



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 1201
 PROPERTY ADDRESS 13416 Arada Ct. Highland 20777
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP 0034 GRID 0015 PARCEL 0300 LOT NO. 7 PROPOSED LOT SIZE (ACRES) 1.12
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Vera Hendrick
 DAYTIME PHONE _____ CELL 240 600-8310 EMAIL hendrv@yahoo.com
 MAILING ADDRESS 13416 Arada Ct Highland, MD 20777
STREET CITY, STATE ZIP

APPLICANT Freedom Septic Service RELATIONSHIP TO OWNER: _____
 DAYTIME PHONE 410-735-2947 CELL _____ EMAIL chnsky@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.

[Signature] 3/28/22
 SIGNATURE OF APPLICANT DATE

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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
- Collapsed drywell

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Is discharge surfacing on the ground?

- Yes
- No

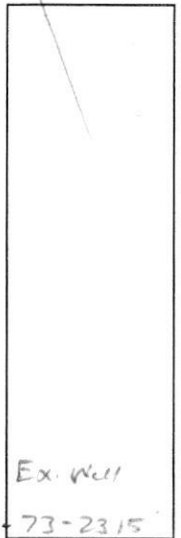
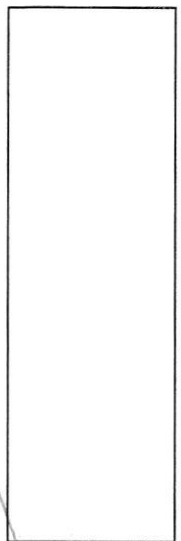
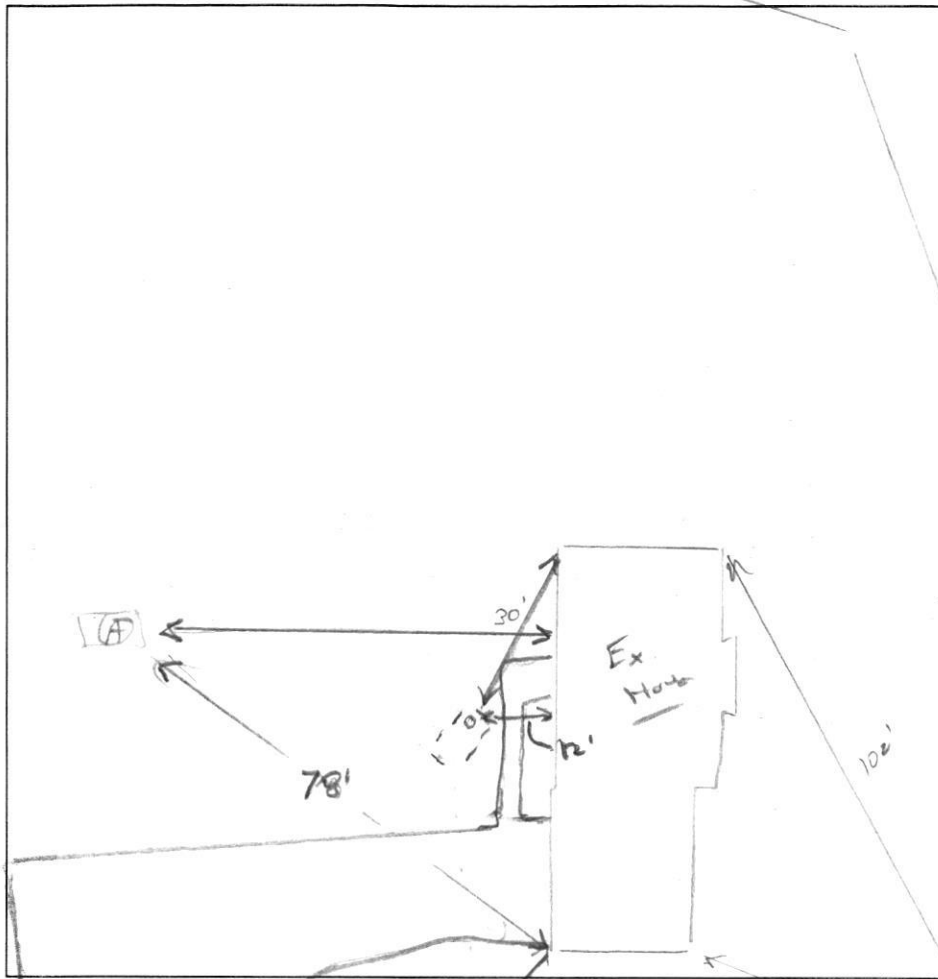
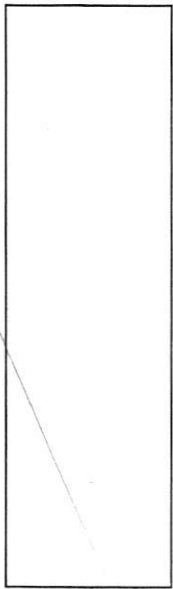
Additional Comments:

*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: 13416 Arada Ct County File: _____
 Subdivision: _____ Lot: 7 Year Built: _____
 Owner's Name: Vera Hendrick Existing bedrooms: 5
 Name of previous owners: _____ Existing bedrooms: _____
 Proposed bedrooms: _____

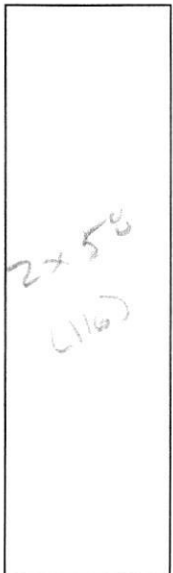
*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

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.



①
 1' BR L,
 2 SCK, roots
 8"
 1' BR Y L
 WK Co SCK
 Friable, roots
 100% chng
 3'
 BR Y SL
 WK Co SCK,
 Friable,
 cw, roots,
 5'
 11 BR Y FS L
 WK Co PL
 Microscopic,
 roots,
 14V' ↓

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/14/22	①	3' 3 1/4"	00:46	00:54	01:05	11	P
		5' 6"	00:11	00:15	00:19	4	P
		H2O poured @ 14'					~5 mph



REMARKS Soil consistent below 5' @ 1.2 gpd/ft²
 SANITARIAN K. Wolf BACKHOE Don or Fran/... OTHERS _____
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 7.5 SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH 2' MAX. BOT DEPTH 6 EFFECTIVE SW .50
 3 BR = $\frac{150}{0.6} = 562.5 \div 3 = 187.5 (.5) = \underline{95 LF}$ (3-6)



HOWARD COUNTY HEALTH DEPARTMENT

71484

DATE 4/16/22

Received From

Freedom Septic

PHONE #

410 295-2947

For

Perc / Repair
13416 Arada Ct

CASH

CHECK

NO.

5085

One hundred sixty five Dollars

\$

165.00

Received By

Allen