



HOWARD COUNTY HEALTH DEPARTMENT

63005

DATE
5/29/18

AS

Received From

Hicks Equipment

PHONE # 410-984-0010

For

Repair Perc: 12735 Fully Quarter Paid

CASH

CHECK

NO.

2059

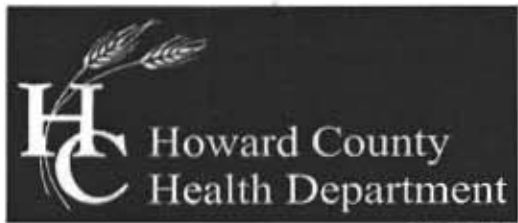
One hundred twenty five ⁰⁰ Dollars

\$

16510

Received By

[Signature]



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

1503005

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 12735 Folly Quarter Rd Elliott City MD 21042

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Sal & Sue Bentivenga

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 12735 Folly Quarter Rd Elliott City MD 21042

APPLICANT Hatfield's Equipment Inc RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 301 496 4284 CELL 410 984 8547 EMAIL khatfield@hatfields-equipment.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 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

DATE

VI 110-81-2030
 B7' to A
 B4' to B

AP _____

0 (A)
 dk brn loam
 msbk, roots

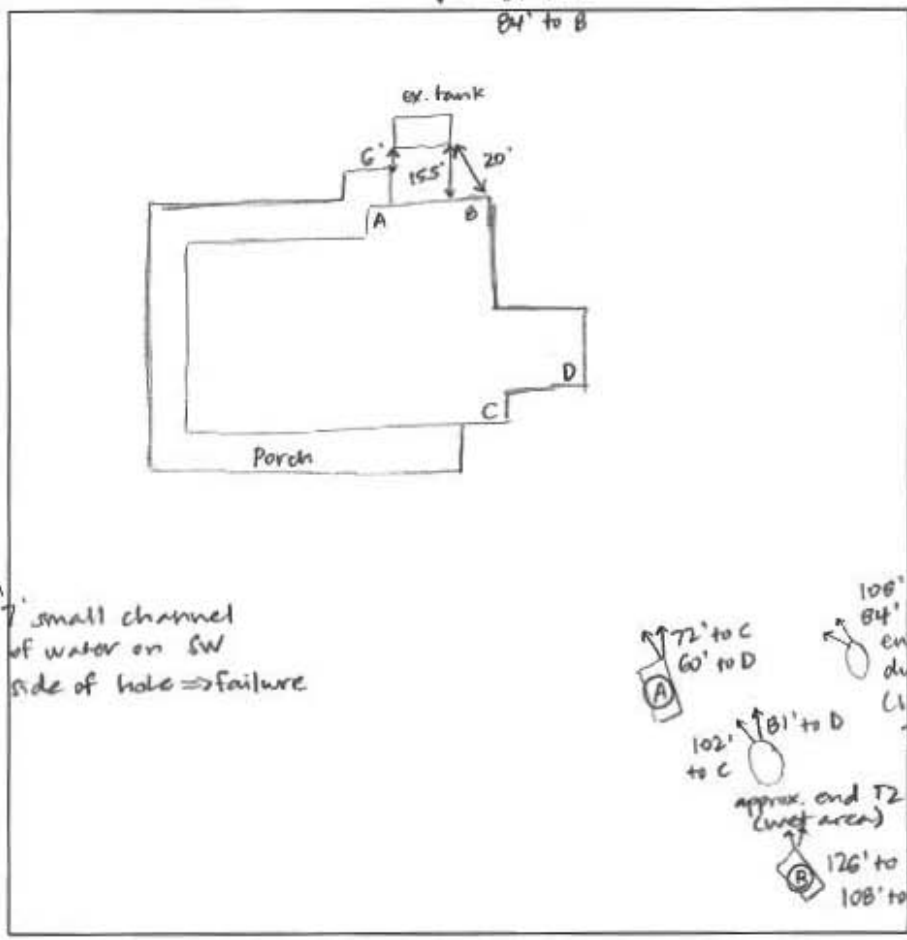
8"
 brn cl loam
 weak msbk
 many mica
 roots

22"
 red brn sct
 weak platy
 dense, roots

5'
 red brn/lt
 brn fsl, platy
 many mica
 roots

10'
 brn/lt brn
 fsl, weak platy
 moisture @ 11'
 casing @ 13'
 water @ 14'
 after 10 mins.

15'
 bottom



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/11/10	A	5.5' / 15'	0:00	4:20	11:25	7:05	P
	A	(test shallow b/c water @ 7')					
	A	3'10" / 15'	0:00	1:05:00	2:30:00	1:25:00	F
	B	5.5' / 14'	restart - 0:00	14:00	24:50	10:50	P
					(dirt fell in hole)		

0 (B)
 (soil profile similar to (A), no water @ 7')

moisture @ 11'

water @ bottom after 45 mins.

14'

REMARKS Hole A in swale, keep replacement trenches out of swale
 SANITARIAN Sarah Collins BACKHOE Donnie OTHERS Kenny Hatfield, Sr. helpers
 TEST HOLES USED IN SDA B AVG. PERC TIME 10:50 SQ. FT/BR 3 BR x 2
 TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 7' EFFECTIVE SW @ 5'

Repair



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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

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

Is discharge surfacing on the ground?

- Yes
No

Has the septic tank been pumped within the last month?

- Yes Date pumped: 5/18
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
Blockage leading to the field
Yes Explain:
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 Equipment Contractor's Phone: 301 490 4289 x101
Contractor's Address: P.O. Box 2819 Annapolis Junction 20701

410 984 0047
Jeff

Property Address: 12735 Holly Quarter Road County file:
Subdivision: Salt & Sue Bentivenga Lot: Year Built: 1980
Owner's Name: Salt & Sue Bentivenga Owner's Phone:

Name of previous owners: Bentivenga 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.