

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME N/A

PROPERTY ADDRESS 11717 Waynebridge Court Fulton 20759
STREET TOWN ZIP

TAX ACCOUNT # 1405345707 TAX MAP _____ GRID _____ PARCEL 293 LOT NO. 12 PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S)

Prakash Sankuratri

DAYTIME PHONE _____ CELL _____ EMAIL Sankuratri@gmail.com

MAILING ADDRESS _____
STREET CITY, STATE ZIP

APPLICANT

Dennis Washington Jr. RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 240.209.7571 CELL _____ EMAIL Washboyzllc@gmail.com

MAILING ADDRESS 2235 Port Tobacco Road Nanieton, MD 20662
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] 8/21/24 DW
 SIGNATURE OF APPLICANT DATE

Wolf, Kevin

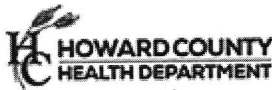
From: Wolf, Kevin
Sent: Wednesday, March 6, 2024 8:54 AM
To: washboyzllc@gmail.com
Cc: Wolf, Kevin
Subject: Perc testing site eval | 11717 Wayneridge Court

Hello Dennis,

I wanted to reach out to you about this perc test. Based on our phone conversation yesterday, please forward me a copy of the transfer inspection report completed by the third party. I will see you on Tuesday 3/12 around 10am. I mentioned to keep the machine in place before I get there but I wasn't sure if you the existing system was exposed prior. If not, you may remove the machine and dig the beginning, middle and end of the trench coming off the drywell. Hopefully the drywell is visible to grade (i.e. 6" access port), but may need to be exposed also. Please also locate the existing well on the subject property, and any neighboring wells that may be within 100feet of the property. Please have a transit/laser level, spray paint, flags, stakes with you at the time of the perc testing. I will see you on the 12th.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org
kwolf@howardcountymd.gov



twitter.com/HoCoHealth



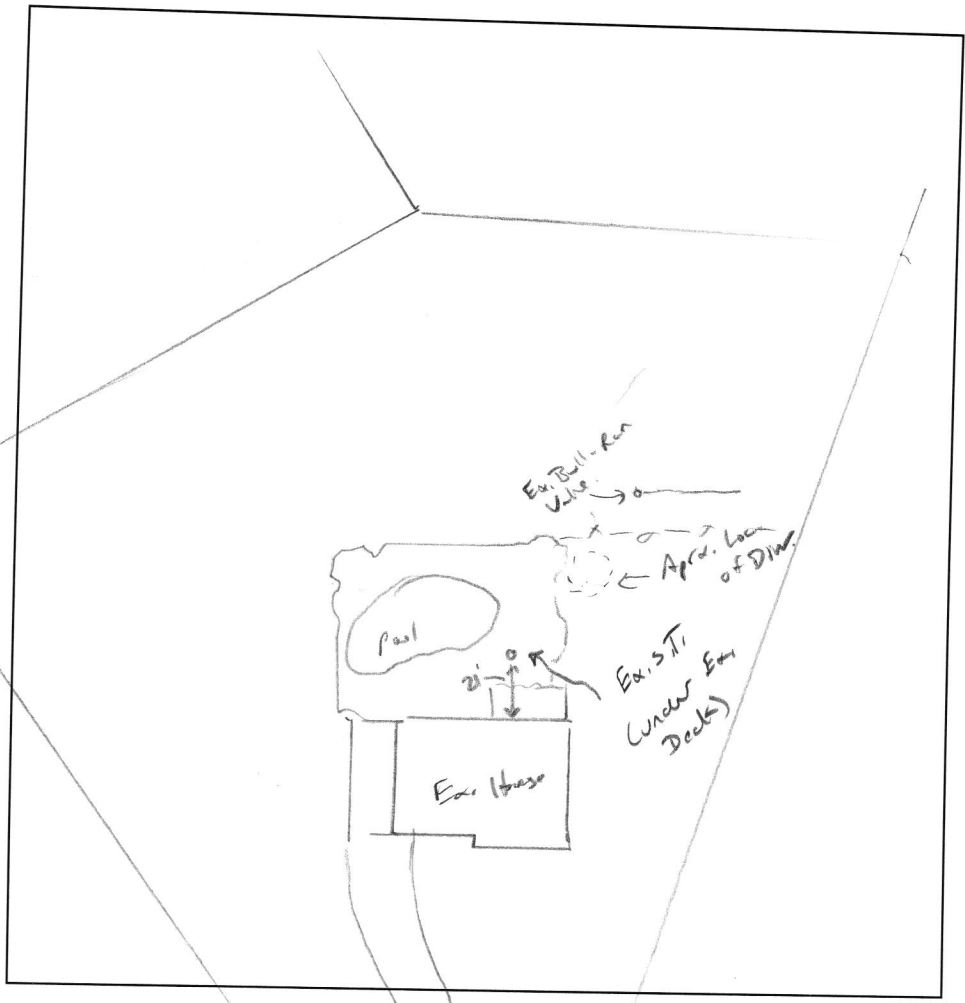
facebook.com/HoCoHealth



instagram.com/hocohealth

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DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/12/2024		No perc completed		per contractor			
		+ seller / Buyer					

REMARKS Ear bank line exposed to ear trench.

SANITARIAN K Wolf BACKHOE Dennis Wukhyn OTHERS seller's Agent

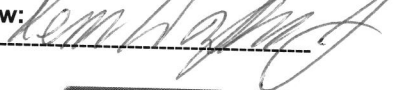
TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

Transaction Code: BQ0P9C86481C
Date: 02/21/2024 01:23:36 PM
Card Type: Visa
Card Number: xxxxxxxxxxxx6422
Authorization Code: 111111
Total Amount: \$265.00
Operator ID: SMARTIN
Cash Drawer ID :

Record: WS-SP-APP-24-00036

I agree to pay the above amount according to the Credit Card issuer agreement.

Sign Below: 

Print Receipt

Cancel

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 - 345707

Owner Information

Owner Name: TALENT RENOVATIONS LLC Use: RESIDENTIAL
 Mailing Address: 14816 PHYSICIAN LANE Principal Residence: NO
 525 Deed Reference: /21929/ 00188
 ROCKVILLE MD 20850-

Location & Structure Information

Premises Address: 11717 W WAYNERIDGE CT Legal Description: LOT 12 BL C S 2
 FULTON 20759-0000 11717 WAYNERIDGE CT
 MOORESFIELD

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:
 0041 0014 0293 5020202.14 2002 12 2023 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 1966 2,584 SF 1.3000 AC

StoriesBasementType ExteriorQualityFull/Half BathGarage Last Notice of Major Improvements
 2 NO SPLIT LEVELFRAME/4 3 full 1Det/1Carport

Value Information

	Base Value	Value		
		As of 01/01/2023	As of 07/01/2023	As of 07/01/2024
Land:	253,000	279,200		
Improvements	265,100	374,400		
Total:	518,100	653,600	563,267	608,433
Preferential Land:	0	0		

Transfer Information

Seller: COOKE JOHN G Date: 04/03/2023 Price: \$560,000
 Type: ARMS LENGTH IMPROVED Deed1: /21929/ 00188 Deed2:
 Seller: COOKE ROBERT R & WF Date: 08/31/2005 Price: \$563,000
 Type: ARMS LENGTH IMPROVED Deed1: /09441/ 00132 Deed2:
 Seller: Date: Price:
 Type: Deed1: Deed2:

Exemption Information

Partial Exempt Assessments: Class 07/01/2023 07/01/2024
 County: 000 0.00
 State: 000 0.00
 Municipal: 000 0.00|0.00 0.00|0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

5/26/83

approved 5/26/83
stayer
P 32772

PERMIT

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

OS-345707

INDEX

ELLICOTT CITY

DISTRICT 5th.

DATE 1/31/83

Jenkins Brothers IS PERMITTED TO INSTALL _____ ALTER

ADDRESS Route 144, Ellicott City, Maryland PHONE 465-6646

SUBDIVISION Mooresfield ROAD 11717 Wayne Ridge Court LOT _____

PROPERTY OWNER Mr. Robert Cook
11717 Wayne Ridge Court

ADDRESS Fulton, Maryland

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

DEEP DITCH 675 SQ FT ABSORBENT AREA FOR 5
BEDROOM HOUSE 104 FT LONG 10 FT DEEP WITH INLET
4 FT BELOW GRADE & FILLED WITH 6 FT OF STONE
PLACE DITCH 10 FT OFF OLD DW & RUN IT
TOWARD THE BACK LINE RH 5/25/83

PLANS APPROVED BY Palmer F. Wine DATE 1/31/83

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 32772

5/26/83

approved 5/26/83
stayed
P 32772

PERMIT

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-345707

ELLICOTT CITY

DISTRICT 5th.

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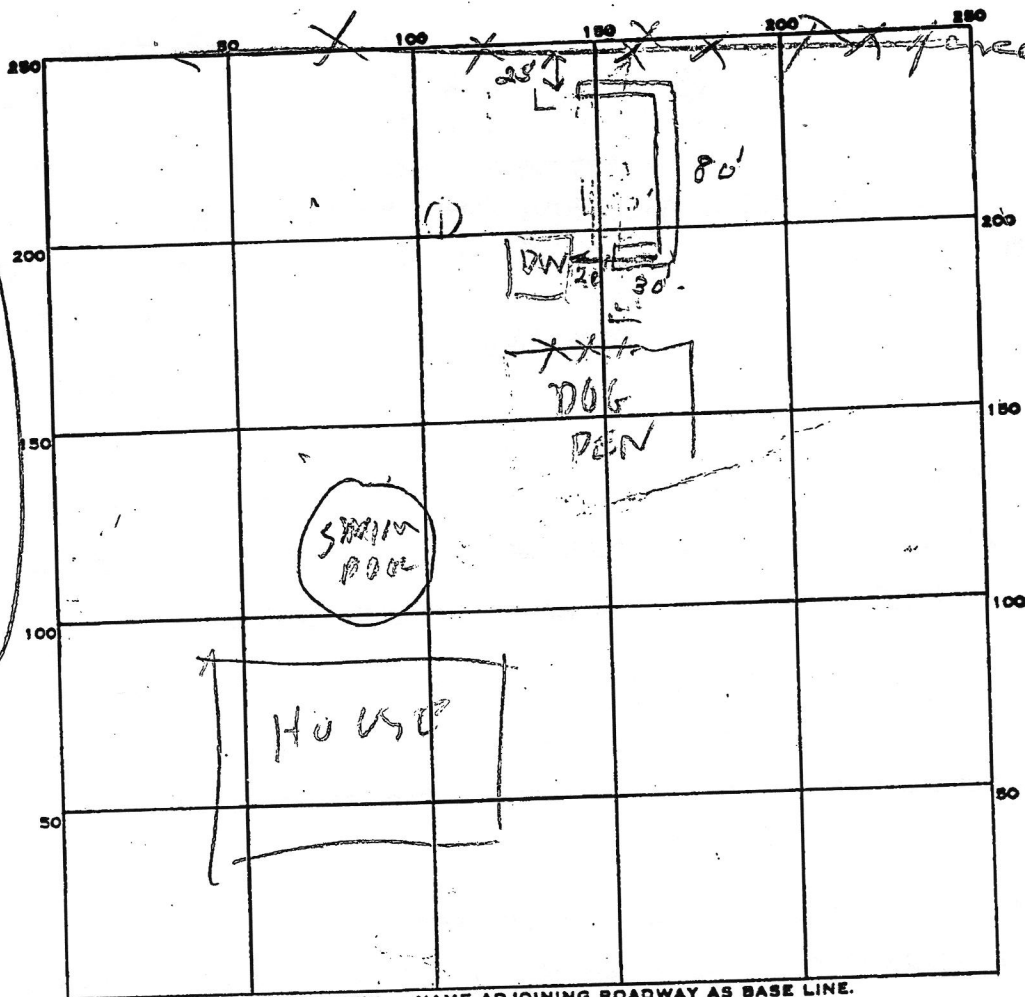
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EH - 2-1082

A 32772



①
 BROWN CLAY
 REDDISH BROWN
 SANDY LOAM & FEW SMALL ROCKS

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 WAYNE RIDGE COURT

PERMIT CARD _____
 SEPTIC TANK, LEVEL _____ CLEANOUTS _____
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 3 FT.
 GRAVEL DEPTH 6 IN. TOTAL LENGTH 125 FT.
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 750
 SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 750 SQ. FT.

125
 x 6

 750

REMARKS 3/25/83 VISUAL HOLE OIL OWNER TO MEASURE
WITCH DEPTH 23 1/2
5/26/83 Mrs. Cook measured trench depth. OK to cover all
work. JS

DATE SYSTEM APPROVED 5/26/83 INSPECTOR Stoner



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

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

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 Regulations.

Septic Contractor: Washington Boyz Contractor's Phone: 240 209 7571

Contractor's Address: 2235 Port Tobacco Rd Nanjemoy Md 20662

Property Address: 11717 Waynesbridge Ct County File: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: Parakash Sankratri Existing bedrooms: 3

Name of previous owners: _____ Existing bedrooms: 3

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 _____

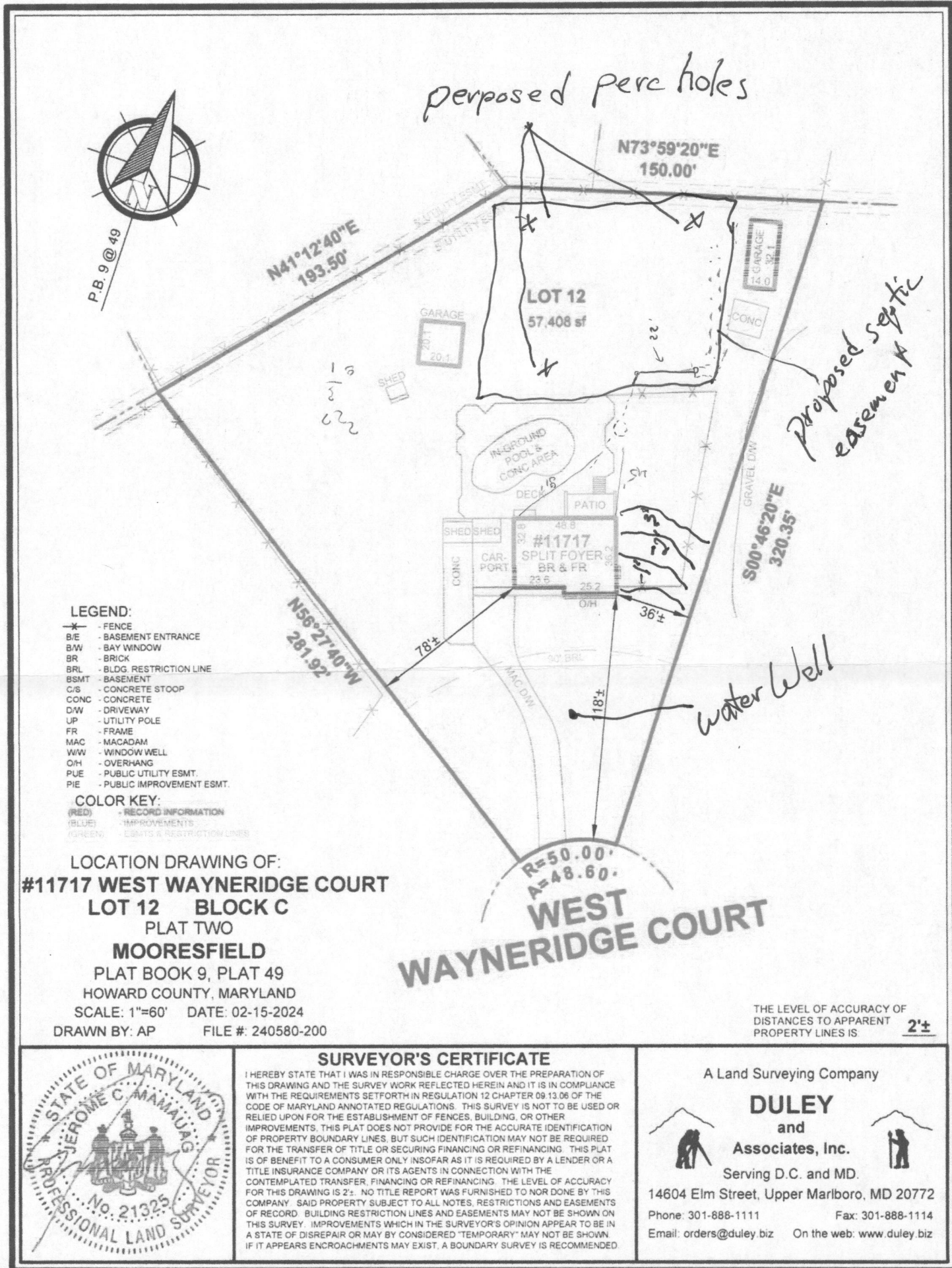
If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

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

scale 1"=60'



THE LEVEL OF ACCURACY OF DISTANCES TO APPARENT PROPERTY LINES IS 2±