



HOWARD COUNTY HEALTH DEPARTMENT

67880

DATE 6/17/20

Received From

Sams Creek Construction

PHONE #

690-0082

For

Remodel kitchen -

14333 Fox

Creek Ct.

CASH

CHECK

NO.

3622

Fifty - Five

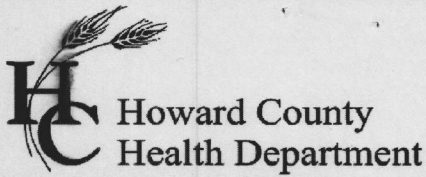
Dollars

\$

55.00

Received By

King



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: 6/18/20 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 567880

INSTALLATION APPROVAL DATE: 06/29/2020

PERMIT
MINOR REPAIR

A ~~567880~~ v/a

PROPERTY ADDRESS: Fox Creek Court

SUBDIVISION: Monticello LOT: 34 TAX ID: 04-363795

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: Susan Burris EMAIL: _____

OWNER ADDRESS: 14333 Fox Creek Court, Cooksville, MD 21723 PHONE: _____

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

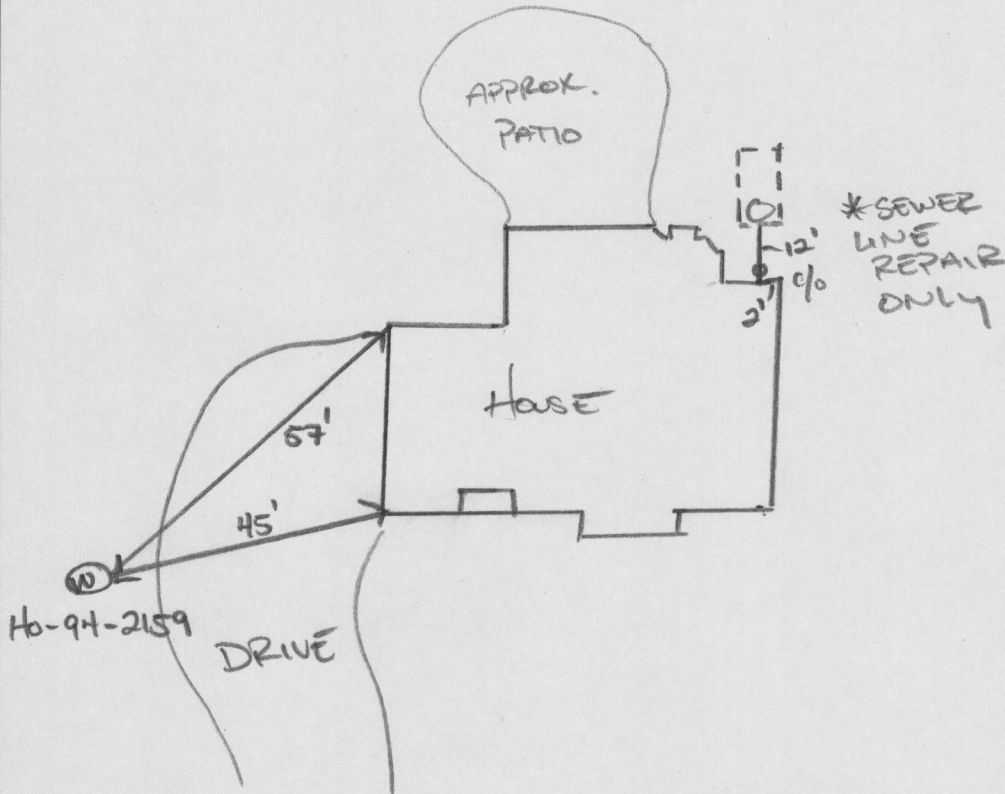
LOCATION:	
NOTES:	

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.

NOT TO SCALE



ROAD NAME
FOX CREEK COURT

PRE-CONSTRUCTION:

INSTALLATION: 06/29/2020 REPLACED SEWERLINE W/ SOLVENT WELDED
SEPT 40 PVC. OK TO BACKFILL. (H)

FINAL INSPECTOR

DATE OF APPROVAL

06/29/2020

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

EXISTING (2002)

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY 1250 GAL

SEAM LOC TOP

TANK LID DEPTH -2'

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 _____

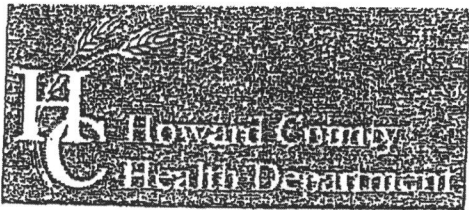
MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____



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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request: REPLACE PIPE Has the septic tank been pumped within the last month?

- Failing System FROM HOUSE TO TANK
System relocation for proposed addition
System upgrade for proposed addition
Inadequate treatment zone
Collapsed septic tank
Collapsed drywell

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

- Yes Explain observations: 1,250 GALLON TANK
14" BELOW GRADG. BAFFLES CONTACT
No

Was a visual inspection of the sewage line conducted?

- Yes Blockage leading to the tank
Yes Explain: PIPE IS DIPPING
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.

Septic Contractor: SAMS CREEK Contractor's Phone: 443 690 0082
Contractor's Address: 2810 SAMS CREEK ROAD NEW WARDEN, MD 21776

Property Address: 14333 FOX CREEK COURT County file:
Subdivision: MONTECELLO Lot: 34 Year Built: 2002
Owner's Name: SUSAN BURRES Owner's Phone: 443-742-7478

Name of previous owners: DR MARTIN DUC Existing bedrooms: 4
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): YES; KEVIN WOLF
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.

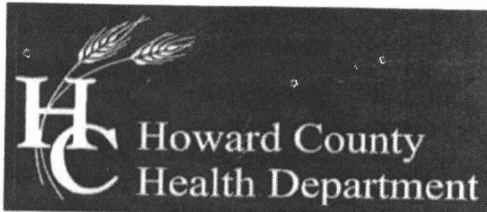
Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

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.



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Monticello

PROPERTY ADDRESS 14333 Fox Creek Court Coopersville 21723

TAX ACCOUNT # 363795 TAX MAP 0008 GRID C018 PARCEL 0110 LOT NO. 34 PROPOSED LOT SIZE (ACRES) 1.202 ac.

ZONING CATEGORY TIER

PROPERTY OWNER(S) Susan Burres

DAYTIME PHONE 413-742-7478 CELL EMAIL

MAILING ADDRESS SAME AS PROPERTY

APPLICANT SAMS CREEK RELATIONSHIP TO OWNER: CONTRACTOR

DAYTIME PHONE 413-690-0002 CELL JESSICA EMAIL SAMS.CREEK@AOL.COM

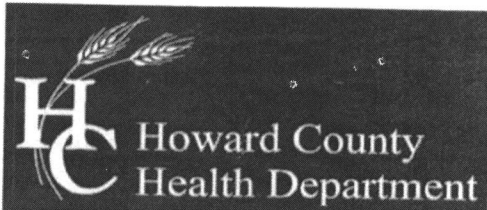
MAILING ADDRESS 2810 SAMS CREEK ROAD New Windsor, MD 21776

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 PIPE FROM HOUSE TO TRUNK
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.
Signature of Applicant: Jessica
Date: 6/12/2020



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME MANTICELLO
PROPERTY ADDRESS 14333 FOX CREEK COURT COORSVILLE 21723

TAX ACCOUNT # 363795 TAX MAP 0008 GRID C018 PARCEL 0110 LOT NO. 34 PROPOSED LOT SIZE (ACRES) 1.202 ac.
ZONING CATEGORY TIER

PROPERTY OWNER(S) SUSAN BURRESS
DAYTIME PHONE 443-742-7478 CELL EMAIL
MAILING ADDRESS SAME AS PROPERTY

APPLICANT SAMS CREEK RELATIONSHIP TO OWNER: CONTRACTOR
DAYTIME PHONE 443-690-0082 CELL JESSICA EMAIL SAMS.CREEK@AOL.COM
MAILING ADDRESS 2810 SAMS CREEK ROAD NEW WANDSWOR, MD 21776

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 - REPLACE PIPE FROM HOUSE TO TANK
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)
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YES
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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 6/12/2020