



HOWARD COUNTY HEALTH DEPARTMENT

74114

DATE: 5/16/23

Received From

Freedom

PHONE#

410745-2944

CASH

CHECK

NO. 1064

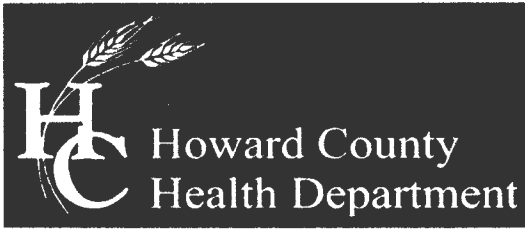
For Tire Repair / Tread on used

One hundred & fifty Dollars

\$ 105.00

Received By

J. 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
 Twitter: HowardCoHealthDep

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

174114

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 2002
 PROPERTY ADDRESS 7241 meadow wood way Clarksville 21029
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP 0041 GRID 0008 PARCEL 0423 LOT NO. 12 PROPOSED LOT SIZE (ACRES) 1.34
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Michael Allen + Brenda Allen
 DAYTIME PHONE 301-776-4301 CELL _____ EMAIL _____
 MAILING ADDRESS 7241 meadow wood way Clarksville, MD 21029
STREET CITY, STATE ZIP

APPLICANT Freedom Septic RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 410-795-2847 CELL _____ EMAIL chris@freedomseptic.com
 MAILING ADDRESS 2809 Liberty Rd Sylleville, 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.

[Signature]

5/2/23

SIGNATURE OF APPLICANT

DATE

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 Date pumped: 4/28/23
 No

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

Yes Explain observation: _____
 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: Freedom Septic Contractor's Phone: 410.795.2347
 Contractor's Address: 2809 Liberty Rd Sykesville, MD 21784
 Property Address: 7241 meadow woodley County File: _____
 Subdivision: 2002 Lot: 12 Year Built: _____
 Owner's Name: Bikinda Allen Existing bedrooms: 3
 Name of previous owners: _____ Existing bedrooms: _____
 Proposed bedrooms: _____

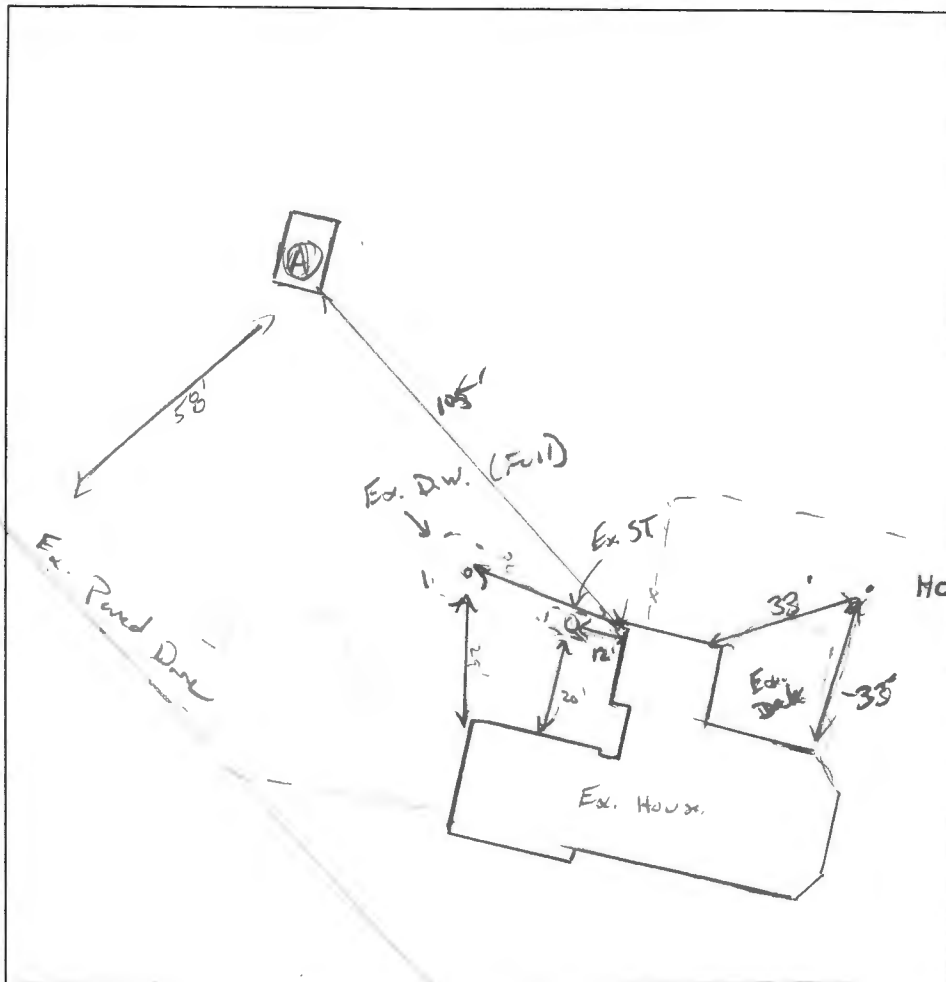
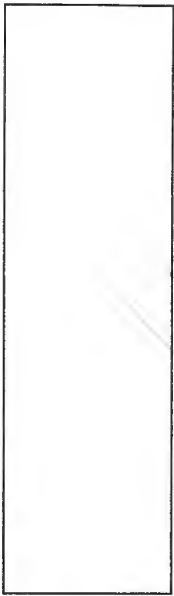
*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.
 Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.
 Print out a copy of Real Property 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.

RECEIPT

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

Application: WS-PT-23-01184
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 7241 Meadow Wood WAY,

Receipt No.	6702					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	1064	\$165.00	05/10/2023	JUKING		Receipt # 74114
Work Description:	Perc Repair/ 7241 Meadow Wood Way					



Mo-73-3033

(A)

1 Pr CL
 MASON
 0' RA
 2
 11 Pr Rd L
 M Co B/C
 Friable
 Chen
 15' R
 5'
 Br - Pale R
 SL, w/ coarse
 (w, friable
 highly micaceous
 10' in
 14'
 6' 5' street

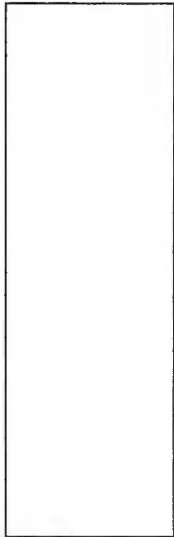
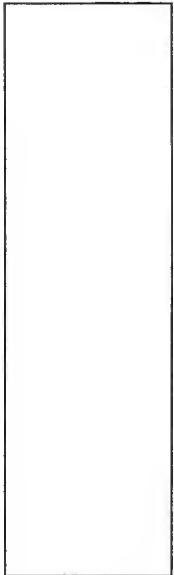
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/6/2003	(A)	57" / 14' V	00:52	00:56	01:02	6	P
		H ₂ O	found @ 14'			4 Seps	P

REMARKS Ex. Dringill over Full
 SANITARIAN K. Wolf BACKHOE Pro Farrow OTHERS helper

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 0.8

TRENCH WIDTH 2' INLET DEPTH 3' MAX. BOT DEPTH 9 EFFECTIVE SW .36 (5-9)

$$\frac{3BR}{0.8} = 562.5 \div 2 = 281.25 = \underline{\underline{101}} = (2 \times 51)$$



RECEIPT

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

Application: WS-SP-APP-23-00152
Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application
Address: 7241 Meadowood WAY,

Receipt No.	7448					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	1511	\$265.00	07/24/2023	JUKING		Receipt # 74966

Work Description: Septic Permit/ 7241 Meadowood Way