

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
 Twitter: HowardCoHealthDep

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Barry Janoske
 PROPERTY ADDRESS 1228 Adgate Ct Woodbine MD 21797
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Barry Janoske
 DAYTIME PHONE _____ CELL 301-370-6909 EMAIL _____
 MAILING ADDRESS 1228 Adgate Ct. Woodbine, MD 21797
STREET CITY, STATE ZIP

APPLICANT Dea Greg Bacon RELATIONSHIP TO OWNER: Customer
 DAYTIME PHONE _____ CELL 301-370-6909 EMAIL Bacon-company-llc@verizon.net
 MAILING ADDRESS 18553 Brooke Rd. Sandy Spring MD 20860
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: 1
 - 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 _____ 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:

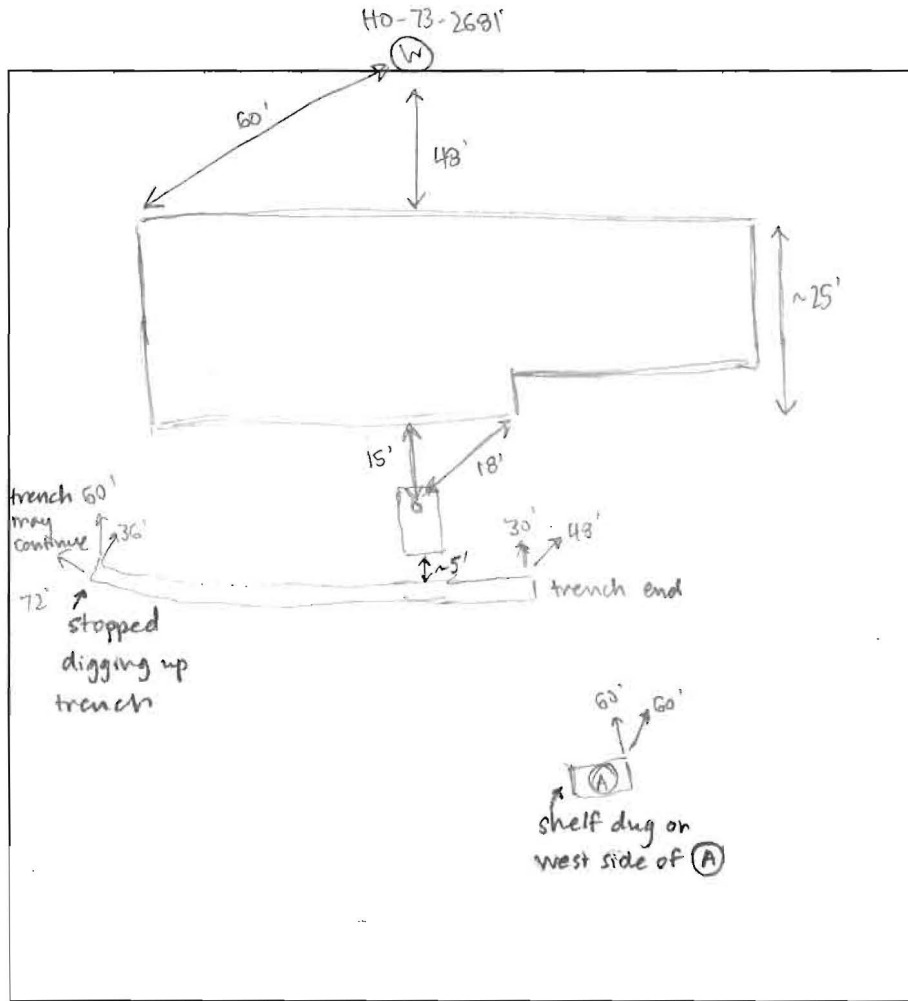
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE 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] 6/9/17
 SIGNATURE OF APPLICANT DATE

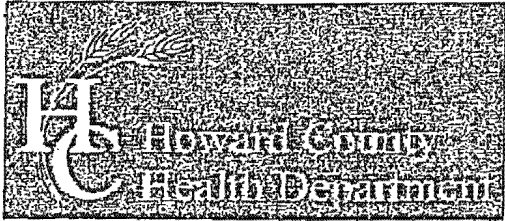
A/P _____

(A)
 8" DK brn loam roots
 Brown cl loam weak sbk roots
 2.5' Red/brn cl loam weak sbk roots redox
 8' Red/brn sandy loam
 14' many mica 30% rock + saprolite dry bottom



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/19/17	(A)	8' / 14'	0:00	4:15	12:45	8:30	P
		14'	H ₂ O poured @ bottom			~5 mins	P

REMARKS _____
 SANITARIAN S. Collins BACKHOE Thomas Bacon OTHERS Gregg Bacon
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 8:30 SQ. FT/BR 4 BR
 TRENCH WIDTH 3' INLET DEPTH 5' MAX. BOT DEPTH 10' EFFECTIVE S/W 8-10'



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INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
- [] Failing System
- [] System relocation for proposed addition
- [] System upgrade for proposed addition
- [] Inadequate treatment zone
- [] Collapsed septic tank
- [x] Collapsed drywell

Has the septic tank been pumped within the last month?

- Has the septic tank been pumped within the last month?
- [x] Yes Date pumped: 6/7/17
- [] No

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

- Was a visual inspection of the septic tank and/or drain fields conducted?
- [x] Yes Explain observations:
- [] No

Existing system design

- Existing system design
- [] Drywell
- [x] Trench
- [] Mound
- [] Unknown
- [] Other:

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
- [] Yes
- [] No
- [x] Yes Explain:
- [] No
- [x] Yes Explain:
- [] No

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
- [] Yes
- [x] No

Additional Comments: Backing into house

*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: Bacon Company, LLC Contractor's Phone: 301-370-6904
Contractor's Address: 18553 Brodie Rd. Sandy Spring MD 20868

Property Address: Barry Tomoski 1228 Adgate Ct County file: Howard

Subdivision: Lot: Year Built:
Owner's Name: Barry Tomoski Owner's Phone:

Name of previous owners: Existing bedrooms:
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.