



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

1586726

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 0002
 PROPERTY ADDRESS 12039 Patapsco Ridgerd Mariottsville 21104
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP 0010 GRID 0002 PARCEL 0044 LOT NO. P57 PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Timothy + Erin Poandl
 DAYTIME PHONE 856-296-1150 CELL _____ EMAIL _____
 MAILING ADDRESS 12039 Patapsco Ridgerd Mariottsville, MD 21104
STREET CITY, STATE ZIP

APPLICANT Freedom Septic Service RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 410-785-2347 CELL _____ EMAIL Christy@freedomseptic.com
 MAILING ADDRESS 2805 Liberty Rd Sylkeshville, 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 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] 6/19/24
 SIGNATURE OF APPLICANT DATE

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

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: 410.755.2947
 Contractor's Address: 2805 Liberty Rd Sykesville, MD 21784
 Property Address: 12039 Patapsco Ridge Rd County File: _____
 Subdivision: 0002 Lot: P57 Year Built: _____
 Owner's Name: Timothy + Erin Paendl Existing bedrooms: 4
 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.



HOWARD COUNTY HEALTH DEPARTMENT

86729

CODES

DATE

10/26/24

CASH

CHECK

NO.

10

Received From

Freedom Exotic

For

Bayview Pet - 12051 Pet + 2500 Frisk

Two thousand twenty five

Dollars

\$

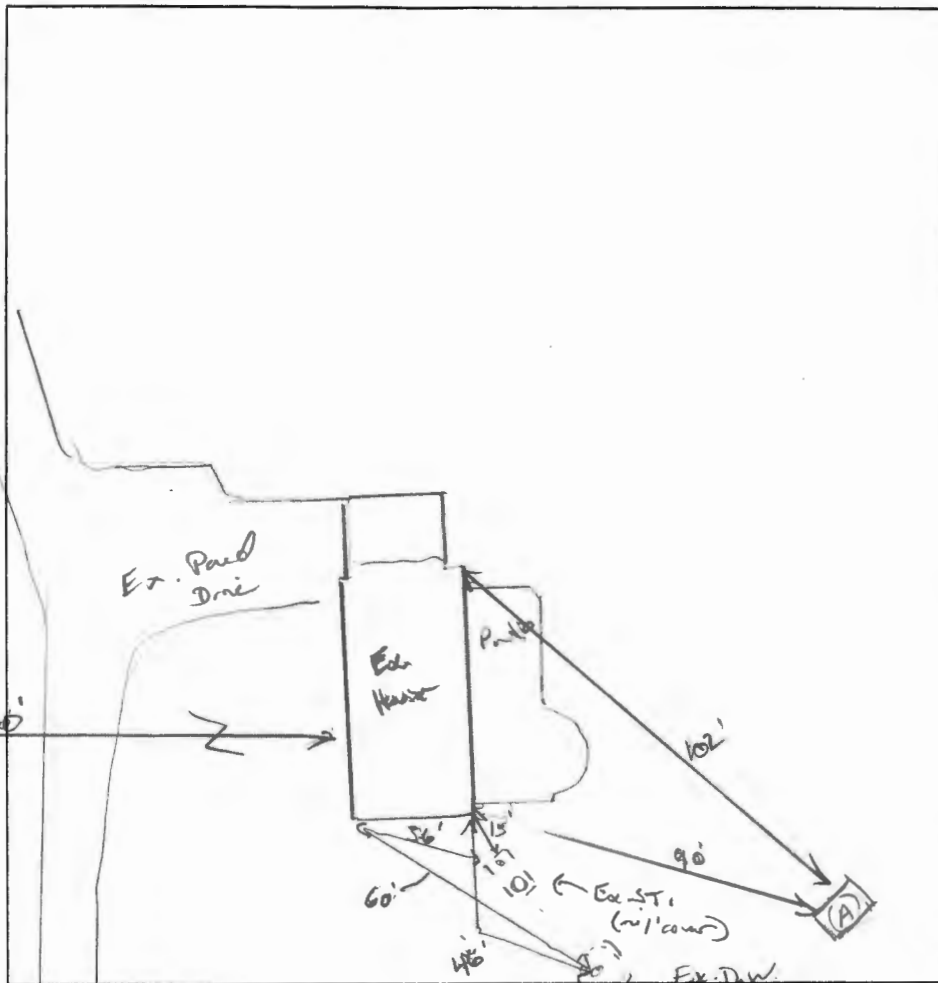
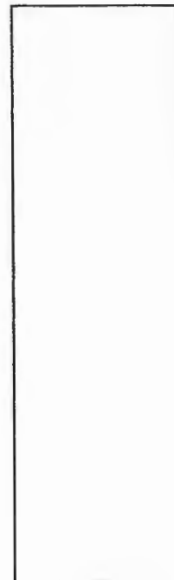
2050

Received By

[Signature]



(Notes)



(A)

Drk Brck.
 MK Co SBK
 roots
 2'
 1 1/2 Br/R L
 MK Co SBK
 Frable, roots
 1 1/2% h.c. 4
 4'
 1 1/2 Br/Y SL
 MK Co PL.
 Frable,
 5% s pro 10
 1 1/2% h.c. 10
 7'
 Br/Y A
 MK Co L

25% silty
 25% s. pool

13' getting hard

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/18/2024	(A)	4 1/2" / 13'	00:41	00:42	00:43	1	4
		13' into pond @ 13'				2	2
		repair	00:44	00:45	00:47	2	2

REMARKS Ed. Draywall full no signs of surface debris
 SANITARIAN Kern Wolf BACKHOE Don Farraw OTHERS helper

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 129.44
 TRENCH WIDTH 3' INLET DEPTH 2'-25' MAX. BOT DEPTH 6' EFFECTIVE S/W 4-6' (2)

$4BR = \frac{600}{12} = 50 \div 3 = 16.7 (1.67) = 103$

Real Property Data Search ()
 Search Result for HOWARD COUNTY

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

Special Tax Recapture: None
 Account Identifier: District - 03 Account Number - 304450

Owner Information

Owner Name: POANDL TIMOTHY E Use: RESIDENTIAL
 POANDL ERIN Principal Residence: YES
 Mailing Address: 12039 PATAPSCO RIDGE RD Deed Reference: /17649/ 00119
 MARRIOTTSVILLE MD 21104

Location & Structure Information

Premises Address: 12039 PATAPSCO RIDGE RD Legal Description: P/O PAR. 5 & P/O PAR. 7 5.022 A.
 MARRIOTTSVILLE 21104-0000 12039 PATAPSCO RIDGE RD
 MARRIOTTSVILLE

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:
 0010 0002 0044 3010102.14 0002 P 5 7 2022 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 1980 1,440 SF 5.0220 AC

Stories Basement Type Exterior Quality Full/Half Bath Garage Last Notice of Major Improvements
 1 1/2 YES STANDARD UNIT SIDING/ 4 2 full

Value Information

	Base Value	Value As of 01/01/2022	Phase-in Assessments	
			As of 07/01/2023	As of 07/01/2024
Land:	240,100	256,300		
Improvements	152,700	176,200		
Total:	392,800	432,500	419,267	432,500
Preferential Land:	0	0		

Transfer Information

Seller: MINNICK CHARLES D Date: 06/19/2017 Price: \$425,000
 Type: ARMS LENGTH IMPROVED Deed1: /17649/ 00119 Deed2:
 Seller: MCQUIGG G MICHAEL & WIFE Date: 09/30/2005 Price: \$550,000
 Type: ARMS LENGTH IMPROVED Deed1: /09524/ 00447 Deed2:
 Seller: Date: Price:
 Type: Deed1: Deed2:

Exemption Information

Partial Exempt Assessments: Class 07/01/2023 07/01/2024
 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-24-01812
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 12039 PATAPSCO RIDGE RD, Marriottsville, 21104

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
10075		\$265.00	06/26/2024	SMARTIN		

Owner Info.: POANDI TIMOTHY E
12039 PATAPSCO RIDGE RD
MARRIOTTSVILLE, MD 21104

Work Description:

Transaction Code: BM0P5BE4114B
Date: 06/26/2024 11:54:55 AM
Card Type: Visa
Card Number: xxxxxxxxxxxx9322
Authorization Code: 111111
Total Amount: \$265.00
Operator ID: SMARTIN
Cash Drawer ID :
Record: WS-PT-24-01812
I agree to pay the above amount according to the Credit Card issuer agreement.
Sign Below:

Print Receipt

Cancel

Transaction Code: BM0P5BE4114B
Date: 06/26/2024 11:54:55 AM
Card Type: Visa
Card Number: xxxxxxxxxxxx9322
Authorization Code: 111111
Total Amount: \$265.00
Operator ID: SMARTIN
Cash Drawer ID :
Record: WS-PT-24-01812
I agree to pay the above amount according to the Credit Card issuer agreement.
Sign Below:

Print Receipt

Cancel