/01/2017				
Land:			212,500	212,500						
Improvements			74,400	74,400						
Total:			286,900	286,900	286,900					
Preferential Land:			0							
Transfer Information										
Seller: MILES ELLA S			Date: 08/07/2002			Price: \$0				
Type: NON-ARMS LENGTH OTHER			Deed1: /06328/ 00581			Deed2:				
Seller:			Date:			Price:				
Type:			Deed1:			Deed2:				
Seller:			Date:			Price:				
Type:			Deed1:			Deed2:				
Exemption Information										
Partial Exempt Assessments:	Class			07/01/2016	07/01/2017					
County:	000			0.00						
State:	000			0.00						
Municipal:	000			0.00	0.00					
Tax Exempt:			Special Tax Recapture:							
Exempt Class:			NONE							
Homestead Application Information										
Homestead Application Status: Approved 12/31/2012										

1. This screen allows you to search the Real Property database and display property records.

2. Click [here](#) for a glossary of terms.