



HOWARD COUNTY HEALTH DEPARTMENT

60614

4 20 17
DATE

Received
From

True Contractors Inc.

PHONE #

398-0988

For

Repair for 11705 Waymoxide St.

☐ CASH

☒ CHECK

NO.

017113

One hundred sixty five

Dollars

\$

165.00

Received By

J. Kimp



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AGENCY REVIEW: _____

AP Student
DATE 4-20-17

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)
☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
☒ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
☐ ADDITION TO AN EXISTING STRUCTURE
☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)
☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
☒ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
☒ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH 4 Existing ~~PROPOSED~~ BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Ryan Hayleck

DAYTIME PHONE 340-994-2535 CELL 340-994-2535 FAX _____

MAILING ADDRESS 11705 Wayneridge St. FULTON MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT Freedom Septic Service, Inc. / Charles B. Bopst

DAYTIME PHONE 410-795-2941 CELL 410-934-6863 FAX 410-549-1143

MAILING ADDRESS 2809 Liberty Rd SUKESVILLE MD 21784
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Moore's Field LOT NO. 11

PROPERTY ADDRESS 11705 Wayneridge St FULTON MD 20759
STREET TOWN/POST OFFICE

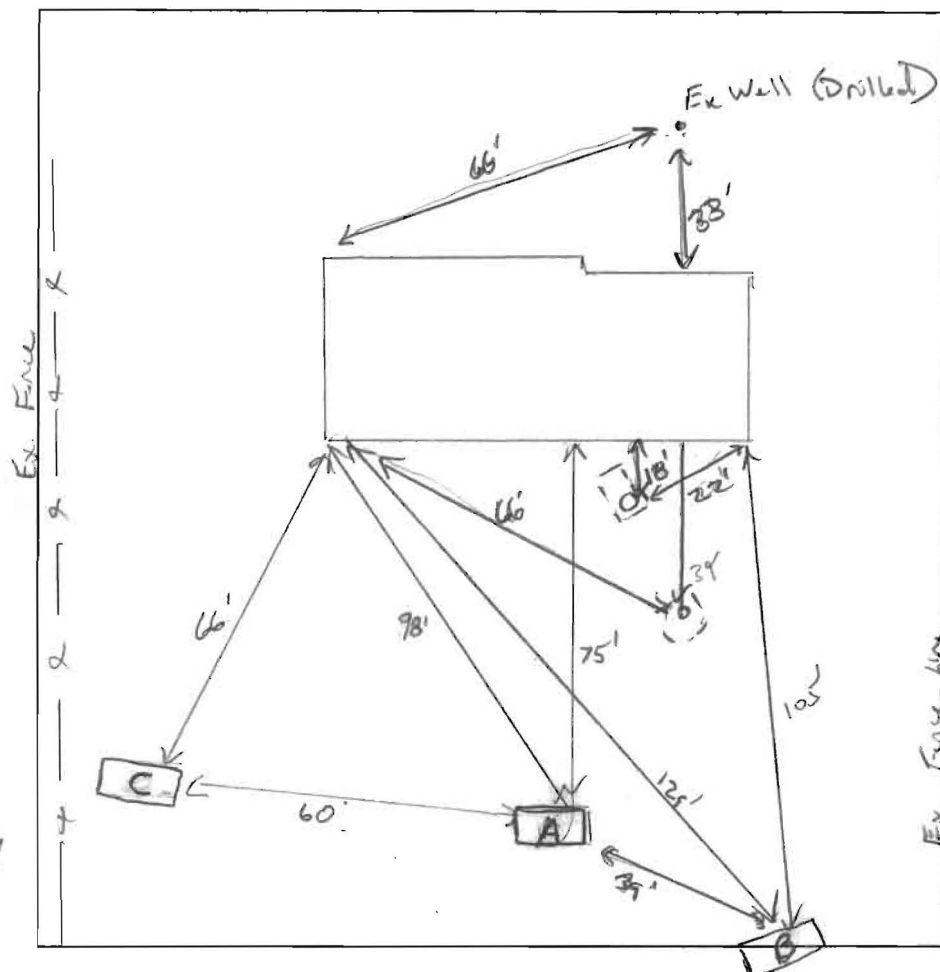
TAX MAP PAGE(S) 41 GRID 20 PARCEL(S) 293 PROPOSED LOT SIZE 41,294 SF

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

Bruce J. Bopst, Agent Freedom Septic
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



(13)

Drk Br. L - sel
mbrs, roots

Bc | Rd. AC
CW, Frable.
10% s.p., roots
10% RV.

Bc | Rd H CL
str pl,
CS, 10-15%
Schist.

Fine, Distinct
Redox.

9'

similar
to
(A)

Hurl
Bottom. 13'

(A)

12" Drk. Rr. mossk

5' Br/Rd CL,
CW, slightly sticky,
WK SBK, friable
roots

8' 1/2 Br. CL,
Heavy, B
LS, sticky.
100% Rd,
mottled roots
15% Rx.

0' 1/2 Br/Y 6L
Coarse, Friable
strong PL, Dry
WK iron nodules
somewhat, roots
Dense

0' Br/Y/Rd 6L,
micaceous.

100% schist chert
Dry, 15% Sg.
consistent

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/28/17	(A)	8'10" 15'	00:40	00:52	01:13	21	(P)
	(B)	5'3" 9'	00:10	pulbed	no movement		(F)
	(C)	similar to (A)					(P)

$$3BR = \frac{450}{0.6} = 750$$

REMARKS

SANITARIAN K. Wolf BACKHOE Bruce Bogst OTHERS Hilar

TEST HOLES USED IN SDA 3 AVG. PERC TIME 21 SQ. FT/BR 0.6

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 8'

$$3BR_{Des} = 450 \div 0.6 = 750 \div 3 = 250 (62) = 155$$

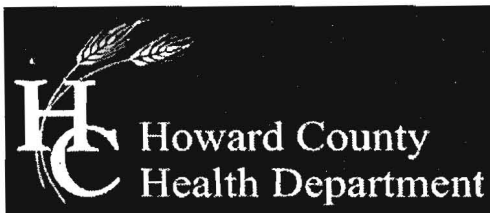


only possible repur area for
construction.
Possibly non-conforming, need testing

Twitter: [HowardCoHealthDep](#)

LR Agreement Recording Fee Name: haytack Ref: 36	LR Agreement Sharep 40.00	60.00	60.00	60.00	60.00
Count of Department Department do not not in the Department Ref: 02	00:07:40 00:05:03 - 00:05:03 -	00:12:17	08:56	CC13-YW	

930



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

**AGREEMENT AND EASEMENT FOR INSTALLATION
OF BEST AVAILABLE TECHNOLOGY SYSTEMS
WITH BAY RESTORATION FUNDS.**

THIS AGREEMENT is made this 10 day of MAY, 2017, among RYAN HAYLEK, hereinafter referred to as "Owner," the Howard County Health Department hereinafter collectively referred to as the "County," and the Department of the Environment, hereinafter referred to as the "Department."

WHEREAS, Owner owns a tract of land located on 11705 WAYNEBORO STREET, in the Election District of Howard County, Maryland, and the deed to same is recorded among the Land Records of Howard County, Maryland, in Columbia and in Liber 299 Folio 5.

WHEREAS, the Bay Restoration Fund (BRF) may provide a grant for the cost attributable to upgrading an onsite sewage disposal system to the Best Available Technology (BAT) for the removal of nitrogen.

WHEREAS, the BRF may also provide a grant for the cost difference between a traditional onsite sewage disposal system and a system that utilizes the BAT for the removal of nitrogen.

WHEREAS, Owner understands that participation in the Bay Restoration Fund is voluntary.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the Department and the County the right to enter upon the property at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data requested and needed by the Department to develop accurate and thorough test results.
- B. Owner acknowledges and agrees that a MDE certified and manufacturer-approved installer will install the BAT system.
- C. Owner acknowledges and agrees the manufacturer or manufacturer's authorized service provider will provide for Operation and Maintenance of the BAT for a period of 5 years as a condition of sale of the BAT. After the initial 5 year period an Operation and Maintenance contract with a certified service provider must be maintained in perpetuity by the property owner.
- D. Owner acknowledges and agrees that the manufacturer appointed Operation and Maintenance provider will have access to the BAT system at all times.
- E. Owner acknowledges and agrees that the manufacturer or manufacturer's authorized service provider will have access to sample the effluent of the BAT system. Owner acknowledges and agrees that the proposed installation of a BAT system funded by the BRF is voluntary. Owner agrees that there shall be no liability on the part of the County or Department to Owner if this BAT system fails, and that the County and the Department do not warrant or guarantee that the BAT system will adequately or properly function.
- F. Owner acknowledges and agrees that neither the County nor the Department nor any of its

agents or employees, either officially or individually, underwrites the operation of any system approved by them.

- G. The Owner will devote such care and effort to the maintenance of the BAT system so that any malfunction is not the result of poor maintenance, faulty operation, or neglect.
- H. The Canaan Valley Institute agrees to grant up to \$~~213,000~~ toward the cost of installation of the BAT system, and financial responsibility is limited to this amount. Operating costs will be at the Owners expense.
- I. The Owner acknowledges that the BRF grant can only be used for that portion of the OSDS attributable to (BAT) for the removal of nitrogen.
- J. Owner acknowledges in the event the total project cost is greater than \$25,000 the proposal will have to be approved by the Maryland State Board of Public Works.
- K. The Owner agrees to contact both the Water Management Administration, On-Site Systems Division of the Wastewater Permits Program and the County at least forty-eight (48) hours prior to system installation, so that the Department has the opportunity to be present at the time of installation or thereafter for inspection.
- L. The Owner must install BAT system according to the manufacturer recommended plans and specifications approved by the Department.
- M. The Owner agrees and acknowledges that if installation deviates substantially from the approved plans or changes such that performance of the system is compromised or reduced, BRF funding will not be provided.
- N. This agreement shall run with the land and binds the Owner, his heirs, successors, assigns. Owner further agrees that he shall inform in writing any purchaser or lessee of the property that the system may require maintenance or other attention. The Owner agrees to record this agreement in the land records of Howard County.
- O. This agreement shall not be construed to limit any authority of the Department to protect the public health, safety or comfort or to issue any other orders to take any other action that is now or may hereafter be within its authority.
- P. This agreement may be voided at the discretion of the Department if the system construction is not completed within six (6) months of the effective date of this agreement.
- Q. This agreement contains the entire agreement and understanding between the County and the Owner and the Department. There are no additional terms other than as contained in this agreement. This agreement may not be modified except in writing signed by each of the parties or by their authorized representatives.
- R. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

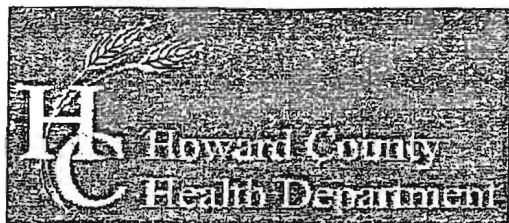
DATE: 5/10/17

Owner

Richard T. HANCOCK

DATE: 5/10/17

Beal Nifon
Howard County Health Department



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

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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 Date pumped: _____
- ☐ No

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

- ☐ Yes Explain observations: _____
- ☐ 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

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: Freedom Septic Contractor's Phone: 410-994-6843
Contractor's Address: 3809 Liberty Rd Sykesville, MD 21784
Property Address: 11705 Wayneridge St. County file: _____
Subdivision: Maplefield Lot: 11 Year Built: 1968
Owner's Name: Ryan Haylock Owner's Phone: 340-994-2535
Name of previous owners: Barbieri Existing bedrooms: 4
Proposed bedrooms: 4
Has this request been previously discussed with a Sanitarian? (Name): Perc App & Perc done
Public Sewer available/nearby: N/A

*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 _____

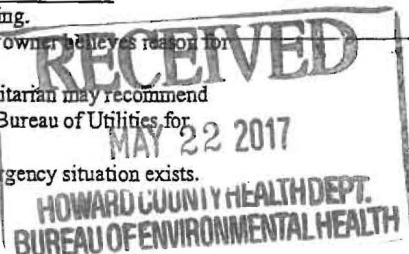
If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

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.



FILE INQUIRY NOTES

[illegible]

Wolf, Kevin

From: Ryan Hayleck <rhayleck@gmail.com>
Sent: Tuesday, May 02, 2017 9:40 PM
To: Wolf, Kevin; Williams, Jeffrey
Subject: Re: Perc test at 11705 Wayneridge St Fulton MD

Mr. Williams,

I contacted Kristin Mielcarek from Canaan Valley Institute today(listed on MD BRF website for Howard) and she provided me with the Bay Restoration Fund application. Kristin said that funds are still available.

I submitted the application but she needs confirmation from the Howard County Health Department that my system is approved for funding due to it failing. I'm not sure what exactly is required but can you provide her with the necessary information so my application can move forward?

I appreciate your help,

Ryan Hayleck
240-994-2535

On Mon, May 1, 2017 at 2:16 PM, Wolf, Kevin <KWolf@howardcountymd.gov> wrote:

> Ryan,

> Jeff Williams from our office will get in contact with you regarding the application process for Bay Restorations Funding.

>

> As for the bedroom limitation goes, my site evaluation that I performed last week was for a repair system only. During the evaluation, I was only able to get you enough room for a 3 bedroom design for an initial (repair system to be installed) and one future replacement system. We sometimes are able to oversize a system during a repair within reason that meets current county septic design standards including a future replacement. Unfortunately your property has very restrictive soils for any conventional design including a very high water table in the very back part of the property. If you decide in the future to move forward with the forth bedroom addition, you will need to submit an application for more perc testing, that will most likely happen at the back part of the property. However you may exercise all area of possible future replacement systems at that time. This process will be followed with a percolation certification plan.

>

> Kevin

>

>

>

> -----Original Message-----

> From: Ryan Hayleck [<mailto:rhayleck@gmail.com>]

> Sent: Friday, April 28, 2017 5:10 PM

> To: Wolf, Kevin

> Subject: Perc test at 11705 Wayneridge St Fulton MD

>

> Kevin,

>

> Thanks again for all the information you provided me today during the perc test. As discussed, I am interested in the BAT system(1500gal?) which you stated I am eligible for since my system is failing. Please

.

- > let me know what I need to do to apply for the program. Names on the
- > house deed are Ryan Hayleck and Marsha Hayleck.
- >
- > I believe you mentioned there is only enough space in my yard for a system sized for 3 bedrooms. Is there anything that can be done to size it for 4 bedrooms without having to go with an alternative system?
- >
- > Hope you have a great weekend,
- >
- > Ryan Hayleck
- > 11705 Wayneridge St
- > Fulton, MD 20759
- > 240-994-2535

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # MI4001200 BUILDING PERMIT #
---	---	--

BUILDING ADDRESS: _____ SUITE/APT: _____ SUBDIVISION: _____ CENSUS TRACT: _____ SECTION: _____ AREA: _____ LOT: _____ TAX MAP: _____ PARCEL: _____ BLOCK: _____ ZONE: _____ PROPERTY ID: _____ MAP COORDINATES: _____ TYPE OF IMPROVEMENTS: _____ USE: _____	OWNERS NAME: Ryan Hayleck ADDRESS: 11705 Wayneridge Street CITY: Fulton STATE: MD ZIP CODE: 20759 HOME PHONE: 240-994-2535 WORK PHONE: _____
--	--

CHECK ONE	HOW MANY	COMPANY NAME:
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>1</u> ZONES	Ground Loop Heating & Air Cond., Inc.
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	_____ ZONES	LICENSEE NAME: Michael E. Cullum
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	_____ ROOMS	ADDRESS: 1701 Whiteford Road
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	_____ ROOMS	CITY: Darlington
		STATE: MD ZIP CODE: 21034
		PHONE: 410-836-1706 HVACR LICENSE NO: 6539

New <input type="checkbox"/> Heating and Air Conditioning <input checked="" type="checkbox"/> Geo Thermal System	<input type="checkbox"/> Heating System Only <input type="checkbox"/> Ductless Mini Splits	<input type="checkbox"/> Other Work (Describe): <input type="checkbox"/> Thru The Wall Systems
Replacement <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input checked="" type="checkbox"/> Heating and Air Conditioning	EQUIPMENT: WATER FURNACE 3 TON NVV03	<input type="checkbox"/> Heating and Alterations <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones Permit Fee = # of Zones x \$40 = <u>40.00</u> Technology Fee (10% of Permit Fee) = <u>4.00</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>94.00</u>	Rooms Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____
---	--

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND. Signature: <u>Michael Cullum</u> SIGNATURE OF LICENSEE PRINT NAME OF LICENSEE: <u>MICHAEL CULLUM</u> Email Address: <u>linda@groundloop.com</u>	DATE: <u>11/22/14</u> Validation Check Number: <u>22429</u> Cash: _____ Receipt Number: <u>384751</u>
--	---

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

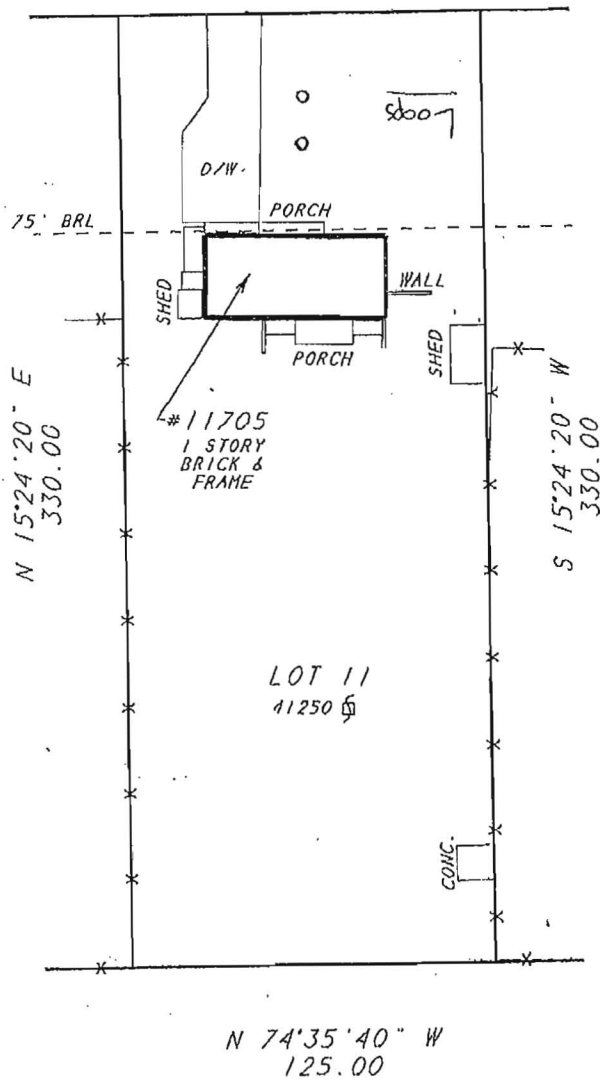
Word doc: T:\Updated Forms\hvac application
 Rev:10.2009

WELL & SEPTIC

M14001200

WAYNERIDGE STREET

S 74°35'40" E
125.00



LOCATION DRAWING OF:

#11705 WAYNERIDGE STREET

LOT 11 BLOCK B

PLAT TWO

MOORESFIELD

PLAT BOOK 2 PAGE 12

A LAND SURVEYING COMPANY



DULEY

AND

ASSOCIATES INC

