

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Linden Chapel

PROPERTY ADDRESS 5024 Morning Star Drive Dayton MD 21036
STREET TOWN ZIP

TAX ACCOUNT # 379148 TAX MAP 0028 GRID 0014 PARCEL 0299 LOT NO. 3 PROPOSED LOT SIZE (ACRES) 40,554

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Daniel & Mary McMahon

DAYTIME PHONE 301 854 9877 CELL _____ EMAIL _____

MAILING ADDRESS 5024 Morning Star Drive Dayton MD 21036
STREET CITY, STATE ZIP

APPLICANT Hatfield's Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 301 490 4289 x2 CELL 410 984 4880 EMAIL Khatfield@hatfields.equipment.com

MAILING ADDRESS PO 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
- 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.

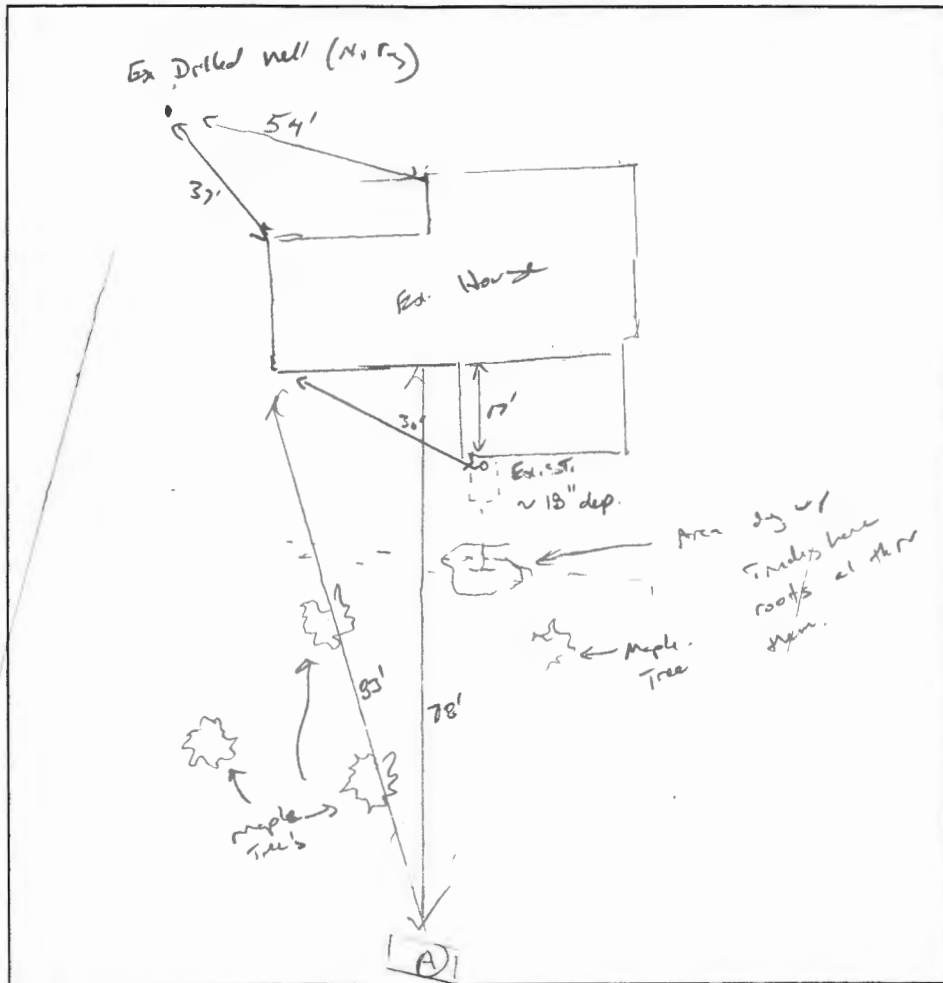
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Ken Hatfield

5-17-24

SIGNATURE OF APPLICANT

DATE



(A)
 br cl.
 mcosbk
 Frable, roots
 2'
 1: br/Y L
 wk Co Sbk
 Frable, roots
 15% channels
 10% Res
 5'
 1: br/Y/RSL
 wk Copl.
 Frable, micaceous
 15% sep.
 channels
 8'
 Br M/R SL
 wk Copl.
 Frable,
 10% Lly micaceous
 10% Sep.
 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/4/2024	(A)	7' 15'	00:27	00:29	00:32	3	(P)
		H ₂ O found @ 15'				≈ 7mpg	P

REMARKS Ex. trenches full of roots. Back hoe had to be replaced due to roots
 SANITARIAN K. Wolf BACKHOE Kenny Hothel OTHERS _____

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

TRENCH WIDTH 2' INLET DEPTH 3' MAX. BOT DEPTH 9 EFFECTIVE SW 6-9 (.44)

$$4BR = \frac{600 \text{ gpd}}{1.2} = 500 \div 2 = 250 (.44) = 110 \text{ LF} \quad 2 \times 55$$



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:

- 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
No

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

- Yes Explain observations: No water running back
No

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:
No

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

Is discharge surfacing on the ground?

- Yes
No

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 Contractor's Phone: 301.490.4289 x2
Contractor's Address: P O Box 519 Annapolis Junction MD 20701

Property Address: 5024 Morning Star Drn County file:

Subdivision: Linden Chapel Lot: 3 Year Built: 1978

Owner's Name: Mary + Patrick McMahon Owner's Phone: 301 854 9871

Name of previous owners: Lawrence Isakson Existing bedrooms: 4
Proposed bedrooms: 4

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

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.

RECEIPT

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

Application: WS-PT-24-01272
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 5024 MORNING STAR DR, Dayton, 21036

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
9692	4691	\$265.00	05/17/2024	SMARTIN		

Owner Info.: MCMAHON DANIEL J
5024 MORNING STAR DR
DAYTON, MD 21036

Work Description: