

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

Handwritten number: 1505497

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS: 3214 Regents Row, West Friendship, 21794

TAX ACCOUNT #, TAX MAP 22, GRID 003, PARCEL 548, LOT NO. 11, PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY, TIER

PROPERTY OWNER(S) Mike & Christine Sloan

DAYTIME PHONE 410 391 7904, CELL, EMAIL

MAILING ADDRESS Same

STREET, CITY, STATE, ZIP

APPLICANT James Harrison, RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 410 596 0059, 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:

- 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:

- 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

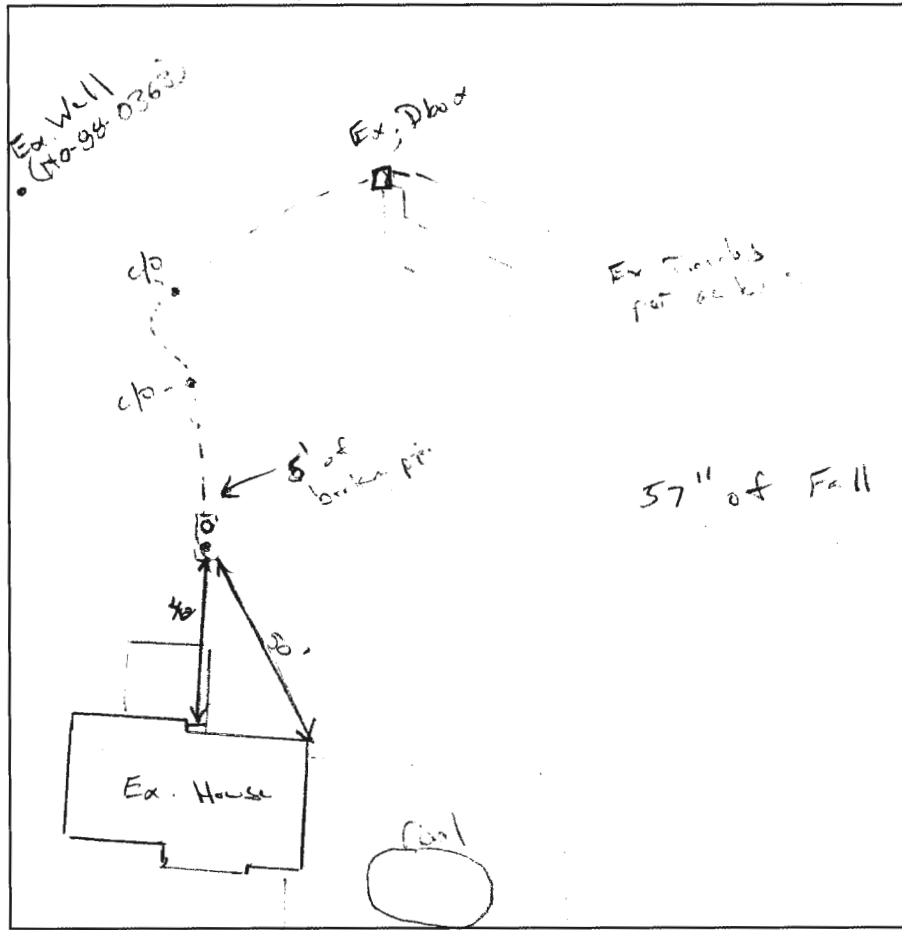
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

A/P _____



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/28/19	- (see memo)						

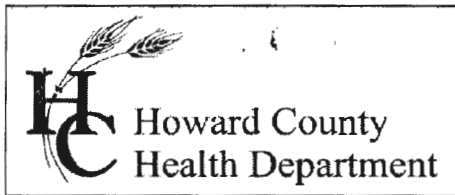
outlet baffle missing. Drop appears to have been (not sure)

REMARKS _____

SANITARIAN K. Wolf BACKHOE Jamie Harrier OTHERS owner

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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

August 19, 2019

To Whom It May Concern:

Christine Sloan paid for a repair septic permit, in the Amount of \$330.00 (check #826); after the payment it was then found that the septic problem could be fixed with a minor repair which incurs the fee of \$55.00. No work was performed by the Health Dept. So therefore Mrs. Sloan is requesting a refund in the amount of \$275.00- (receipt #65497).

If you have any other questions please call Jeff Williams at 410-313-4261.

Mail Check To
Christine Sloan
3214 Regents Row
West Friendship, Md 21794

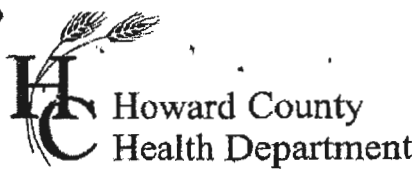
#65497 05/20/2019 written by: Juanita King
#96161 05/23/2019 written by: Willie Sims

Thanks in advance,

Juanita King ext: 4251

A handwritten signature in black ink, appearing to read 'Jeff Williams', written in a cursive style.

Jeff Williams
Well & Septic Supervisor



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

July 22, 2019

Ref# 72219CS

Doc# 1900179131

Entered By: E Gary 7-24-19

Approved By: [Signature]

Date: 7-25-19

To Whom It May Concern:

Christine Sloan paid for a repair septic permit, in the amount of \$330.00 (check #826), after the payment it was then found that the septic problem could be fixed with a minor septic repair which incurs the fee of \$55.00. No work was performed by the Health Dept. So therefore Mrs. Sloan is requesting a refund in the amount of \$165.00. (receipt #65497). If you have any other questions please call Jeff Williams at 410-313-4261.

Mail Check To
 Christine Sloan
 3214 Regents Row
 West Friendship, Md 21794

#65497 05/20/2019 written by: Juanita King
 #96161 05/23/2019 written by: Willie Sims

E865N ✓
 433160 ✓

Thanks in advance,

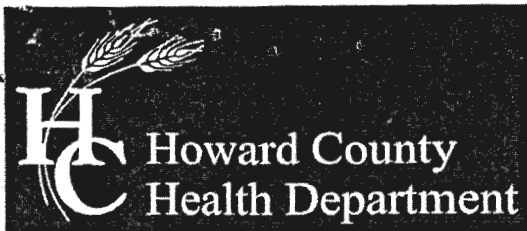
Juanita King ext: 4251

[Signature]

Jeff Williams
 Well & Septic Supervisor

RECEIVED BY F150A
 19 JUL 23 PM 2:58

EG7-23-19



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

MEMORANDUM

TO: Juanita King

FROM: Jeff Williams

RE: Refund, receipt # 65497 refunding \$275 at 3214 Regents Row

DATE: June 18, 2019

Please submit the paperwork for a refund of \$275 to Christine Sloan, who paid \$330 for a repair septic permit (\$165) and repair perc testing (\$165) at 3214 Regents Row as part of receipt #65497.

After the fee payment, it was discovered that the septic problem could be solved via a minor septic repair, which incurs a fee of \$55, and no perc testing was needed. No work was performed by the Health Department as part of the application other than that covered by the \$55 minor septic repair.