

Bureau of Environmental Health

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

ASL05600

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Woodmark

PROPERTY ADDRESS 12344 PANS SPRING CT ELLICOTT CITY 21042

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Omar + Amelia Foda

DAYTIME PHONE 631-258-5748 CELL 631-258-5148 EMAIL ofoda@gmail.com

MAILING ADDRESS 12344 PANS SPRING CT ELLICOTT CITY 21042

APPLICANT Omar Foda RELATIONSHIP TO OWNER:

DAYTIME PHONE 631-258-5748 CELL 631-258-5148 EMAIL ofoda@gmail.com

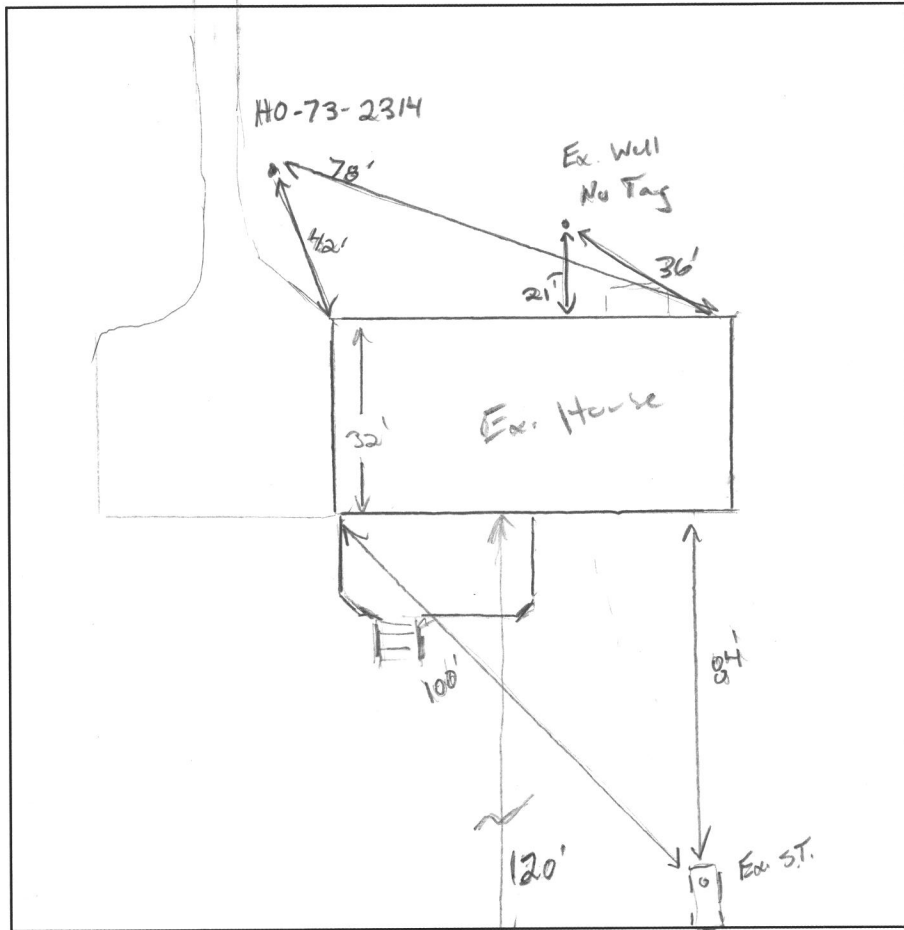
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I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

- 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 5 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 08-20-2018



- (A)
- 12" Br L. m. ssk
CS Frable
rocks
 - 3' Br-Y CL
M Co ssk,
Frable, CS
10% Rv. roots
 - 5' Br - Br/Y CL
M Co ssk,
Frable, dense
15% chane
 - 7' 11 Br/Y/CL, Dense
F Co ssk,
Frable, cw
 - 10' 11 Br/Y/R SL
M Co ssk, Frable,
misc. s.
15% spruce
 - 15' 11 Br/Y/R SL
M Co ssk,
Frable,
misc. s.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/28/19	(A)	8' 2" / 15'	00:07	00:17	00:39	22	P
		H ₂ O found @ 13'				7' rpi	
		H ₂ O found @ 15'				5' rpi	
						Dry well #2 (Full)	
						Dry well #2 (Full)	

REMARKS Very Deep Dense clay loam above 7'

SANITARIAN K. Wolf BACKHOE Jamie Horan OTHERS 1 d/p

TEST HOLES USED IN SDA 1 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 3 INLET DEPTH 4-5 MAX. BOT DEPTH 11 EFFECTIVE SW 6.5-4 (938)

5 BR Design = $\frac{250 \text{ SPI}}{0.6} \times \frac{1250}{3} = 417 (-38) = 160$

Real Property Data Search (w3)

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration							
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Account Identifier:		District - 03 Account Number - 289095							
Owner Information									
Owner Name:	WNOROWSKI AMELIA MACKENZIE FODA OMAR DAVID	Use:	RESIDENTIAL						
Mailing Address:	12344 PANS SPRING CT ELLCOTT CITY MD 21042-1338	Principal Residence:	YES						
		Deed Reference:	/16933/ 00281						
Location & Structure Information									
Premises Address:	12344 PANS SPRING CT ELLCOTT CITY 21042-0000	Legal Description:	LOT 53 BL B S 6 12344 PANS SPRING CT WOODMARK						
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0022	0012	0187		2035			53	2019	
									Plat Ref:
Special Tax Areas:		Town:		NONE					
		Ad Valorem:		100					
		Tax Class:							
Primary Structure Built	Above Grade Living Area	Finished Basement Area		Property Land Area	County Use				
1971	4,230 SF	1000 SF		1.0500 AC					
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
2	YES	STANDARD UNIT	BRICK	3 full/ 1 half	1 Attached				
Value Information									
		Base Value	Value	Phase-in Assessments					
			As of	As of		As of			
			01/01/2019	07/01/2019		07/01/2020			
Land:		234,700	240,500						
Improvements		460,200	472,600						
Total:		694,900	713,100	700,967		707,033			
Preferential Land:		0		0					
Transfer Information									
Seller: CARRILLO ENRIQUE			Date: 06/23/2016			Price: \$675,000			
Type: ARMS LENGTH IMPROVED			Deed1: /16933/ 00281			Deed2:			
Seller: KOHR RICHARD A & WF			Date: 06/15/2007			Price: \$825,000			
Type: ARMS LENGTH IMPROVED			Deed1: /10741/ 00633			Deed2:			
Seller:			Date:			Price:			
Type:			Deed1:			Deed2:			
Exemption Information									
Partial Exempt Assessments:	Class			07/01/2019	07/01/2020				
County:	000			0.00					
State:	000			0.00					
Municipal:	000			0.00 0.00	0.00 0.00				
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Homestead Application Information									
Homestead Application Status: Approved 08/26/2016									
Homeowners' Tax Credit Application Information									



HOWARD COUNTY HEALTH DEPARTMENT

65600

DATE
8/20/19

AS/B
631 258-5748

Received From

Amelia Lenowski
CMAA + ODA

PHONE #

For

torc / Repair
12344 Pan Spray
Ch

CASH

CHECK

NO.

151

Three hundred thirty

Dollars

\$ 330.00

Received By

King