

1586795

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 3001
 PROPERTY ADDRESS 5401 Broadwater Lane Clarksville MD 21029
STREET TOWN ZIP
 TAX ACCOUNT # 391512 TAX MAP 0028 GRID 0027 PARCEL 0152 LOT NO. 1 PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Dorreen Hines
 DAYTIME PHONE _____ CELL 240 832 1039 EMAIL _____

MAILING ADDRESS 5401 Broadwater Lane Clarksville MD 21029
STREET CITY, STATE ZIP

APPLICANT Hotfields Equipment Inc RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 301 490 4284 CELL 410 984 4880 EMAIL khalfeld@hotfieldsequipment.com
 MAILING ADDRESS P O Box 519 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
- REPAIR OR REPLACE FAILING OSDS
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- 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.

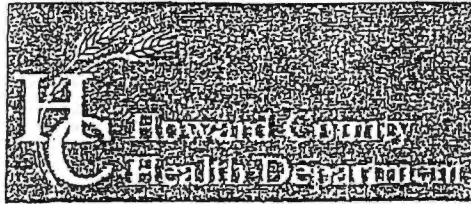
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Ker Wainwright

8-27-24

SIGNATURE OF APPLICANT

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

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
- [x] Failing System
- [] System relocation for proposed addition
- [] System upgrade for proposed addition
- [] Inadequate treatment zone
- [] Collapsed septic tank
- [x] Collapsed drywell

Has the septic tank been pumped within the last month?

- Has the septic tank been pumped within the last month?
- [x] Yes Date pumped:
- [x] No

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

- Was a visual inspection of the septic tank and/or drain fields conducted?
- [x] Yes Explain observations:
- [] No

Existing system design

- Existing system design
- [x] Drywell
- [x] Trench
- [] Mound
- [] Unknown
- [] Other:

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
- [] Yes
- [] Blockage leading to the tank
- [] Yes. Explain:
- [] No
- [] Blockage leading to the field
- [] Yes. Explain:
- [x] No

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
- [] Yes
- [x] 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 Regulation.

Septic Contractor: Hatfields Equipment, Inc Contractor's Phone: 301 490 4289
Contractor's Address: P.O. Box 519 Annapolis Junction MD 20701

Property Address: 5401 Broadwater Lane County file:

Subdivision: 3001 Lot: 1 Year Built: 1990

Owner's Name: Doreen Hines Owner's Phone: 240 832 1039

Name of previous owners: Smith Existing bedrooms: 4
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): No

Public Sewer available/nearby: NO

*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.

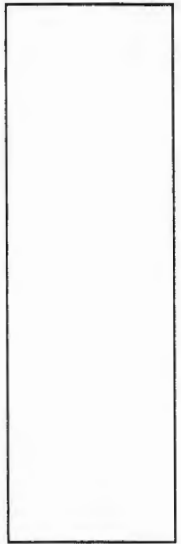
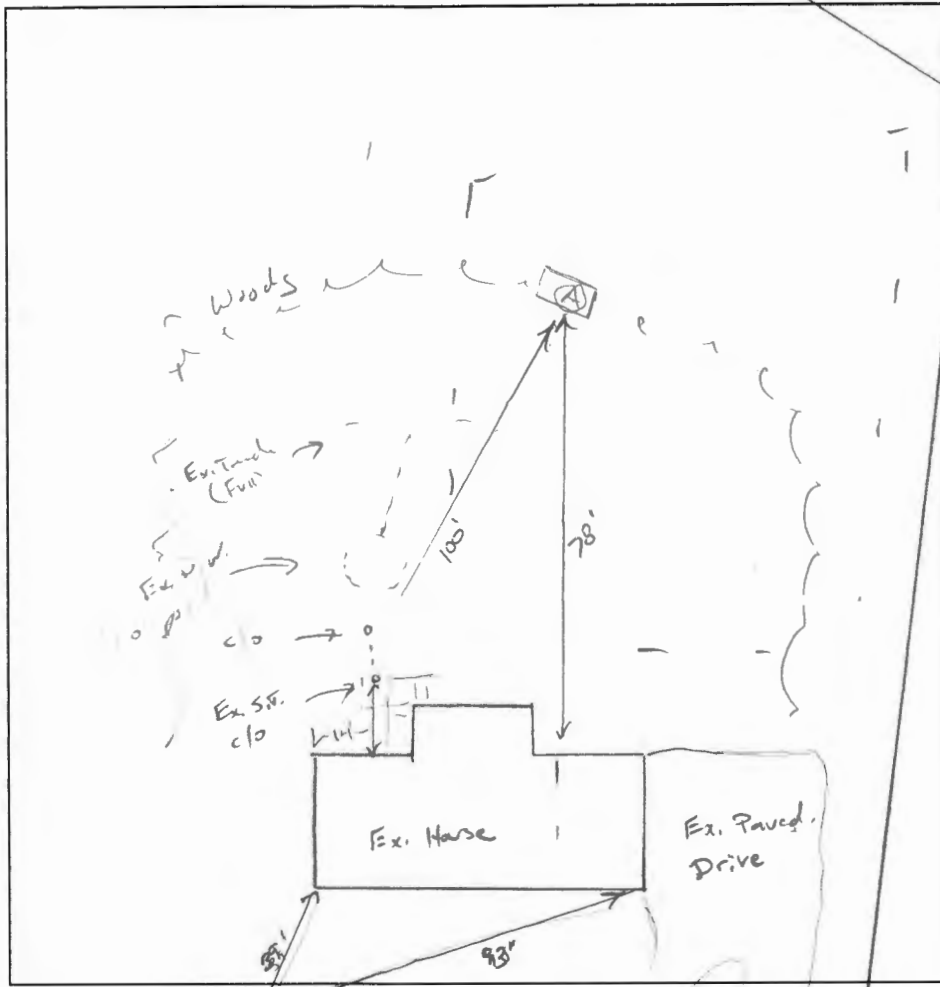
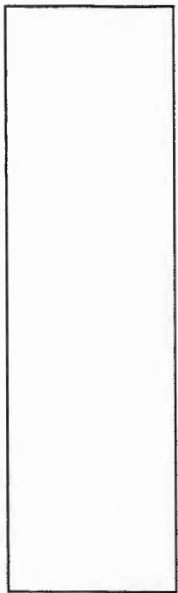
Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found [x]

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required; if the owner believes reason for exemption exists, the owner should justify the request in writing.

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 situation exists. The contractor is to notify office of the emergency situation as soon as possible.



4
6
14

(A)
Br CL
WK Co SK
Rd/Br CL
M Co SK
Frable CW
10% chaus

Br Rd SL
M Co SK
CS.

1: Br / 4 SL
WK Co pl
CW, Frable
15% S. prod
W. Ly. n. c. s.

HO-73-4016

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/12/2021	(A)	6' / 14"	00:11	00:21	00:38	17	P

REMARKS Ex. D.W. collapsed, Ex. Tank full no sur-face discharge.

SANITARIAN K. Wolf BACKHOE Kenny Jr OTHERS Kenny Sr.

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 0.6 gal / ft²

TRENCH WIDTH 3 INLET DEPTH 3' MAX. BOT DEPTH 10 EFFECTIVE SW 6-10 (C. 42)

$4 \text{ BR} = \frac{600}{0.6} = 1000 \div 3 = 333 (.42) = 140 (2 \times 70)$

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Account Identifier: District - 05 Account Number - 391512

Owner Information

Owner Name: HINES DOREEN A K Use: RESIDENTIAL
 Principal Residence: YES
 Mailing Address: 5401 BROADWATER LN Deed Reference: /05642/ 00406
 CLARKSVILLE MD 21029-1118

Location & Structure Information

Premises Address: 5401 NE BROADWATER LN Legal Description: LOT 1 3.047 A
 CLARKSVILLE MD 21029-0000 5401 BROADWATER LN
 BROADWATER PROP

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	4977
0028	0022	0152	5030301.14	3001			1	2023	Plat Ref:	

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1990	2,374 SF	1000 SF	3.0400 AC	

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

Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2023	07/01/2024	07/01/2025
Land:	195,300	296,500		
Improvements	327,100	352,400		
Total:	522,400	648,900	606,733	648,900
Preferential Land:	0	0		

Transfer Information

Seller: SMITH MARGARET BROADWATER	Date: 08/24/2001	Price: \$260,000
Type: ARMS LENGTH IMPROVED	Deed1: /05642/ 00406	Deed2:
Seller: SMITH MARGARET B	Date: 09/19/1996	Price: \$0
Type: NON-ARMS LENGTH OTHER	Deed1: /03815/ 00476	Deed2:
Seller: BROADWATER ARLIE W	Date: 10/13/1981	Price: \$0
Type: ARMS LENGTH MULTIPLE	Deed1: /01074/ 00112	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2024	07/01/2025
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: None

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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-24-02563
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 5401 BROADWATER LN, Clarksville, 21029

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
10548	4702	\$265.00	08/27/2024	SMARTIN		

Owner Info.: HINES DOREEN A K
5401 BROADWATER LN
CLARKSVILLE, MD 21029

Work Description:



HOWARD COUNTY HEALTH DEPARTMENT

86795

CODES

DATE 8/27/24

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CASH
 CHECK

Received From

For

Howard County
 For 2nd Pmt - 5181 Broadwater Lane

NO.
 4402

Two hundred sixty five — 0.100 — Dollars

\$ 265.00

Received By

[Signature]