



# HOWARD COUNTY HEALTH DEPARTMENT

67898

DATE  
7/14/20

05

Received From

Sams Creek Construction PHONE # 443-610-0002

For

Minor Septic Repair  
7256 Route 32

- CASH
- CHECK

NO.

3653

Fifty Five

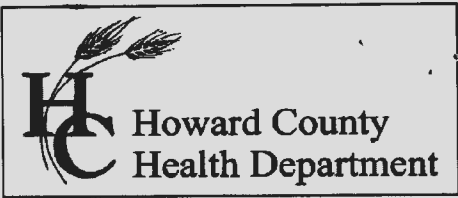
Dollars

\$

55 | 00

Received By

Phil Buttz



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

Maura

J. Rossman, M.D., Health Officer

RECEIPT DATE: 7/14/20 ONSITE SEWAGE DISPOSAL SYSTEM P 567898

INSTALLATION APPROVAL DATE: 07/20/2020 PERMIT MINOR REPAIR A

PROPERTY ADDRESS: 7256 Guilford Road

SUBDIVISION: LOT: TAX ID: 05-363179

CONTRACTOR: Sam's Creek EMAIL: sams.creek@aol.com

CONTRACTOR ADDRESS: 2810 Sams Creek Road, New Windsor, MD 21776 PHONE: 443-821-4932

PROPERTY OWNER: John Parsons EMAIL:

OWNER ADDRESS: 7256 Guilford Road, Clarksville, MD 21029 PHONE: 410-707-5455

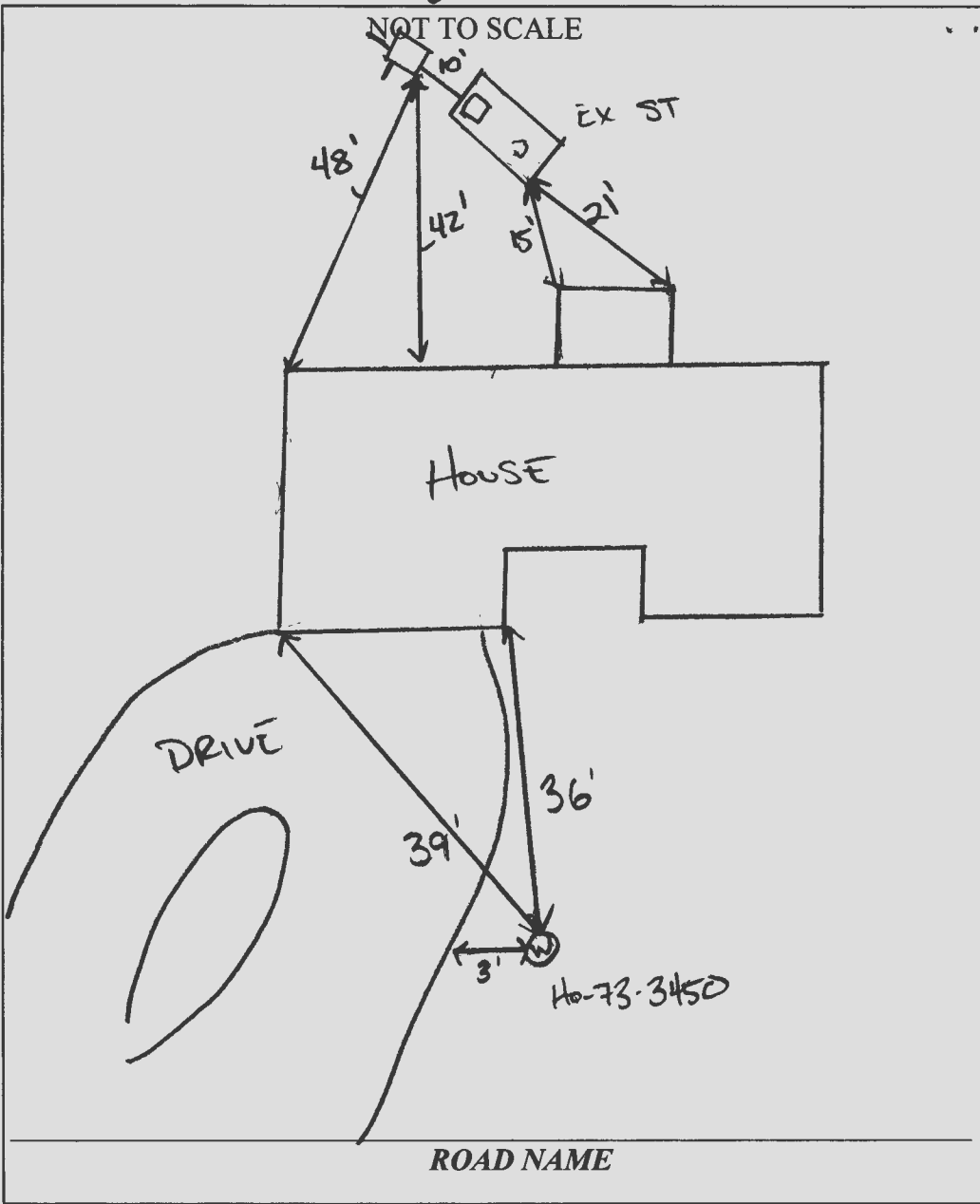
NUMBER OF BEDROOMS: SEPTIC TANK SIZE: DRAINFIELD SIZE/TYPE:

Table with 2 columns: LOCATION, NOTES

ISSUED BY: ISSUE DATE: EXPIRATION DATE:

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT. CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM.



**TRENCH/DRAINFIELD DATA**

WIDTH \_\_\_\_\_ INLET \_\_\_\_\_ BOTTOM \_\_\_\_\_

EXISTING

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL LENGTH \_\_\_\_\_

ABSORPTION AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DISTRIBUTION BOX BAFFLE \_\_\_\_\_

DISTRIBUTION BOX PORT \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH 28"

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

PUMP/SEPTIC TANK LEVEL \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

EXISTING

PRE-CONSTRUCTION:

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INSTALLATION: 07/20/2020 10' LINE INSTALLED BETWEEN ST AND D BOX. SCH 40 PVC.

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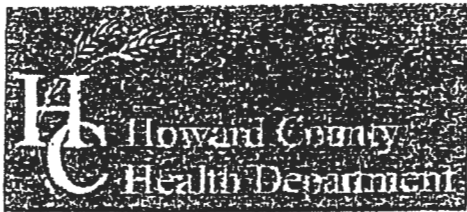


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FINAL INSPECTOR [Signature] DATE OF APPROVAL 07/20/2020



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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request: REPAIR OF

- Failing System OF PIPE
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:
No

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

- Yes Explain observations: CONCRETE 1500
No CAULK TANK

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: TERRAZO PIPES BETWEEN
TANK & D-BOX NEEDS
REPLACEMENT
No

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

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 Regulation.

Septic Contractor: SAMS CREER Contractor's Phone: 443-690-0082
Contractor's Address: 2010 SAMS CREER ROAD MD-2 WINDSOR, MD 21776

Property Address: 7256 ROUTE 32 County file:
Subdivision: Lot: Year Built: 1981
Owner's Name: JOHN PARSLOW Owner's Phone: 410-707-5455

Name of previous owners: COVE MORTGAGE CORP, Existing bedrooms: 5
KIMOTH CAPOR Existing bedrooms: Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): NO
Public Sewer available/nearby:

\*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.



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APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME N/A

PROPERTY ADDRESS 7256 ROUTE 32 CLARKSVILLE 21029

TAX ACCOUNT # 363179 TAX MAP C035 GRID C021 PARCEL C085 LOT NO. - PROPOSED LOT SIZE (ACRES) 2 ACRES

ZONING CATEGORY TIER

PROPERTY OWNER(S) JOHN PARSONS

DAYTIME PHONE CELL 410-707-5755 EMAIL

MAILING ADDRESS 7256 ROUTE 32 CLARKSVILLE

APPLICANT SAMS CREEK/JESSICA RELATIONSHIP TO OWNER: CONTRACTOR

DAYTIME PHONE CELL 4436900088 EMAIL SAMS.CREEK@AOL.COM

MAILING ADDRESS 2810 SAMS CREEK RD NEW WOODS MD 21726

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) CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS UPGRADE EXISTING OSDS REPLACE = 10' BETWEEN TANK & D-BOX

- 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 OF APPLICANT DATE 7/10/2020

Real Property Data Search

Search Result for HOWARD COUNTY

[View Map](#)      [View GroundRent Redemption](#)      [View GroundRent Registration](#)

Special Tax Recapture: None

**Account Identifier:**      **District - 05 Account Number - 363179**

<b>Owner Name:</b>	PARSONS JOHN V PARSONS DEIRDRE E T/E	<b>Use:</b>	RESIDENTIAL
<b>Mailing Address:</b>	7256 ROUTE 32 CLARKSVILLE MD 21029-1627	<b>Principal Residence:</b>	YES
		<b>Deed Reference:</b>	/04189/ 00650

<b>Premises Address:</b>	7256 ROUTE 32 CLARKSVILLE 21029-0000	<b>Legal Description:</b>	2 A 7256 ROUTE 32 CLARKSVILLE
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<b>Map:</b>	<b>Grid:</b>	<b>Parcel:</b>	<b>Neighborhood:</b>	<b>Subdivision:</b>	<b>Section:</b>	<b>Block:</b>	<b>Lot:</b>	<b>Assessment Year:</b>	<b>Plat No:</b>
0035	0021	0285	5020202.14	2002				2020	
									<b>Plat Ref:</b>

Town: None

<b>Primary Structure Built</b>	<b>Above Grade Living Area</b>	<b>Finished Basement Area</b>	<b>Property Land Area</b>	<b>County Use</b>
1981	1,997 SF		2.0000 AC	

<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>	<b>Quality</b>	<b>Full/Half Bath</b>	<b>Garage</b>	<b>Last Notice of Major Improvements</b>
1	YES	STANDARD UNIT	BRICK/	5	2 full	1 Attached	

	<b>Base Value</b>	<b>Value</b>	<b>Phase-in Assessments</b>	
		As of 01/01/2020	As of 07/01/2019	As of 07/01/2020
<b>Land:</b>	235,000	260,000		
<b>Improvements</b>	240,100	292,800		
<b>Total:</b>	475,100	552,800	475,100	501,000
<b>Preferential Land:</b>	0			0

<b>Seller:</b> PARSONS JOHN V	<b>Date:</b> 10/07/2003	<b>Price:</b> \$0
<b>Type:</b> NON-ARMS LENGTH OTHER	<b>Deed1:</b> /04189/ 00650	<b>Deed2:</b>
<b>Seller:</b> CONTI MORTGAGE CORPORATION	<b>Date:</b> 02/17/1998	<b>Price:</b> \$230,000
<b>Type:</b> NON-ARMS LENGTH OTHER	<b>Deed1:</b> /04189/ 00650	<b>Deed2:</b>
<b>Seller:</b> LAPE C KENNETH J	<b>Date:</b> 02/11/1998	<b>Price:</b> \$235,000
<b>Type:</b> NON-ARMS LENGTH OTHER	<b>Deed1:</b> /04189/ 00644	<b>Deed2:</b>

<b>Partial Exempt Assessments:</b>	<b>Class</b>	07/01/2019	07/01/2020
<b>County:</b>	000	0.00	
<b>State:</b>	000	0.00	
<b>Municipal:</b>	000	0.00 0.00	0.00 0.00

Special Tax Recapture: None

**Homestead Application Status:** Approved 08/14/2009

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