

A5876602

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Woodmark
 PROPERTY ADDRESS 12237 Carroll mill Rd Ellicott city md 21042
STREET TOWN ZIP

TAX ACCOUNT # 03-279456 TAX MAP 0022 GRID 0012 PARCEL 0167 LOT NO. 22 PROPOSED LOT SIZE (ACRES) 1.1300
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Joshua & Victoria Budich
 DAYTIME PHONE 443-362-1100 CELL _____ EMAIL jbudich@gmail.com
 MAILING ADDRESS _____

APPLICANT Legacy Septic RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 410-826-8766 CELL 301-370-4121 EMAIL DLeister@Legacyseptic.com
 MAILING ADDRESS 2914 Hanover pike manchester md 21102
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 5 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?

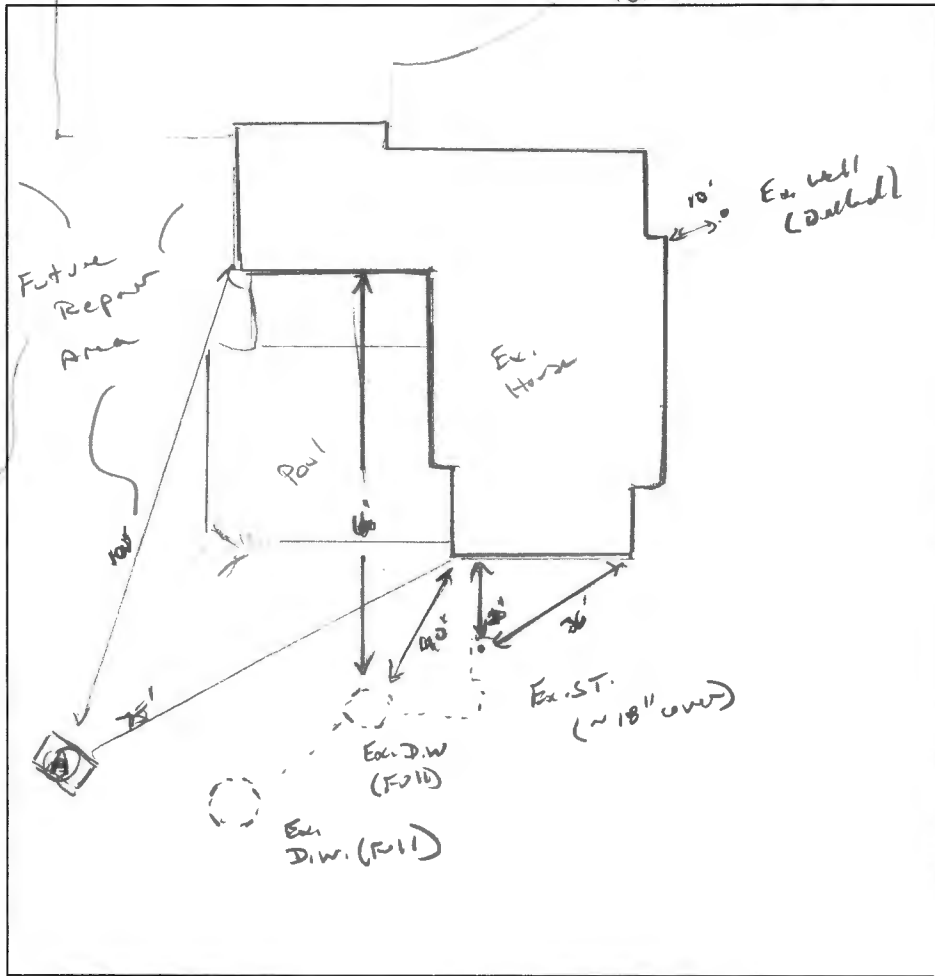
- YES
- NO

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] 2-27-23
SIGNATURE OF APPLICANT DATE



- Carroll Mill Rd -

2'
 5-6'
 9'
 14'

(A)
 1 Br Brk Ch
 w/ SRK, rwd
 Drk Rd Cl.
 m Co SBK
 Frubble,
 channin

1 Br SL
 w/ Co SBK
 Frubble, micaceous
 channin

1 Br FSL
 w/ capl.
 Frubble,
 micaceous

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|-----------|--------|-------------------------------|-------|---------------|--------------|------------------|-------|
| 3/19/2024 | (A) | 56' 14' | 00:34 | 00:37 | 00:41 | 4 | P |
| | | H ₂ O passed @ 14' | | | | ~5mpg | P |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

REMARKS 2 seepage pits found, overfull

SANITARIAN K. Wolf BACKHOE Mitt OTHERS _____

TEST HOLES USED IN SDA 1 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 2' INLET DEPTH 3' MAX. BOT DEPTH 10' EFFECTIVE SW 6

$$5 BR = \frac{750}{1.2} = 625 \div 2 = 312 (1.76) = 112 (2 \times 60)$$

FOGLE'S SEPTIC CLEAN, INC.
 580 Obrecht Road • Sykesville • Maryland 21784
 (410) 795-5670



SEPTIC EVALUATION

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Buyer / <input type="checkbox"/> Seller | Date: <u>2/21/2024</u> Time: <u>10:00</u> | Occupied? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No |
| Client: <u>ROBERT TESTANI</u> | Ordered By: <u>ROBERT TESTANI</u> | If vacant, how long? |
| Property Address: <u>12237 CARROLL MILL RD ELLICOTT CITY, MD 21042</u> | Phone: <u>443-812-1812</u> | Last pumped: <u>NOV 2023-FOGLE'S</u> |
| | email: <u>RTESTANI@MSN.COM</u> | Property age: <u>1971</u> # Bedrooms: <u>5</u> |
| Weather: | County Records: <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Received | Confirmed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Left Message |
| Ground Conditions: | | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Liquid level: <input checked="" type="checkbox"/> Above Normal / <input type="checkbox"/> Normal / <input type="checkbox"/> Below normal <u>*</u> | Depth of tank: <u>2'</u> |
| Maintenance Appears: <input type="checkbox"/> Good / <input checked="" type="checkbox"/> Fair / <input type="checkbox"/> Poor | Access to tank: <u>6" x 10"</u> |
| Effluent Filter present? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No | Pump system: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No |

| Type of Tank | Tank Composition & Size | Type of Absorption System |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Septic Tank (1 tank) <input type="checkbox"/> Cesspool <input type="checkbox"/> Aeration System <input type="checkbox"/> Other: | <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Unknown Tank Size: <u>1500g</u> Baffles intact? <input type="checkbox"/> Yes / <input type="checkbox"/> No <u>?</u> | <input type="checkbox"/> Drainfield <input checked="" type="checkbox"/> Drywell <u>2 in series</u> <input type="checkbox"/> Sandmound <input type="checkbox"/> Other: |

| Inspected System Appears: | Inspector's Comments | Sketch of System |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <input type="checkbox"/> Functional <input type="checkbox"/> Marginal <input checked="" type="checkbox"/> Unsatisfactory | <p>Septic tank is overfull. There are 2 drywells in series and both are overfull. We recommend contacting HCHO to confirm and design a replacement system approx cost \$8,000-\$12,000.</p> | |
| Inspector: | | |
| Signature: <u>R. Russell</u> | | |
| Inspection Fee: <u>\$335</u> | | |
| Locate/Hand Digging Fee: | | |
| Water Test: <input checked="" type="checkbox"/> U&O <input checked="" type="checkbox"/> Lead <input type="checkbox"/> Nitrite | | |
| Water Test Other: <u>200 + 50 + 85</u> | | |
| Amount Due: | | |
| Check # | | |

IMPORTANT:

- This is a subjective and visual inspection only, based upon many unknown and unseen factors.
- The condition of the Sewage Disposal system is reported as of the above date.
- This report does not WARRANT nor GUARANTEE continued functional Sewage Disposal System operations.
- If house has been unoccupied, this report may not be accurate. Little or no use of the septic system could have allowed the problems to temporarily clear themselves.
- If a larger family is moving in than is presently occupying the house, the septic system may be subject to failure.
- If the general ground condition is wet, this report may not be accurate, as ground moisture may cover or hide actual septic effluent on the surface.
- In the above cases, it is strongly suggested that the septic system be re-certified in 3 to 6 months.
- If the system is rated below as marginal or unsatisfactory, it is suggested that the local health department be contacted to inspect and confirm the findings.
- This report addresses the functionality of the system. It does not warrant or guarantee sizing for permitting code or regulation now or in the future.

Payment for this inspection signifies understanding and acceptance of above clauses.

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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: NOV 2023
 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: Legacy Septic Contractor's Phone: 410-840-8766
 Contractor's Address: 2914 Hanover pike Manchester MD 21102
 Property Address: 12237 Carroll mill Rd County File: _____
 Subdivision: Woodmark Lot: 22 Year Built: 1971
 Owner's Name: Joshua & Victoria Budich Existing bedrooms: 5
 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.