



# HOWARD COUNTY HEALTH DEPARTMENT

65490

DATE  
5 / 15 / 19

Received From

PHONE #

Sears Excavating  
TMC  
443-347-7911

For

CASH

CHECK

NO.

For  
Pore / Repair - 750'  
Cherry tree  
Shrub removed thick

Dollars

\$

330.00

Received By

King



FOREST SERVICE U.S. DEPARTMENT OF AGRICULTURE

1954

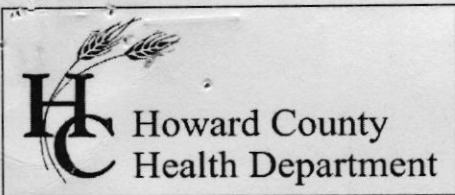
1954

PHONE

1954

1954

Received by



**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 5/15/19      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 565490

APPROVAL DATE: 6/6/19 *(Kmw)*      **PERMIT: MINOR REPAIR**      A \_\_\_\_\_

PROPERTY ADDRESS: 7529 Cherry Tree Drive

SUBDIVISION: Moorestfield      LOT: \_\_\_\_\_      TAX ID: \_\_\_\_\_

CONTRACTOR: Sam's Excavating      EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: P.O. Box 0157, Fulton, MD 20759      PHONE: 443-277-7915

PROPERTY OWNER: Ben Smith      EMAIL: \_\_\_\_\_

OWNER ADDRESS: 7529 Cherry Tree Drive, Fulton, MD 20759      PHONE: 910-672-8289

SEPTIC TANK SIZE (GALLONS): Existing      PUMP CHAMBER CAPACITY (GALLONS): N/A      PUMP SIZE: -

NUMBER OF BEDROOMS: 4      HOUSE SQ. FT. -      APPLICATION RATE: -

DISTRIBUTION SYSTEM:    GRAVITY FED       LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>N/A</u>	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____

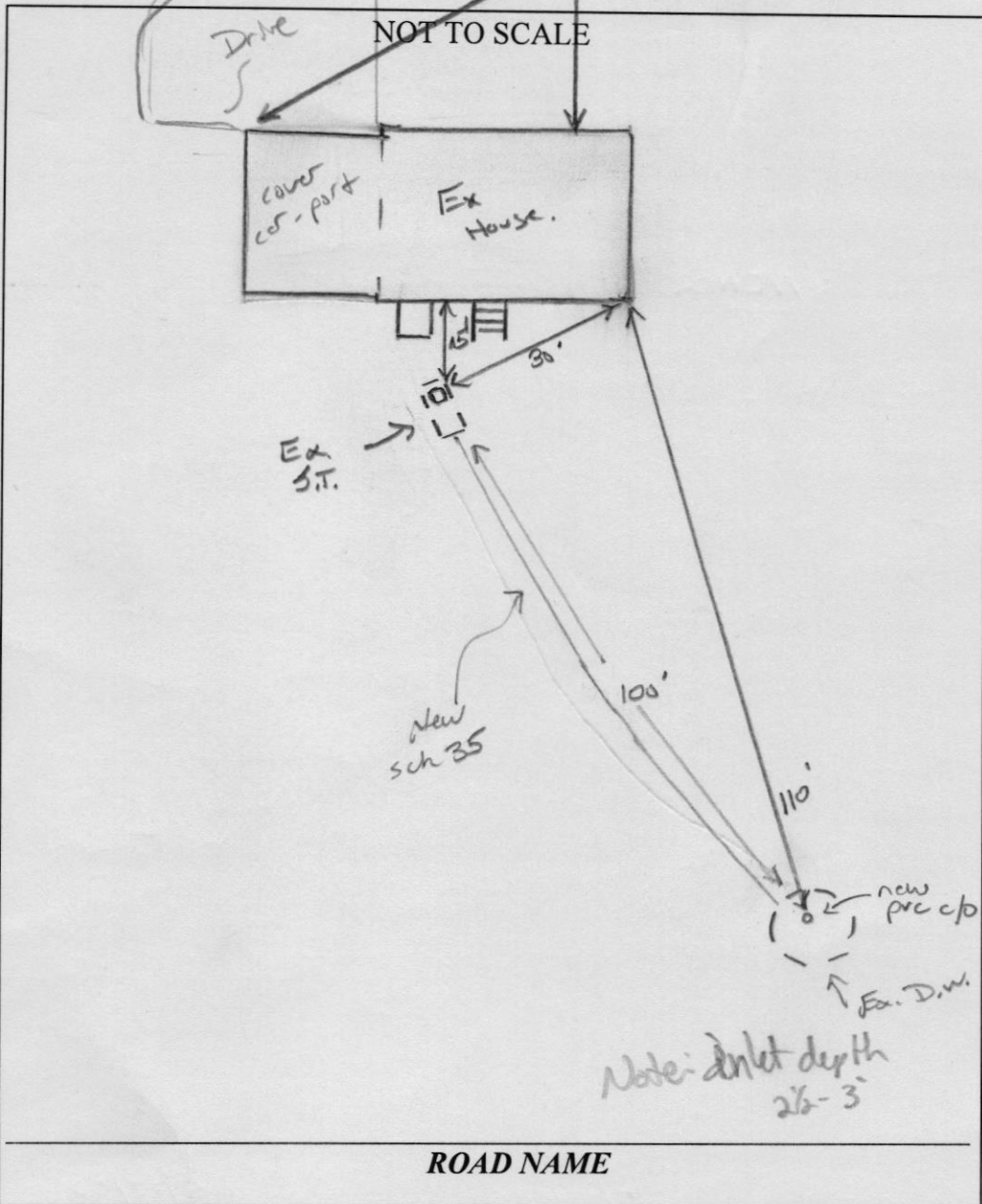
LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: Replace Backline w/ sch 40 hold 1/2 full & dry well.

ISSUED BY: K. Wolf      ISSUE DATE: 5/23/19      EXPIRATION DATE: 5/23/20

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM  
 ELECTRICAL PERMIT ISSUED    E N/A
- NOTE: THE HCHD DOES NOT WARRANT ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.**  
**PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**  
**CALL 410-313-1771 TO SCHEDULE INSPECTIONS.**



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
N/A	✓	✓
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

Ex. SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	—
CAPACITY	750 GAL
SEAM LOC	mid
TANK LID DEPTH	12"
BAFFLES	Yes (new outlet)
BAFFLE FILTER	—
MANHOLE LOC	Front
6" PORT LOC	—
WATERTIGHT TEST	OK
SLOTTED	no
DATE ON LID	N/A
PUMP/SEPTIC TANK LEVEL N/A	
MANUFACTURER	—
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

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INSTALLATION: 6/6/19 New 4" sch 35. 1% fall. OK to cover all work. (KM)

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FINAL INSPECTOR K. Nay DATE OF APPROVAL 6/6/19



Bureau of Environmental Health

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Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
- [x] Failing System
- [ ] 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?

- Has the septic tank been pumped within the last month?
- [ ] Yes Date pumped: \_\_\_\_\_
- [x] No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Was a visual inspection of the septic tank and/or drain fields conducted?
- [x] Yes Explain observations: \_\_\_\_\_
- [ ] No

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
- [ ] Yes
 - Blockage leading to the tank
 - [ ] Yes Explain: \_\_\_\_\_
 - [x] No
 - Blockage leading to the field
 - [ ] Yes Explain: \_\_\_\_\_
 - [x] No

Existing system design

- Existing system design
- [x] Drywell
- [ ] Trench
- [ ] Mound
- [ ] Unknown
- [ ] Other: \_\_\_\_\_

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
- [ ] Yes
- [x] 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: SMITH'S EXCAVATING Contractor's Phone: 443-277-7915
Contractor's Address: PO Box 2157 Fulton MD 20759

Property Address: 7529 Cherry Tree Dr County file:
Subdivision: MOOREFIELD Lot: Year Built:
Owner's Name: Ben Smith Owner's Phone: 410-677-0289

Name of previous owners: Existing bedrooms: 4
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): NO
Public Sewer available/nearby: NO

\*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

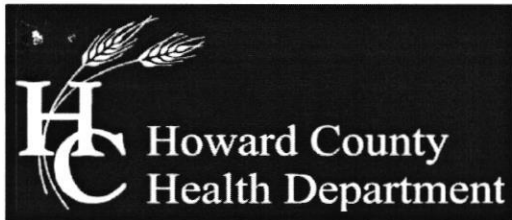
If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

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.





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

AS65490

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Maersfield Fulton

PROPERTY ADDRESS 7529 Cherry Tree Dr Fulton 20759

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Ben Smith

DAYTIME PHONE 910-672-8287 CELL same EMAIL

MAILING ADDRESS 7529 Cherry Tree Dr Fulton md 20759

APPLICANT Sam's Excavating RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 410-292-2915 CELL same EMAIL BACK HOLE GUY & AIG.COM

MAILING ADDRESS PO BOX 0157 Fulton md 20759

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

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: 1
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 4 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.

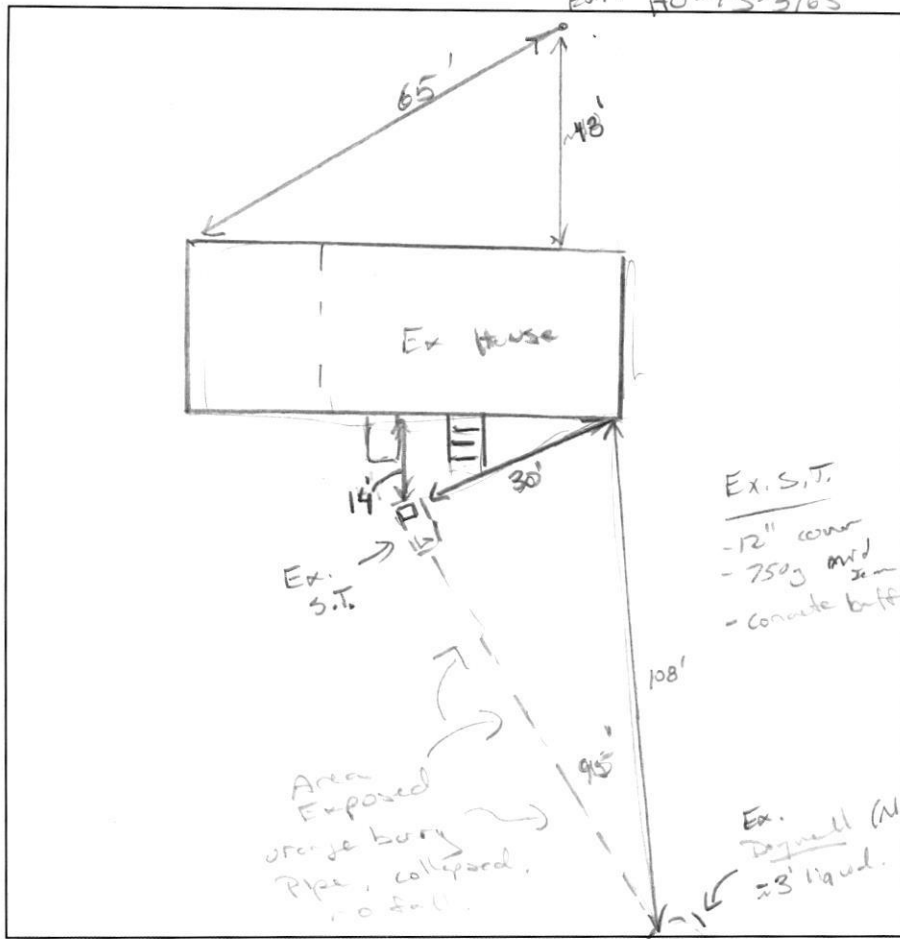
Sam Wilkerson

5-14-19

SIGNATURE OF APPLICANT

DATE





DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
5/23/19	→	No	Perce	done,	see	reno		
		Dated 5/23/19						

REMARKS Ex. Drywell has only 3-4' liquid in it, 10' below inlet pipe to bottom.

SANITARIAN K. Wolf BACKHOE Sam = Sam's Excavating OTHERS \_\_\_\_\_

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

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_



73-3965

3-4' 11' 11' 11'

## 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 - 05 Account Number - 343062							
Owner Information									
Owner Name:		BETTENDORF JAMES H AND WF			Use:		RESIDENTIAL		
Mailing Address:		7529 CHERRY TREE DR FULTON MD 20759-9735			Principal Residence:		YES		
					Deed Reference:		/00407/ 00128		
Location & Structure Information									
Premises Address:		7529 CHERRY TREE DR FULTON 20759-0000			Legal Description:		LOT 19 BL C S 1 7529 CHERRY TREE DR FULTON		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0041	0014	0279		0000			19	2017	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	
1964		2,240 SF				1.5000 AC			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
2	YES	STANDARD UNIT	BRICK	2 full/ 1 half	1 Carport				
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2017		07/01/2018		07/01/2019	
Land:		230,000		230,000					
Improvements		228,000		212,500					
Total:		458,000		442,500		442,500		442,500	
Preferential Land:		0						0	
Transfer Information									
Seller:		Date:			Price:				
Type:		Deed1:			Deed2:				
Seller:		Date:			Price:				
Type:		Deed1:			Deed2:				
Seller:		Date:			Price:				
Type:		Deed1:			Deed2:				
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019			
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 04/10/2008							
Homesteaders' Tax Credit Application Information									