



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 1403

PROPERTY ADDRESS 14335 Beasworth way Catonsville MD 21737

TAX ACCOUNT # TAX MAP 0021 GRID 0022 PARCEL 0098 LOT NO. 27 PROPOSED LOT SIZE (ACRES) 1.04

ZONING CATEGORY TIER

PROPERTY OWNER(S) Park Sung

DAYTIME PHONE CELL 240-674-6618 EMAIL

MAILING ADDRESS 14335 Beasworth way Catonsville MD

APPLICANT Scott Winkler (mistake) RELATIONSHIP TO OWNER: Septic Repair

DAYTIME PHONE 240-674-6618 CELL 1111 EMAIL Pipedownps@yanco.com

MAILING ADDRESS 6218 Woodville Road Mt Airy 21771

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 DATE 4/21/22

RECEIPT

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

Application: WS-SP-APP-24-00076
Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application
Address: 14335 BENSWORTH WAY, Glenelg, 21737

Receipt No.	9430					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	660	\$265.00	04/24/2024	SMARTIN		

Owner Info.: PAIK SEUNG B TRUSTEE
14335 BENSWORTH WAY
GLENELG, MD 21737

Work Description:

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Account Identifier: District - 04 Account Number - 372530

Owner Information

Owner Name: PAIK SEUNG B TRUSTEE
 IN NAM HI TRUSTEE
Mailing Address: 14335 BENSWORTH WAY
 GLENELG MD 21737-

Use: RESIDENTIAL
Principal Residence: YES
Deed Reference: /18379/ 00490

Location & Structure Information

Premises Address: 14335 BENSWORTH WAY
 GLENELG 21737-0000

Legal Description: LOT 27 1.04 A
 14335 BENSWORTH WAY
 EDGEWOOD FARM PH 2 RSB

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	19268
0021	0022	0090	4010104.14	1403		9999	27	2023	Plat Ref:	

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
2014	5,192 SF	1955 SF	1.0400 AC	000000

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
2	YES	STANDARD UNIT	FRAME/	6	5 full/ 1 half	1 Attached	

Value Information

	Base Value	Value As of 01/01/2023	Phase-in Assessments	
			As of 07/01/2023	As of 07/01/2024
Land:	245,400	211,600		
Improvements	802,400	1,061,400		
Total:	1,047,800	1,273,000	1,122,867	1,197,933
Preferential Land:	0	0		

Transfer Information

Seller: PAIK SEUNG B Type: NON-ARMS LENGTH OTHER	Date: 09/25/2018 Deed1: /18379/ 00490	Price: \$0 Deed2:
Seller: TOLL MD V LP Type: ARMS LENGTH IMPROVED	Date: 09/17/2014 Deed1: /15785/ 00438	Price: \$1,150,967 Deed2:
Seller: Type: NON-ARMS LENGTH OTHER	Date: Deed1: /10677/ 00461	Price: \$0 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

Sp C Tax

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

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



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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: Today
 No

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

Yes Explain observation: fields filling
 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: PIPE DOWN

Contractor's Phone: 240-674-6618

Contractor's Address: 6218 Woodville road

Property Address: 14335 Bensworth way

County File: _____

Subdivision: _____

Lot: _____ Year Built: _____

Owner's Name: Park Sung

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.

2/2020