



HOWARD COUNTY HEALTH DEPARTMENT

74924

DATE 6/16/23

Received From

Hatfields Equip.

PHONE #

- CASH
- CHECK

For

Repair - 12188 Hall Shop

NO.

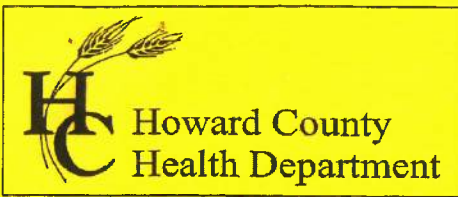
4031

One hundred sixty-five Dollars

\$ 105.00

Received By

JKL



**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](https://www.facebook.com/hocohealth)

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

RECEIPT DATE: 7/14/2023      **ONSITE SEWAGE DISPOSAL SYSTEM**      P 574946

APPROVAL DATE: 7/25/23      **PERMIT:**      **REPAIR**      A Repair

PROPERTY ADDRESS: 12188 Hall Shop Road

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

CONTRACTOR: Hatfield's Equipment      EMAIL: Ken@hatfieldsequipment.com

CONTRACTOR ADDRESS: PO Box 519 Annapolis Junction      PHONE: 410-984-4880

PROPERTY OWNER: Thuy Nguyen      EMAIL: \_\_\_\_\_

OWNER ADDRESS: Same as above      PHONE: \_\_\_\_\_

SEPTIC TANK SIZE: Existing      PUMP TANK CAPACITY: N/a      PUMP SIZE: n/a

DISTRIBUTION SYSTEM:     GRAVITY     PRESSURE DOSED    BEDROOMS: 4    APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>83</u>	INLET DEPTH: <u>2</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>
LOCATION:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	Install system per approved design.	

ISSUED BY: K. Wolf, L.E.H.S.      ISSUE DATE: 7/25/23      EXPIRATION DATE: 7/25/24

- 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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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.**





Q

E

B=66 1/2'  
C=81'  
D=75 1/2'  
E=110'  
F=126'

Well  
F

100' Well Radius

Existing Septic Tank to Remain

New Sch 40 pipe

D-BOX

A=50 1/2'  
B=59 1/2'

F=130'

83' New Trench

OLD

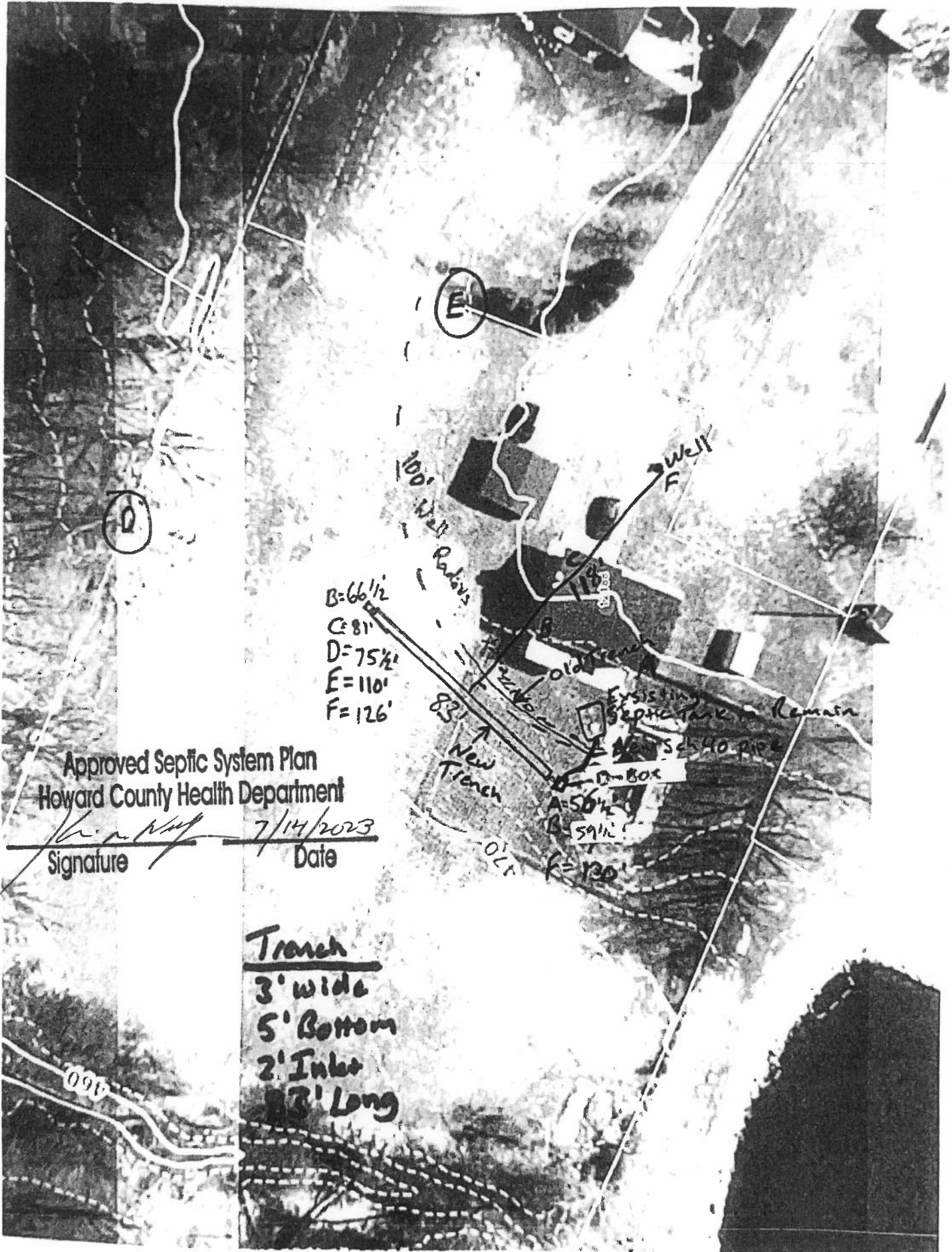
Approved Septic System Plan  
Howard County Health Department

*[Signature]*  
Signature

7/14/2023  
Date

Trench  
3' wide  
5' Bottom  
2' Inlet  
83' Long

090



Approved Septic System Plan  
Howard County Health Department

*[Signature]* 7/14/2023  
Signature Date

Trinch  
3' wide  
5' Bottom  
2' Inlet  
83' Long

B=66 1/2'  
C=81'  
D=75 1/2'  
E=110'  
F=126'

A=56 1/2'  
B=59 1/2'  
K=130'

83' New Trench

Old

Well F

E

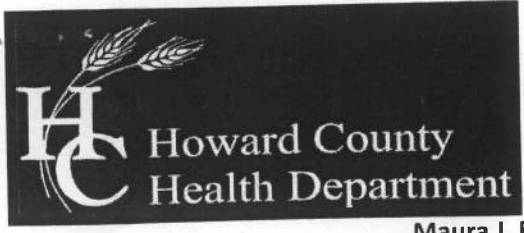
D

100' Well Radius

Existing Septic Tank Remains  
New 540 pipe  
Box

000

Repair Park Testing



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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME
PROPERTY ADDRESS 12188 Hall Shup Road Clarksville 21029
TAX ACCOUNT # TAX MAP 6041 GRID 0001 PARCEL 0346 LOT NO. PROPOSED LOT SIZE (ACRES)
ZONING CATEGORY TIER

PROPERTY OWNER(S) Thuy Nguyen
DAYTIME PHONE CELL EMAIL
MAILING ADDRESS 12188 Hall Shup Road Clarksville MD 21029

APPLICANT Hatfields Equipment RELATIONSHIP TO OWNER:
DAYTIME PHONE 301 440 4289 CELL 410 984 0141 EMAIL
MAILING ADDRESS PO Box 519 Annapolis Junction MD 20701

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 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: [Handwritten Signature] DATE



[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 05 Account Number - 349850

**Owner Information**

Owner Name: NGUYEN THUY AN D NGUYEN QUAN DUY ETAL Use: RESIDENTIAL  
 Mailing Address: 12188 HALL SHOP RD CLARKSVILLE MD 21029- Principal Residence: YES  
 Deed Reference: /17151/ 00411

**Location & Structure Information**

Premises Address: 12188 HALL SHOP RD CLARKSVILLE 21029-0000 Legal Description: 2.210 A 12188 HALL SHOP RD CLARKSVILLE

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0041	0001	0346	5020202.14	2002				2023	Plat Ref:

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1970	1,144 SF	572 SF	2.2100 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
Split Foyer	YES	SPLIT FOYER	FRAME/	4	3 full/ 1 half		

**Value Information**

	Base Value	Value	Phase-In Assessments
		As of	As of
		01/01/2023	07/01/2022
Land:	262,100	288,300	As of 07/01/2023
Improvements	223,300	270,900	
Total:	485,400	559,200	485,400 510,000
Preferential Land:	0	0	

**Transfer Information**

Seller: AMORIM MARIO	Date: 09/29/2016	Price: \$535,000
Type: ARMS LENGTH IMPROVED	Deed1: /17151/ 00411	Deed2:
Seller: BENNETT ANDREW WILLIAM JR	Date: 03/07/2016	Price: \$300,000
Type: NON-ARMS LENGTH OTHER	Deed1: /16728/ 00092	Deed2:
Seller: FOEHRKOLB LOUIS J	Date: 07/29/1983	Price: \$101,000
Type: ARMS LENGTH IMPROVED	Deed1: /01177/ 00585	Deed2:

**Exemption Information**

Partial Exempt Assessments:	Class	07/01/2022	07/01/2023
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Special Tax Recapture: None

**Homestead Application Information**

Homestead Application Status: No Application

**Homeowners' Tax Credit Application Information**

Homeowners' Tax Credit Application Status: No Application Date:

**RECEIPT**

Howard County, MD  
HOWARD COUNTY HEALTH DEPARTMENT  
ASCEND ONE BUILDING  
Columbia, MD 21045  
8930 STANFORD BLVD

Application: WS-PT-23-02071

Application Type: EnvHealth/Well and Septic/Percolation Test/Application

Address: 12188 Hall Shop Rd,

Receipt No.	7343					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	4638	\$165.00	07/14/2023	JUKING		Receipt # 74946
Work Description:	Repair Perc/ 12188 Hall Shop Rd					



HOWARD COUNTY HEALTH DEPARTMENT

74946

DATE 7/14/23

Received From

Herthield Egey PHONE # 301 490-4289

CASH  
 CHECK  
NO. 4638

For

For Paper - 12/88  
Hall Shop Rd.

One hundred sixty five Dollars

\$ 165.00

Received By

Aging



Real Property Data Search ( )  
 Search Result for HOWARD COUNTY

[View Map](#)      [View GroundRent Redemption](#)      [View GroundRent Registration](#)

**Special Tax Recapture: None**

**Account Identifier:** District - 05 Account Number - 349850

**Owner Information**

**Owner Name:** NGUYEN THUY AN D      **Use:** RESIDENTIAL  
 NGUYEN QUAN DUY ETAL      **Principal Residence:** YES  
**Mailing Address:** 12188 HALL SHOP RD      **Deed Reference:** /17151/ 00411  
 CLARKSVILLE MD 21029-

**Location & Structure Information**

**Premises Address:** 12188 HALL SHOP RD      **Legal Description:** 2.210 A  
 CLARKSVILLE 21029-0000      12188 HALL SHOP RD  
 CLARKSVILLE

**Map:** 0041   **Grid:** 0001   **Parcel:** 0346   **Neighborhood:** 5020202.14   **Subdivision:** 2002   **Section:**   **Block:**   **Lot:**   **Assessment Year:** 2023   **Plat No:**   **Plat Ref:**

**Town:** None

**Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use**  
 1970                      1,144 SF                      572 SF                      2.2100 AC

**Stories**   **BasementType**      **ExteriorQualityFull/Half BathGarageLast Notice of Major Improvements**  
 Split FoyerYES      SPLIT FOYERFRAME/4      3 full/ 1 half

**Value Information**

	Base Value	Value As of 01/01/2023	Phase-in Assessments	
			As of 07/01/2022	As of 07/01/2023
<b>Land:</b>	262,100	288,300		
<b>Improvements</b>	223,300	270,900		
<b>Total:</b>	485,400	559,200	485,400	510,000
<b>Preferential Land:</b>	0	0		

**Transfer Information**

<b>Seller:</b> AMORIM MARIO	<b>Date:</b> 09/29/2016	<b>Price:</b> \$535,000
<b>Type:</b> ARMS LENGTH IMPROVED	<b>Deed1:</b> /17151/ 00411	<b>Deed2:</b>
<b>Seller:</b> BENNETT ANDREW WILLIAM JR	<b>Date:</b> 03/07/2016	<b>Price:</b> \$300,000
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<b>County:</b>	000	0.00	
<b>State:</b>	000	0.00	
<b>Municipal:</b>	000	0.00 0.00	0.00 0.00

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