

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

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

1570955

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Poplar Heights

PROPERTY ADDRESS 16957 Frederick Rd. mt. Airy 21771

TAX ACCOUNT # 1404327241 TAX MAP 7 GRID 3 PARCEL 143 LOT NO. 18 PROPOSED LOT SIZE (ACRES) .50

ZONING CATEGORY RCDEO TIER

PROPERTY OWNER(S) Barbara Gallagher

DAYTIME PHONE CELL 240-216-0974 EMAIL fb.gallagher@aol.com

MAILING ADDRESS Same as above 0974

APPLICANT Same as above RELATIONSHIP TO OWNER: Self

DAYTIME PHONE 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:

- 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 2 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

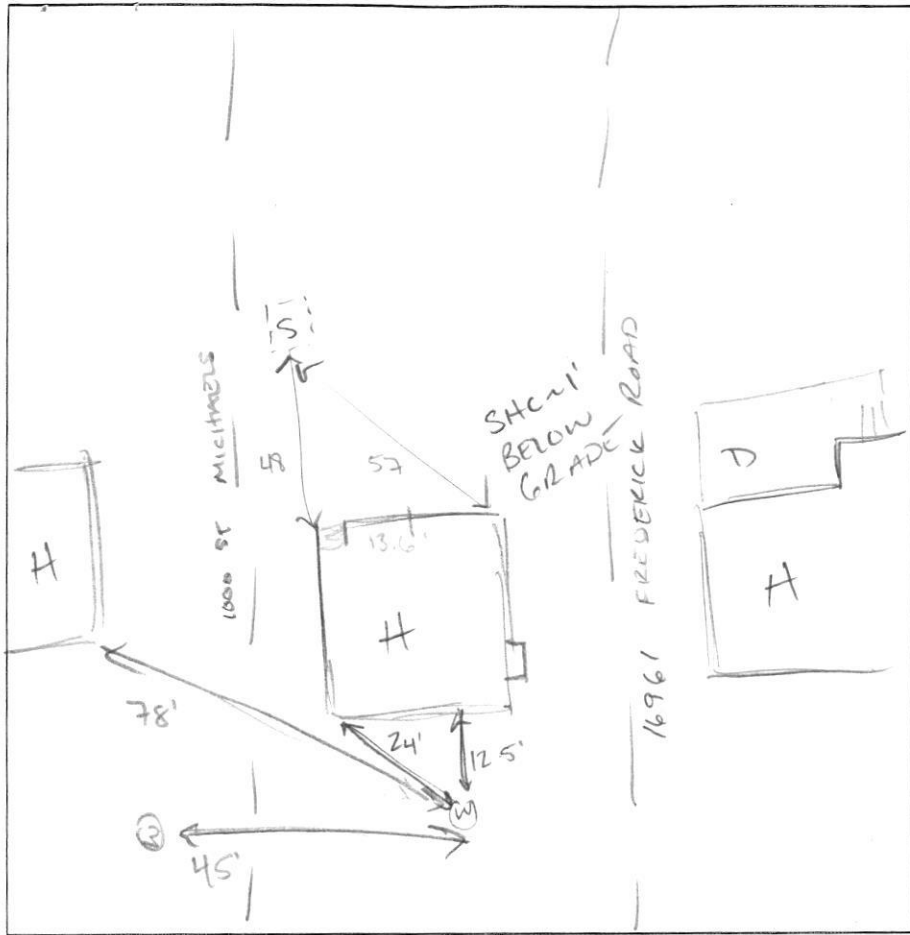
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- 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.
Barbara Gallagher 2-11-22
SIGNATURE OF APPLICANT DATE



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
02/23/2022							

REMARKS CONTRACTOR CALLED FOR TANK REPLACEMENT
 SANITARIAN CABAHUG 09997 BACKHOE _____ OTHERS HOMKOWWE
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 2
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

* SEE FILE INQUIRY



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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

Has the septic tank been pumped within the last month?

- Yes Date pumped: Fyock Septic
No

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

- Yes Explain observations:
No

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

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 Regulation.

Septic Contractor: Brandon Smith Contractors LLC Contractor's Phone: 410-489-6909
Contractor's Address: PO Box 83 West Friendship MD 21794
Property Address: 16957 Frederick Rd. County file: MT AIRY 21771
Subdivision: Lot: 18 Year Built: 1948
Owner's Name: Barbara Gallagher Owner's Phone: (240) 216-0974
Name of previous owners: Alvine Saunders Existing bedrooms: 2
+ Eugene Craig Proposed bedrooms:
Has this request been previously discussed with a Sanitarian? (Name):
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.

FILE INQUIRY NOTES

16957 FREDERICK ROAD

DATE	RESULTS OF REVIEW FOR FILE
02/23/2022	<p>MET w/ CONTRACTOR (BRANDON SMITH) AND HOMEOWNER (BARBARA). NO VISIBLE SIGNS OF SEWAGE OVERFLOW TO GRADE WAS VISIBLE AT OR NEAR REPORTED CINDERBLOCK SEPTIC STRUCTURE. OWNER REPORTED NO BACKUPS INTO HOUSE.</p>
	<p>NEITHER CONTRACTOR NOR HOMEOWNER COULD CONFIRM IF THERE WAS AN OUTLET PIPE INSTALLED IN CINDERBLOCK SEPTIC ELEMENT OR ANY ASSOCIATED SEPTIC ELEMENTS.</p>
	<p>FUTURE REPAIR MAY REQUIRE (INFORMED HOMEOWNER)</p> <ul style="list-style-type: none"> + PLASTIC TANKS DUE TO LOT CONSTRUCTIONS. + BAT NITROGEN REDUCING TANK DUE TO DOWNGRADE WELLS. + PERCOLATION SOIL TEST TO DETERMINE OSDS DESIGN
	<p>OWNER REPORTED "FAILED" SEPTIC FROM PLOCK REPORT NEEDS RESOLUTION FOR COUNTY ROOFING GRANT.</p>
	<p>AT THIS TIME NO ACTION IS REQUIRED TO CORRECT EXISTING SYSTEM AS NO SEWAGE TO GRADE WAS OBSERVED, NO SEWAGE BACKUP INTO HOUSE REPORTED, NO SEPTIC STRUCTURE COLLAPSE WAS OBSERVED.</p>



HOWARD COUNTY HEALTH DEPARTMENT

70955
A-5

2 / 11 / 22
DATE

Received From

Barbara Conlough

PHONE #

For

Perc Testing + Eval - for the Renting
Pupils 12/1/21

CASH

CHECK

NO.

10957 FREDERICK RD. MD. 21714

Three hundred + thirty Dollars - actual

Dollars

\$

330.00

Received By

L. D. Conway