

1542950

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

**APPLICATION  
FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME 1003  
 PROPERTY ADDRESS 15501 Bushy Tail Run Woodbine 21797  
STREET TOWN ZIP  
 TAX ACCOUNT # \_\_\_\_\_ TAX MAP 0014 GRID 0203 PARCEL 0233 LOT NO. 1 PROPOSED LOT SIZE (ACRES) 3.14  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Timothy + Lisa Smith  
 DAYTIME PHONE \_\_\_\_\_ CELL 301-461-9403 EMAIL \_\_\_\_\_  
 MAILING ADDRESS 15501 Bushy Tail Run Woodbine, MD 21797  
STREET CITY, STATE ZIP

APPLICANT Freedom Septic Service, Inc. RELATIONSHIP TO OWNER: repair/excavator  
 DAYTIME PHONE 410-795-2947 CELL \_\_\_\_\_ EMAIL Chrissy@freedomseptic.com  
 MAILING ADDRESS 2809 Liberty Rd Sykesville, MD 21784  
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 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.

*Chrissy [Signature]*

2/16/21

SIGNATURE OF APPLICANT

DATE



*PS 68796*

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

**INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE**

**Reason for Request:**

- Failing System *perc done 3/2/21*
- 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 observation: \_\_\_\_\_  
 No

**Existing system design**

- Drywell
- Trench
- Mound
- Unknown
- Other: \_\_\_\_\_

**Was a visual inspection of the sewage line conducted?**

Yes  
 No *N/A*

**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 Regulations.

Septic Contractor: Freedom Septic      Contractor's Phone: 410.795.2947  
 Contractor's Address: 2809 Liberty Rd Sykesville, MD 21784  
 Property Address: 15501 Bulky Tail Run Noodle      County File: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_      Lot: 1      Year Built: 1992  
 Owner's Name: Timothy + Lisa Smith      Existing bedrooms: 5  
 Name of previous owners: \_\_\_\_\_      Existing bedrooms: \_\_\_\_\_  
 Proposed bedrooms: \_\_\_\_\_

\*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 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 exists.

The contractor is to notify the office of the emergency as soon as possible.

2/2020



# HOWARD COUNTY HEALTH DEPARTMENT

72950

DATE  
2/16/21

AS

Received From

Freedom Septic Service PHONE #

For Perc

CASH

CHECK

NO.

4916

15501 Bushy Tail Run

One Hundred Sixty Five

Dollars

\$ 165-

Received By Myoumans