



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

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

1509551

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 16391 Paulownia Hill Ct. Mt Airy, MD 21771

TAX ACCOUNT # 04-318919 TAX MAP 0002 GRID 0017 PARCEL 0146 LOT NO. 21 PROPOSED LOT SIZE (ACRES) 7.21

ZONING CATEGORY TIER

PROPERTY OWNER(S) BRIAN FRELS

DAYTIME PHONE 443-878-5088 CELL EMAIL BRIANFR@ARIUMAE.COM

MAILING ADDRESS 16391 Paulownia Hill Ct. Mt Airy, MD 21771

APPLICANT LEGACY SEPTIC - GEDRGE Schooley RELATIONSHIP TO OWNER: CONTRACTOR

DAYTIME PHONE 410-8408766 CELL 3013704121 EMAIL INFO@LEGACYSEPTIC.COM

MAILING ADDRESS 1538 MANCHESTER RD, WESTMINSTER, MD 21157

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 6-2-21



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

P569551

**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 Leaking
- 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: \_\_\_\_\_
- 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

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: LEGACY SEPTIC Contractor's Phone: 301-370-4121  
 Contractor's Address: 1558 MANCHESTER ROAD WESTMINSTER MD 21157

Property Address: 16361 PAULOWNIA HILL COURT County file: 318919

Subdivision: \_\_\_\_\_ Lot: 21 Year Built: \_\_\_\_\_

Owner's Name: TIMOTHY G RUNER Owner's Phone: 410-206-2828

Name of previous owners: \_\_\_\_\_ Existing bedrooms: 5  
 Proposed bedrooms: \_\_\_\_\_

Has this request been previously discussed with a Sanitarian? (Name): NO  
 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.

# HOME LAND

## ENVIRONMENTAL

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<p><b>Date:</b> April 5, 2021  <b>Name of Evaluator:</b> Mitchel Ruhkamp  <b>Time:</b> 12:00 PM  <b>Property Address:</b>          16361 Paulownia Hill Court          Mount Airy, MD 21771  <b>Recent Weather Conditions:</b> Normal</p>	<p><b>Ordered By:</b> Taylor Pedro   <b>Buyers:</b> Brian &amp; Allison Frels   <b>Homeowner Interview:</b> The homeowner interview was sent but not received prior to the evaluation.</p>	<p><b>Occupied:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Length of Time Vacant:</b> N/A  <b># of People Living in Home:</b> Unknown  <b># of People moving in:</b> 2  <b>Property Age:</b> 1979  <b>System Age:</b> 1979  <b>Last Date of Cleaning:</b> Unknown  <b>Recomm'd Pumping Freq:</b> 2-3 Years</p>
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<p><b>Liquid level in tank is:</b> <input type="checkbox"/> Above Normal <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Below Normal</p>	<p><b>Bottom Solids Depth:</b> 14 inches</p>	
<p><b>Depth of tank:</b> 39 &amp; 26 inches</p>	<p><b>Type of Tank Access:</b> 6-Inch Cleanout</p>	<p><b>Depth of tank access:</b> At Grade</p>
<p><b>Maintenance appears:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor</p>	<p><b>Effluent Filter present:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Depth to Distribution Box:</b> Unknown</p>
<p><b>Previous high liquid level:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Distance to well:</b> ~100 Feet</p>	

**Records Search:** Records were requested but not received from Howard County prior to the evaluation.

**Were there any impermeable surfaces above the septic system (i.e. driveway)?**  Yes  No

Type of Tank	Tank Composition and Size	Type of Absorption System
<input checked="" type="checkbox"/> Septic Tank (1 tank) <input type="checkbox"/> Aeration System <input type="checkbox"/> Other:	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Plastic  Tank Size: 1,000 gallons	<input type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound <input checked="" type="checkbox"/> Drywell (Number of: 1) <input type="checkbox"/> Cesspool <input type="checkbox"/> Unknown: _____

System Component	Condition	Comments
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<p><b>Septic Tank</b></p>	<p><input type="checkbox"/> Acceptable  <input checked="" type="checkbox"/> Unacceptable  <input type="checkbox"/> Needs Further Evaluation</p>	<p>The septic tank is composed of concrete and approximately 1000 gallons in total capacity. The septic tank is located on a hill. The front of the tank is 39 inches below grade and is accessible via a terracotta cleanout at grade. The back of the septic tank is 26 inches below grade. The back baffle is in place and composed of terracotta. Currently, there are 14 inches of solids in the septic tank. Upon arrival, the liquid level in the tank was below normal operating levels. The low liquid level and amount of bottom solids indicate the septic tank is leaking. The septic tank will need to be replaced by a licensed septic contractor after permits have been pulled from the local county health department. Please refer to page 2 for further information.</p>
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<p><b>Pump Chamber</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Acceptable  <input type="checkbox"/> Unacceptable</p>	
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<p><b>Absorption System</b></p>	<p><input checked="" type="checkbox"/> Acceptable  <input type="checkbox"/> Unacceptable  <input type="checkbox"/> Needs Further Evaluation</p>	<p>One drywell was located during inspection. The drywell has 7 total feet of liquid depth with 7 feet remaining. Approximately 300 gallons of water was introduced with no rise in liquid level. An overflow pipe connected to a trench was observed in the drywell. The trench was probed and found to be dry within 4 inches of the top of the stone. Due to the age of the system buyers should budget for future repairs and maintenance.</p>
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**Picture 1:**

This shows the septic tank in relation to the house.



**Picture 2:**

This shows the drywell in relation to the septic tank.

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# HOME LAND

## ENVIRONMENTAL

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**Picture 3:**

Visual of low liquid level in tank upon arrival. The liquid level should be at 4' not 2.5'.



**Picture 4:**

This shows the liquid level in the septic tank in relation to the top of the cleanout at grade.

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## Sketch of System

Please refer to separate sketch of the system.

### DISCLAIMERS

- This is a subjective and visual inspection only, the conclusions of which are based on the observed condition of the system components that could reasonably be accessed, and information known about the system at the time this report was completed. There may be unknown historical problems or unseen conditions which may compromise the conclusions stated in this report.
- Suggestions or recommendations for repairs or remediation may result in the need for further repair or remediation once the system components are fully excavated.
- A 'Satisfactory' evaluation does not mean the system will meet the local approving authority's criteria for determining compliance with state code: COMAR 26.04.02.02 D(4).
- The evaluation of the Sewage Disposal System as reported is based on the conditions observed on the day of the inspection.
- This report is neither a WARRANTY nor does it GUARANTEE continued acceptable functionality or performance of the Sewage Disposal Systems operations.
- If the house has been unoccupied the findings in this report may not be accurate, as limited or no use of the system may conceal or mask problems that may be revealed under typical sewage loading.
- If the general ground condition is excessively wet at the time of inspection, the findings in this report may not be accurate, as ground moisture may cover or hide septic effluent that may be on or near the ground surface.
- If the house is vacant or the conditions excessively wet during inspection, it is recommended that the system be reevaluated at a later date and/or alternate techniques be used to address those potential issues.
- Payment and/or use of this evaluation signify understanding and acceptances of the above clauses, as well as any noted faults with the system.

<b>Representative's Signature:</b>		<b>Date: 4/5/2021</b>
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DEPARTMENT  
HOWARD COUNTY HEALTH D

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878-5088

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