



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Handwritten number: 1586741

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME
PROPERTY ADDRESS 12210 Hall Shop Rd Clarksville 21029
STREET TOWN ZIP
TAX ACCOUNT # 05-368480 TAX MAP 40 GRID 6 PARCEL 95 LOT NO. PROPOSED LOT SIZE (ACRES)
ZONING CATEGORY TIER

PROPERTY OWNER(S)

Holly Schmidt

DAYTIME PHONE 562-413-6042 CELL EMAIL holly.schmidt13@gmail.com
MAILING ADDRESS same as property address
STREET CITY, STATE ZIP

APPLICANT

Fogle's Septic Clean, Inc.

RELATIONSHIP TO OWNER: Septic Contractor

DAYTIME PHONE 410-795-5670 CELL EMAIL john@foglesinc.com
MAILING ADDRESS 580 Obrecht Rd Sykesville, 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 3 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.

Handwritten signature of applicant

7/8/2024

SIGNATURE OF APPLICANT

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: 7/3/2024
 No

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

Yes Explain observation: Failing drywell
 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: Fogle's Septic Clean, Inc. Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville, MD 21784

Property Address: 12210 Hall Shop Rd County File: 05-368480

Subdivision: n/a Lot: _____ Year Built: 1960

Owner's Name: Holly Schmidt Existing bedrooms: 3

Name of previous owners: Elisabeth Berman Existing bedrooms: _____

Howard & Dorothy Stull 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

RECEIPT

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

Application: WS-PT-24-02014
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 12210 HALL SHOP RD, Clarksville, 21029

Receipt No.	10161					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	08494	\$265.00	07/09/2024	SMARTIN		

Owner Info.: SCHMIDT HOLLY M
12210 HALL SHOP RD
CLARKSVILLE, MD 21029

Work Description:



- (A)
- 2' Dk Br CL
M GSBK
CW, Frable.
- 4' Br Y/R L
WK GSBK,
10% Pa,
cherry
- 8' Y/R IR F Sil
WK Copl
Frable,
15% Sup. &
Highly porous
- 10' Water seep
Carry
- 16' Y/R R F Sil

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/23/2024 (A)		55' 16V	00:10	00:12	00:16	4	P

REMARKS Ed. D.W. Full. No surface discharge
 SANITARIAN Ki Wolf BACKHOE Jenny Demers OTHERS helper

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

TRENCH WIDTH 3 INLET DEPTH 2' MAX. BOT DEPTH 6 EFFECTIVE SW 5-6 (.83)

$3 BR \times \frac{450}{112} = 375 \div 3 = 125 (.83) = 104 LF$





G/bB

500

G/bB

G/bB

HALL SHOP RD

HALL SHOP RD

HALL SHOP RD

HALL SHOP RD

HALL SHOP RD

HALL SHOP RD

G/bB

12340

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G/bB

480

GREEN



HOWARD COUNTY HEALTH DEPARTMENT

86741

CODES

DATE
7/9/24

15

<input type="checkbox"/> CASH
<input checked="" type="checkbox"/> CHECK
NO.
86741

Received From

Tonles Septic Clean Inc

For

Repair POC - 12210 Hill Street Road

Two hundred sixty five ^{two}/₁₀₀ Dollars

\$ 265.00

Received By

[Signature]