

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Green Henge
 PROPERTY ADDRESS 2905 Evergreen Way Ellicott City 21042
STREET TOWN ZIP
 TAX ACCOUNT # 292266 TAX MAP 0016 GRID 0019 PARCEL 0242 LOT NO. 5A PROPOSED LOT SIZE (ACRES) 1.1
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Joshua + Lindsay Crist

DAYTIME PHONE _____ CELL 216 402 8033 EMAIL JLCrist3@aol.com ✓
 MAILING ADDRESS 2905 Evergreen Way Ellicott City 21042
STREET CITY, STATE ZIP

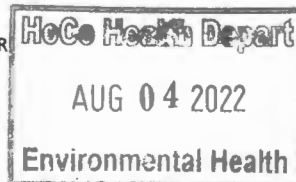
APPLICANT Hatfields Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 301 490 4289 CELL 410 984 4886 EMAIL khofield@hatfieldsequipment.com
 MAILING ADDRESS P O Box 579 Annapolis Junction MD 20701
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 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?

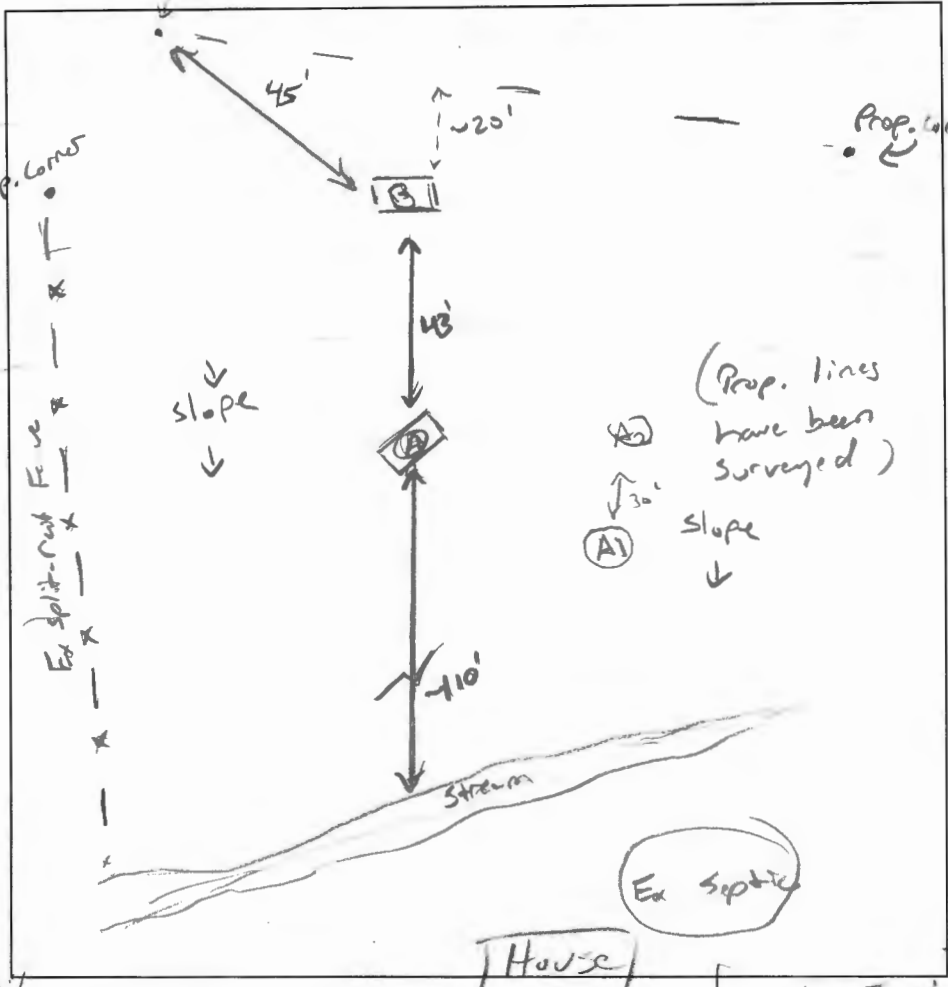
- YES
- NO

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.

[Signature] 8/04/22
 SIGNATURE OF APPLICANT DATE



(A)
 12" Br L. F. brk
 WK M. S. S. K. r. o. r. s.
 1 1/2" Br/Y Sil
 WK Co SSK, F. r. b. l. e.
 1 1/2" r. o. r. F. w. g. i. n. g.
 clay f. i. l. e. s.
 2" Gray 1 1/2" Br/red
 WK Co SSK
 cedar product
 7" H₂O sup.
 8" water

(B)
 12" 1 1/2" Br L,
 WK Co SSK
 3" Br CL
 M. G. S. S. K.
 F. r. b. l. e. D. u. r.
 r. e. d. u. c. @ 28"
 7" 1 1/2" Br/gray Sil
 WK F. o. l., s. d. i. c. k. y.
 clay f. i. l. e. s.
 Contain
 9" water
 ↓
 13"

A₂
 similar
 to
 A₁

(Auger)
 A₁

6" 1 1/2" Br L, F. r. b. l. e.
 WK M. G. S. S. K.
 28" Br/Y CL
 M. G. S. S. K.
 r. i. b. b. e. r. s. 1/2"
 slight red. u. c.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/15/22	(A)						F
	(B)						
10/19/2022			(muddy w/ some on side)				
			Auger sides	A ₁ + A ₂ dry			

REMARKS Holes left open for 3 hrs. Hole B empty/water surge @ 7'
 SANITARIAN K. Wolf BACKHOE Nathan = Ryals OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____
 * Dug hole to 13'

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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: 8/02/22
 No

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

Yes Explain observation: _____
 No

Existing system design

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

Was a visual inspection of the sewage line conducted?

Yes
 No

Blockage Leading to the field

Yes Explain _____
 No

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: Hatfields Equipment Contractor's Phone: 410 984 4880
 Contractor's Address: P.O. Box 519 Annapolis Junction MD 20701
 Property Address: 2905 Evergreen Way County File: _____
 Subdivision: 2002 Lot: 5A Year Built: 1968
 Owner's Name: Joshua + Lindsey Crist Existing bedrooms: 4
 Name of previous owners: Otten 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.

2/2020

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: No =
Account Identifier:

District - 03 Account Number - 292266

Owner Information

Owner Name: CRIST JOSHUA
 CRIST LINDSEY
Mailing Address: 2905 EVERGREEN WAY
 ELLICOTT CITY MD 21042-1019

Use: RESIDENTIAL
Principal Residence: YES
Deed Reference: /16544/ 00408

Location & Structure Information

Premises Address: 2905 EVERGREEN WAY
 ELLICOTT CITY 21042-0000

Legal Description: LOT 5-A BL B S 3
 2905 EVERGREEN WAY
 GREEN HENGE

Map: 0016	Grid: 0019	Parcel: 0242	Neighborhood: 3020202.14	Subdivision: 2002	Section:	Block:	Lot: 5 A	Assessment Year: 2022	Plat No:
									Plat Ref:

Town: None

Primary Structure Built 1968	Above Grade Living Area 2,044 SF	Finished Basement Area	Property Land Area 1.1000 AC	County Use
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Stories 2	Basement YES	Type STANDARD UNIT	Exterior FRAME/	Quality 4	Full/Half Bath 2 full/1 half	Garage 1 Attached	Last Notice of Major Improvements
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Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
Land:	241,000	01/01/2022	07/01/2022	07/01/2023
Improvements	209,900	252,200		
Total:	450,900	241,400		
Preferential Land:	0	493,600	465,133	479,367
		0		

Transfer Information

Seller: OTTEN GERALD L	Date: 11/10/2015	Price: \$466,000
Type: ARMS LENGTH IMPROVED	Deed1: /16544/ 00408	Deed2:
Seller: OTTEY JR HARRY E & WF	Date: 02/23/1982	Price: \$89,900
Type: ARMS LENGTH IMPROVED	Deed1: /01091/ 00052	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	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

Homestead Application Information

Homestead Application Status: Approved 03/23/2016

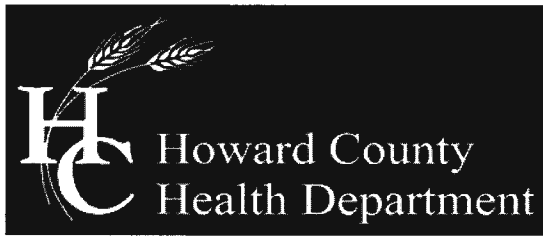
Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**









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](https://twitter.com/HowardCoHealthDep)

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SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: _____

Subdivision: _____ Lot: _____

Initial system: Application rate: _____ Effective area beginning depth: _____ Bottom maximum depth: _____

1st Replacement: Application rate: _____ Effective area beginning depth: _____ Bottom maximum depth: _____

2nd Replacement: Application rate: _____ Effective area beginning depth: _____ Bottom maximum depth: _____

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

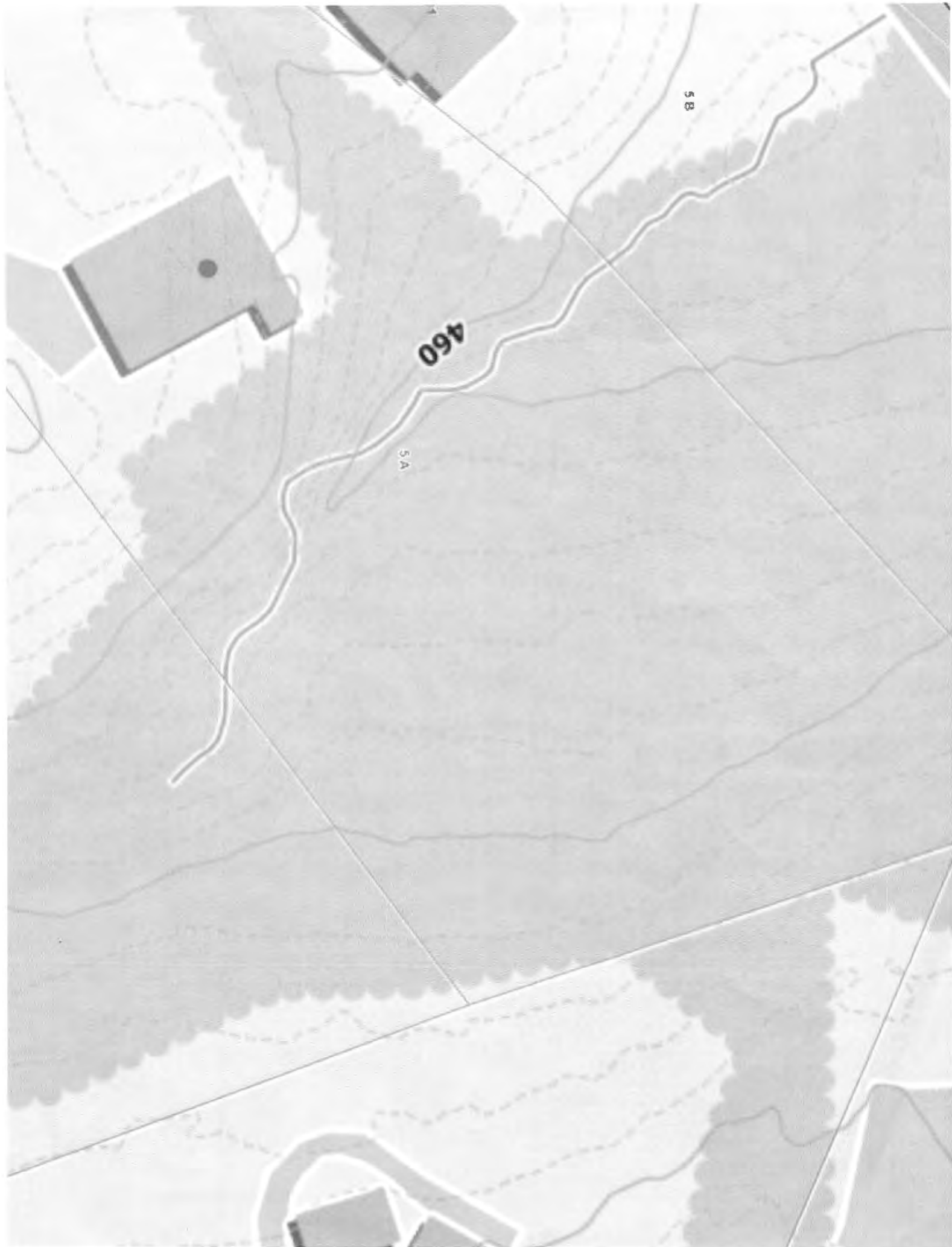
$$\frac{W + 2}{W + 1 + 2D} \times 100 = \text{Percent of length of standard trench where } W = \text{trench width and } D = \text{depth between effective area beginning depth and trench bottom.}$$

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is $2D + W$ up to a maximum spacing of 18'.
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

Approved: _____ Date: _____



460

5A

5B





HOWARD COUNTY HEALTH DEPARTMENT

72121

DATE 8/4/22

p5

Received From

Hatfields Environment Services

PHONE # 301-490-4289

For

PEIC + Bernie

2905 Evergreen Way

Elliot City, MD

One hundred + 84/100 Dollars — 00/100 Dollars

CASH

CHECK

NO 541

\$ 165 | 00

Received By

V. Delaney

RECEIPT

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

Application: WS-PT-22-02652
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 2905 Evergreen WAY, BLDG# Ellicott City

Receipt No.	4717					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	4541	\$165.00	08/09/2022	SMARTIN		

Owner Info.: Hatfields Equipment
2905 Evergreen way
Ellicott City, MD 21042

Work Description: Receipt # 72121