

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 526713

AGENCY REVIEW: _____ DATE 5/18/07

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 4 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) PAT NIUAN

DAYTIME PHONE 443-472-2044 CELL _____ FAX _____

MAILING ADDRESS 6011 University Blvd. Unit 112 Ellicott City Md. 21043
STREET CITY/TOWN STATE ZIP

APPLICANT Ronnie Heaps / J.M. Contracting LLC.

DAYTIME PHONE 443-277-7526 CELL SAME FAX 410-552-5815

MAILING ADDRESS 425 O Brecht Rd. Sykesville Md 21784
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 641 Freetown Rd Columbia Md. 21044
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Ronnie Heaps
SIGNATURE OF APPLICANT

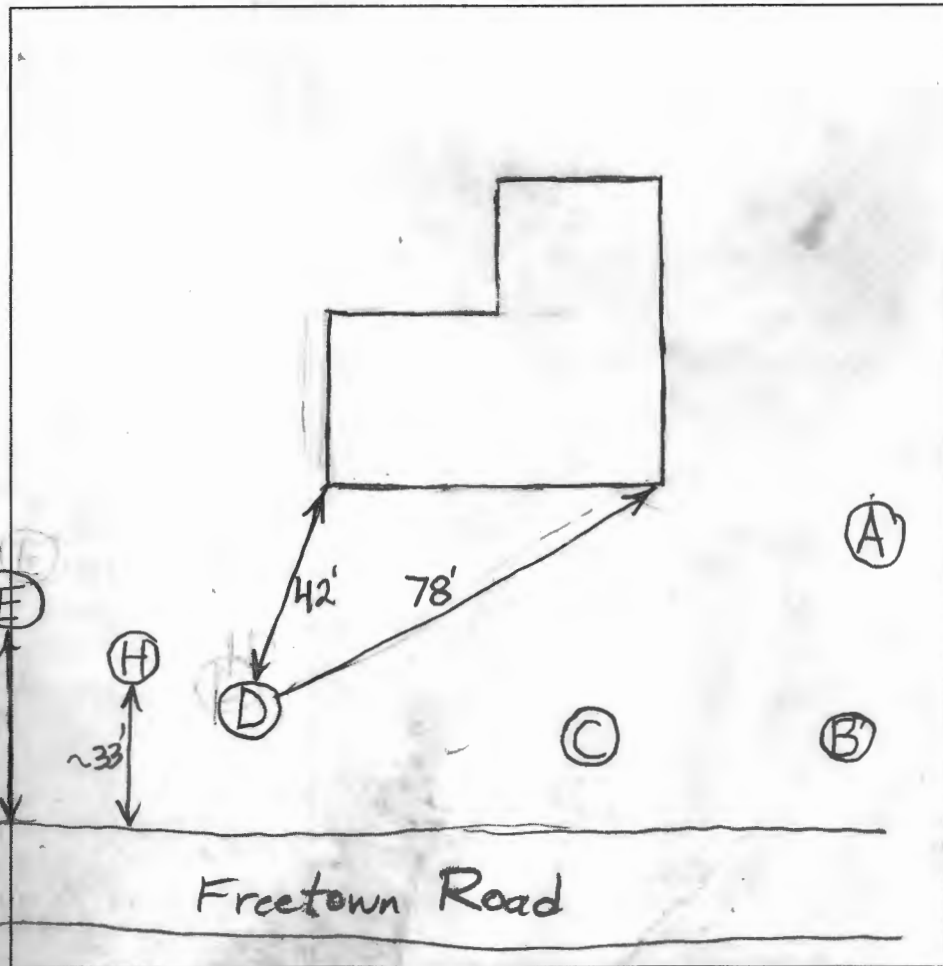
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP (A)

Br Loam
5-10% Rock
3'4.5'
Br Cl Loam
Trace Rock
6'
Red Br
Sa Cl Loam
Trace Rock
8'8.5'
Beige
Loamy Sa
10% Saprolite
Water
10.5'

(B)
Fill
to 6' or 7'
and Cl
Loams
to 8'

(C)
Br Loam
~10% Rock
2.5'3'
Or Br
Sa Cl
Loam
Trace Rock
6'6.5'
Very Course
Beige
Loamy Sa
to Sand
Hard
Bottom
11'
Water



(D)
Br Loam
Trace Rock
3'3.5'
Br Sa Cl
Loam
Trace Rock
6'
Red Br Sa
Cl Loam
Trace Rock
10'-10.5'
Moist Tan
Course
Loamy Sand
12'
Water Seep In
15.5'

(E)
Br Loam
1.5'
Or Br
Fine Sa Loam
Trace Rock
2.5'
Or Br
Course
Loamy Sa
~10%
Saprolite
11' Water
Seepage
14'

(F)
Br Loam
2'
Beige
Course
Very
Compacted
Loamy
Sand
15-20%
Saprolite
Hard
Bottom
10.5'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/24/07	A						
	B	8' Visual					
	C	5' / 11' V	Slow				F
		6.5'	11:07:30	11:09:40	11:14:45	5	
	D	7' / 15.5' V		11:57	12:39	42	
	E	2' / 14' V	12:45:30	12:51	1:02:30	11 1/2	
		3.5'	12:54	12:57:15	1:02:30	5	
	F	2.5' / 10.5' V	1:27	Almost to 2nd Peg in 35 Minutes			
	G	3.5' / 12' V	1:53	Slow			

REMARKS F. 5' 2:09 2:17:30 2:38 20 1/2 P
 SANITARIAN B. Baker BACKHOE R. Heaps OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 05/18/07

PERMIT

P 526713

APPROVAL DATE: _____

A REPAIR

Tax ID # 05-362962

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

J M Contracting IS PERMITTED TO INSTALL ALTER

ADDRESS: 425 Obrecht Rd, Sykesville, MD 21784 PHONE NUMBER: 443-277-7526

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 6441 Freetown Road PROPERTY OWNER: Wood Street Commons

SEPTIC TANK CAPACITY (GALLONS): _____

2' Wide

PUMP CHAMBER CAPACITY (GALLONS): _____

Inlet 2'

NUMBER OF BEDROOMS: 4

Bottom 6'

SQUARE FEET PER BEDROOM: _____

2-75' Trenches

LINEAR FEET OF TRENCH REQUIRED: 150'

Below Hydrant

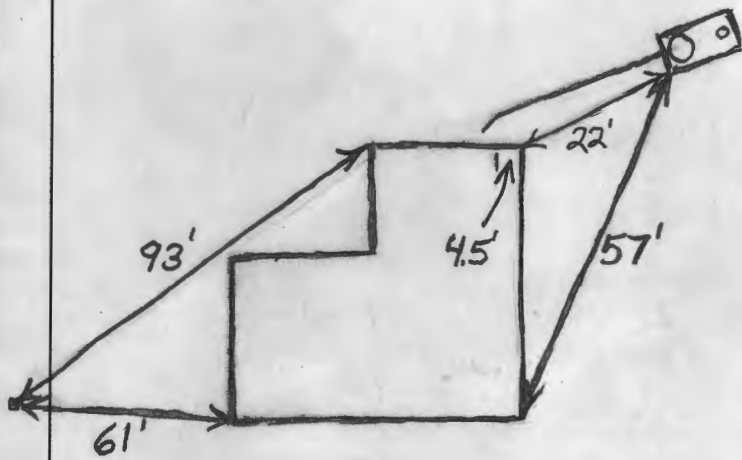
TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic tank to be replaced. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 0.5-1'

BAFFLES Need Rear

BAFFLE FILTER No

MANHOLE LOC Front

6" PORT LOC Rear

WATERTIGHT TEST No

SEPTIC TANK 2 LEVEL N/A

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

PRE-CONSTRUCTION 5/21/07 New tank set. Old tank collapsed and filled in. (BB)

INSTALLATION 5/25/07 Told by contractor that property owner is going to connect to utilities. Person renting house is moving out. (BB)

FINAL INSPECTOR _____ DATE OF APPROVAL _____

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

Reason for Request:

- Failing System (includes surface discharge or inadequate treatment zone)
- Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? *Metal tank Full on in*
- *System relocation for proposed addition for setback compliance
- *Verification of adequate system capacity per COMAR 26.04.02.02D (4)
- To replace collapsed septic tank
- To replace collapsed drywell

Septic Contractor: Ronnie Heaps / J.M. Contracting LLC.
Contractor's Address: 425 B Brecht Rd
Sykesville Md. 21784
Contractor's Phone #: 443-277-7526
Property Address: 6441 Free-town Rd. Columbia Md. 21044
Property (Subdivision) & Lot # _____
County file number if known: _____
Owner's Name: PAT Hivan
Is public sewer available/nearby: NO
If public sewer may be close, mention further research will be performed to verify availability
Names of Any Previous Owners: _____
Year House Built: 700
of Existing Bedrooms: 4
of Bedrooms after completion of addition: _____
Has this request been discussed previously with another Sanitarian: NO
If yes, then with whom and when: _____

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair / upgrade / evaluation. No inspection will be performed without fee collection at the office.

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

*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362). If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061). If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing. If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: _____
Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046

Memorandum

To: Carletta McKnight

From: Michael Davis 

Date: 5/22/2007

Re: Refund of repair permit and repair perc fees for 6441 Freetown Road

On May 14, 2007, Fogles Septic Clean, Inc., paid fees of \$330.00 for repair permit and repair perc. The receipt number was A&P526700. A copy of this receipt is attached. The property owner chose to use the services of J M Contracting..

Please send the refund to:

Fogles Septic Clean, Inc.
580 Obrecht Road
Sykesville, MD 21784

Thank you for your assistance in this matter.



HOWARD COUNTY HEALTH DEPARTMENT

NP526700

DATE
5/14/07

Received From

Flores

PHONE #

CASH

CHECK

NO.

49308

For *Repair - Paco + Repair Permit*
6441 Freetown Rd

Three hundred thirty and 00/100

Dollars

\$

330 | 00

Received By

Mary P Briggs

Dear Environmental Health

Re: A/P526700

6441 Freetown Rd

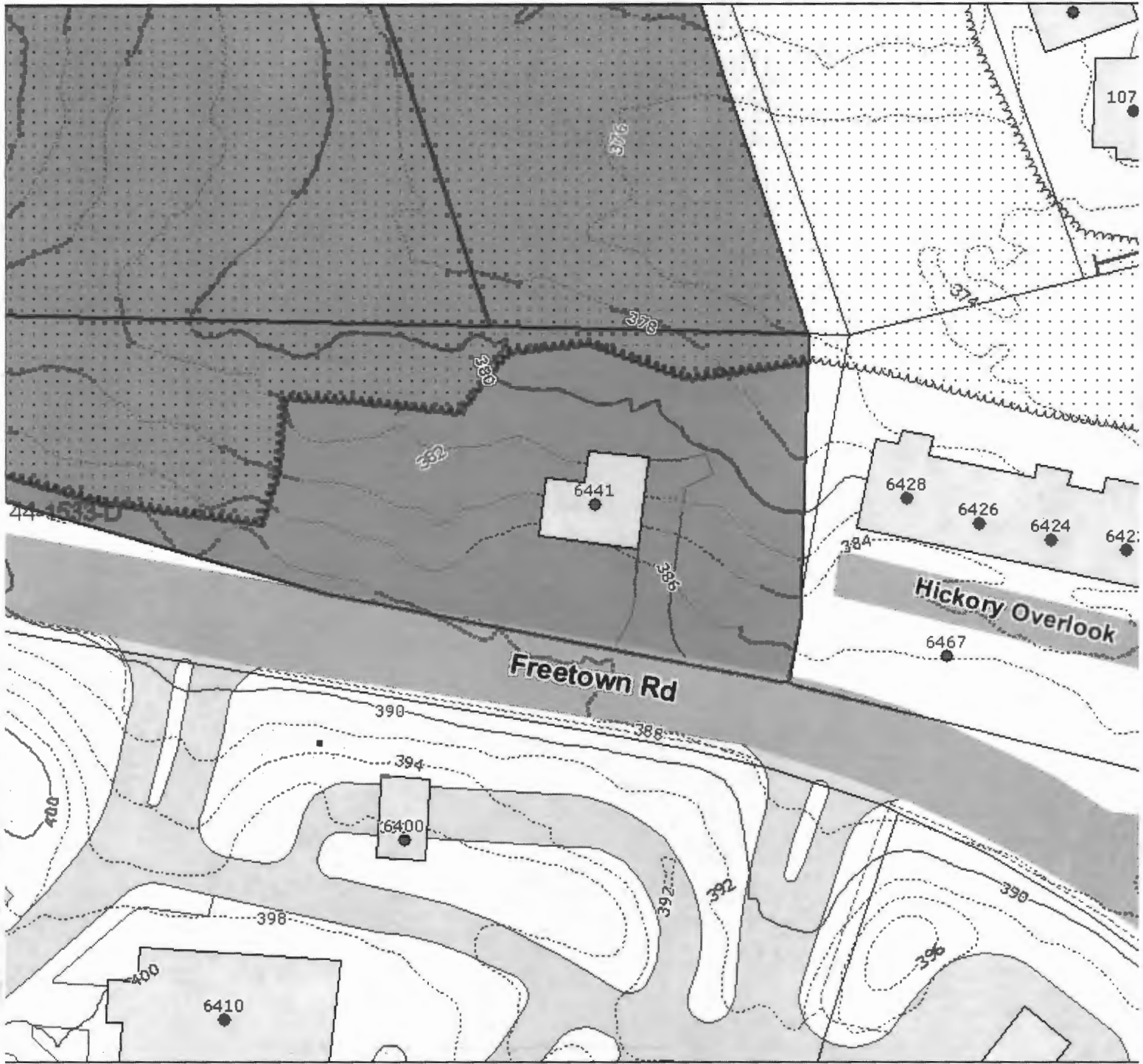
We request a refund for the above referenced permit. The property owner got another installer.

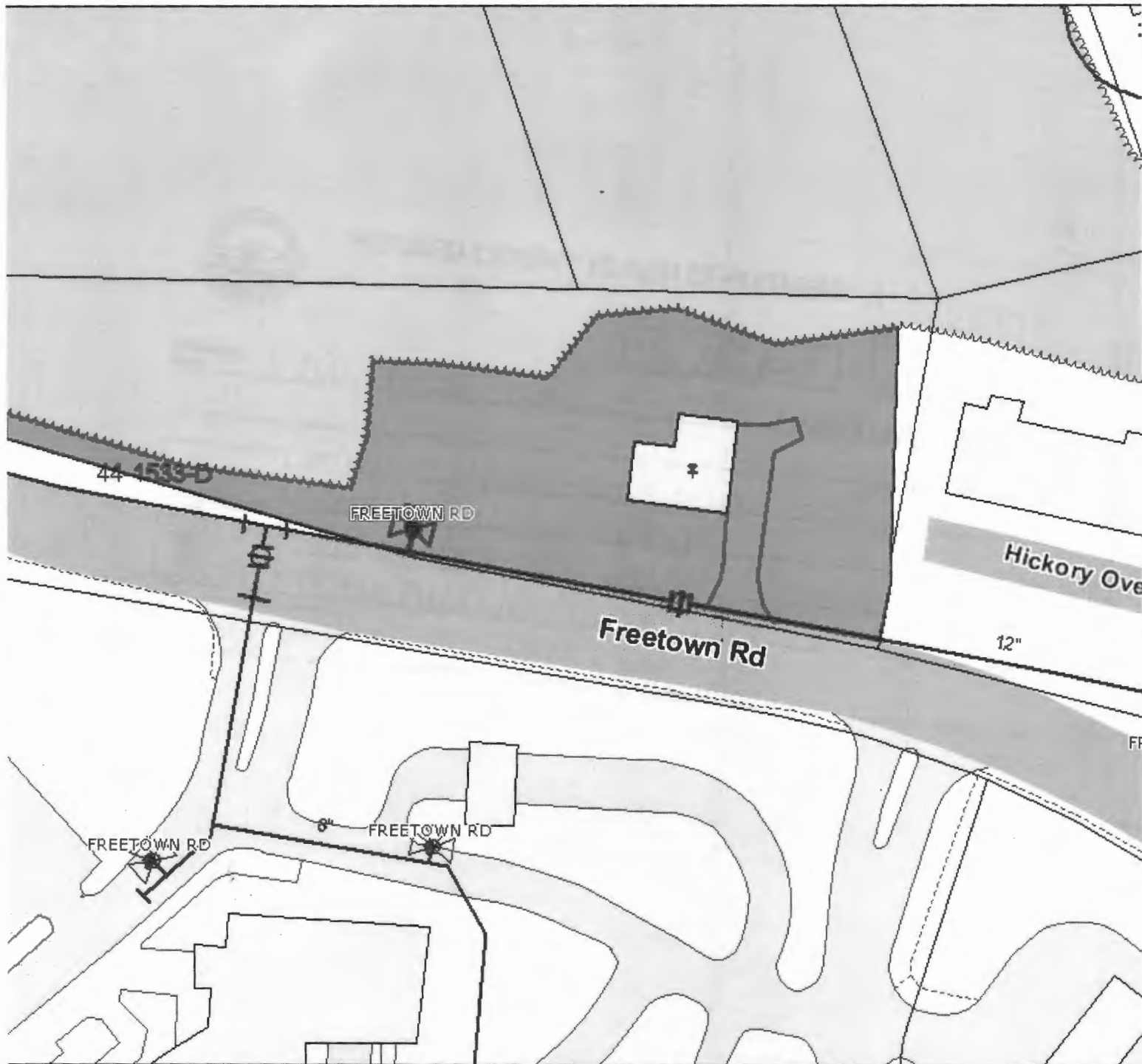
Respectfully

Kent A. Casell

Manager

Fogle's Septic Clean, Inc







HOWARD COUNTY HEALTH DEPARTMENT

26713

DATE 5/18/07

AS+PS

Received From J M Contracting

PHONE # 443-277-7526

CASH
 CHECK
NO. 3281

For septic repair perc app
10441 Freeborn Rd
Columbia MD 21044
Three hundred thirty dollars

\$ 330⁰⁰

Received By LIS MUA

