



HOWARD COUNTY HEALTH DEPARTMENT

60549

DATE
2 / 20 / 17

A5

Received From

Hathields Equip.

PHONE #

301 490-4289

For

Repair 14718 Dorsey Mill Rd.

CASH

CHECK

NO.

3120

One hundred sixty five

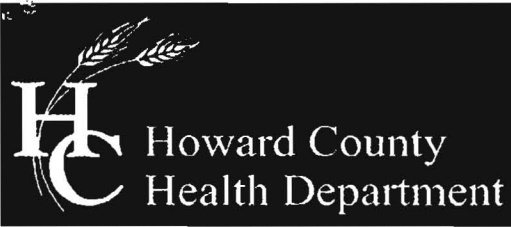
Dollars

\$

165.00

Received By

A King



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 Bruce Montgomery

PROPERTY ADDRESS 14718 Dorsey Mill Road Glenwood MD 21738

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Bruce Montgomery

DAYTIME PHONE 410 884 0500 x201 CELL EMAIL

MAILING ADDRESS STREET CITY, STATE ZIP

APPLICANT Hatfields Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 301 496-4289 CELL 410 984 0101 EMAIL khatfield@hatfieldsequipment.com

MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701

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.

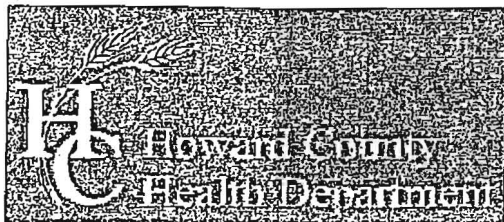
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Signature of Applicant

2-22-17

SIGNATURE OF APPLICANT

DATE



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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: Holding Tank

No

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

Yes Explain observations:

No

Was a visual inspection of the sewage line conducted?

Yes

Blockage leading to the tank

Yes Explain:

No Holding Tank

Blockage leading to the field

Yes Explain:

No

Existing system design

- Drywell
Trench
Mound
Unknown
Other: Holding Tank

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: Hatfield's Equipment Inc Contractor's Phone: 301 490 4289

Contractor's Address: P O Box 519 Annapolis Junction MD

Property Address: 14718 Dorsey Mill Road County file:

Subdivision: Lot: Year Built:

Owner's Name: Bruce Montgomery Owner's Phone: 410 884 0500 x201

Name of previous owners: Smart Existing bedrooms: 3 4

Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): Jeff Williams

Public Sewer available/nearby: y

*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.

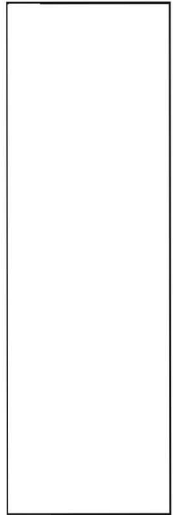
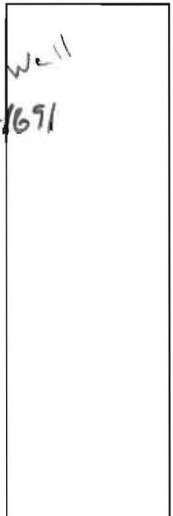
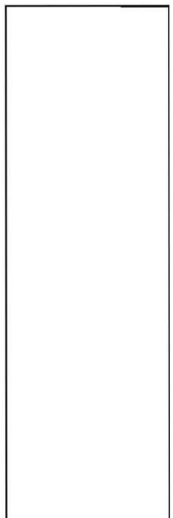
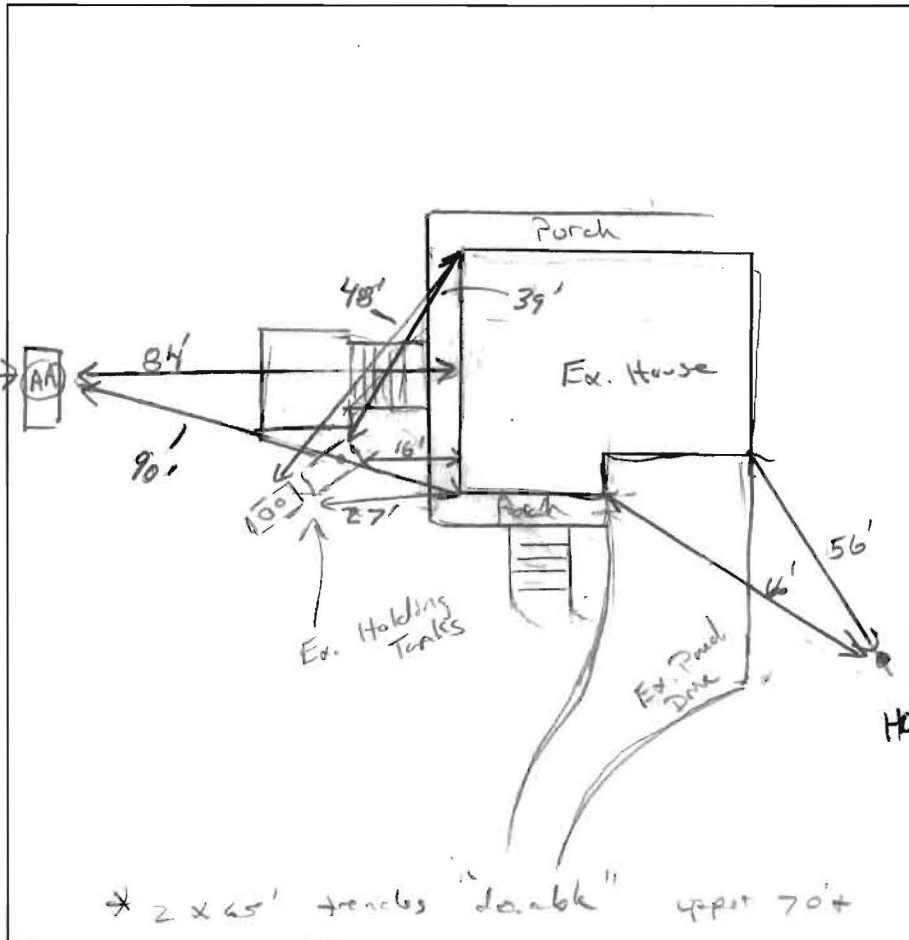
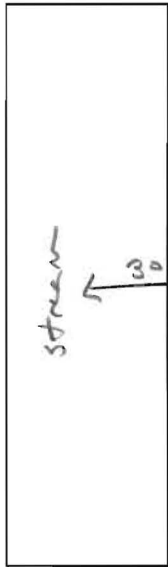
Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

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.



- 10' **AA**
Dark Br. L
MSBK, roots
- 3' Br/Y CL,
CW, Plastic
5% channels
Dry
- 3' Br/Y/R SL roots
WSBK, 10% silt
channels
- 5' Frable, Dry
- 9' Br/Y FSL
Wk pl, Frable,
Highly micaceous
consistent, comp. roots
- 11' li Br/Y/R VFSL
Highly micaceous,
Wk pl
mg Deposits
- 12' H₂O seepage.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/5/17	AA	5' / riv	00:58	01:00	01:02	2	P
		repair	01:03	01:05	01:08	3	P
		3' 10"	00:12	00:16	00:21	5	P

REMARKS 4BR

SANITARIAN K. Wolf BACKHOE Donnie OTHERS Jeff R. + owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME 3.5' SQ. FT/BR 1.2 gal/ft²

TRENCH WIDTH 3 INLET DEPTH 18"-2' MAX. BOT DEPTH 5' EFFECTIVE SW