

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

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

563093 33

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME SARGENT

PROPERTY ADDRESS 4376 STATE ROUTE 97, BROOKVILLE, MD 20833

TAX ACCOUNT # TAX MAP 21 GRID PARCEL 04-340150 T NO. 4 PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) THOMAS SARGENT / LOUISE SARGENT

DAYTIME PHONE 4104894456 CELL 3012525496 EMAIL SARGINC919@GMAIL.COM

MAILING ADDRESS 4388 STATE ROUTE 97, BROOKVILLE, MD 20833

APPLICANT THOMAS SARGENT RELATIONSHIP TO OWNER: SAME

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 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: 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 3 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.

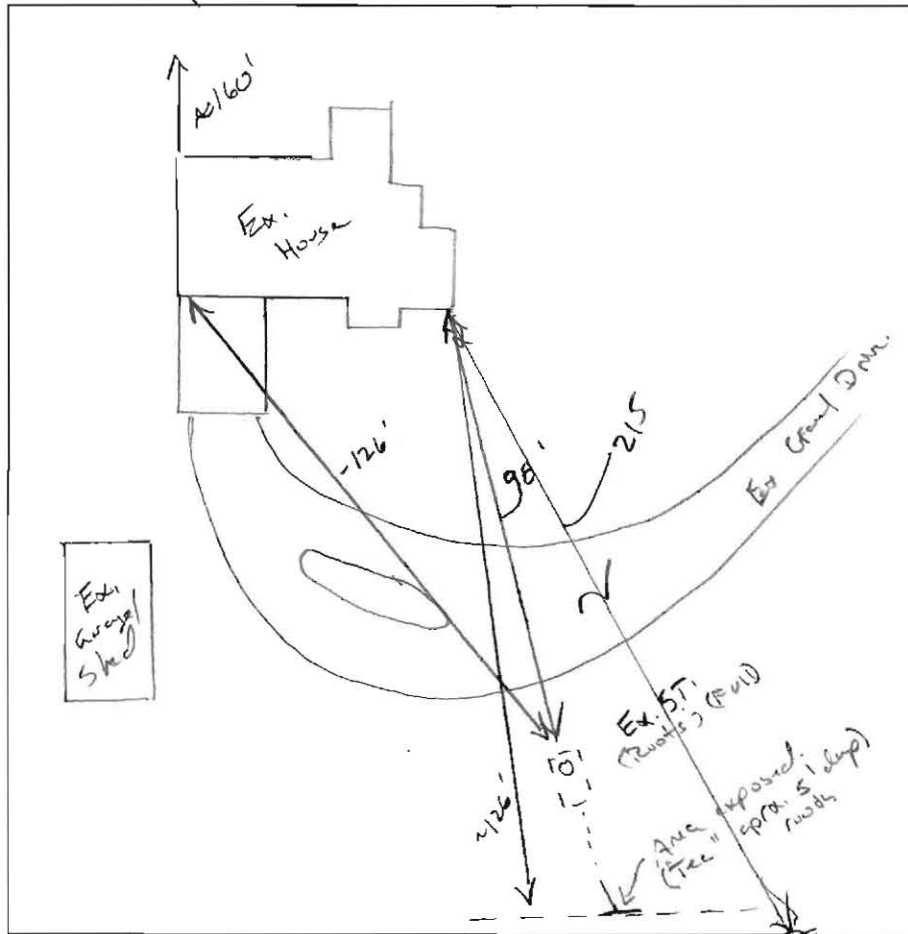
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Signature of Thomas Sargent

06-21-2018

SIGNATURE OF APPLICANT

DATE



- (A)
- 1' R/O OM. L. WK CSBK, Friable.
- 3' BC CL, WK CSBK, Friable, roots, mica
- 5' BR/Rd. L. WK FSBK, Friable, roots, sub ex. chimney
- 8' BR/Y/R LS WKFL Highly mica

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/20/18	(A)	5' / 14' V	00:49	00:52	01:03	11	P
		14'	H ₂ O poured @	14'		< 5	P

REMARKS Ex. System Root leader. New tank only but will excavate pipe @ time to see if new
 SANITARIAN Kevin W. BACKHOE Bill Ingram OTHERS owner Truly
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 11 SQ. FT/BR 0.8
 TRENCH WIDTH 2 INLET DEPTH 3' MAX. BOT DEPTH 9 EFFECTIVE SW 5-9 (.36)

$$3BR = \frac{450}{0.8} = 562.5 \div 2 = 281.25 (.36) = 102 LF$$



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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: CONCRETE TANK IS FULL OF ROOTS
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
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: FARM AND HOME Contractor's Phone: 410 984 0189
Contractor's Address: 901 DRIVER RD., MARIOTTVILLE, MD 21104

Property Address: 4376 STATE RTE. 97, BROOKVILLE, MD 20833 County file:
Subdivision: SARGENT Lot: 4 Year Built: 1952
Owner's Name: THOMAS SARGENT Owner's Phone: 301 252 5496

Name of previous owners: WARREN SARGENT Existing bedrooms: 3
Proposed bedrooms: 3

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.