



# HOWARD COUNTY HEALTH DEPARTMENT

64008

DATE 9/18/18

AIRB

Received  
From

PHONE #

For

☐ CASH

☒ CHECK

NO.

8571

\$

1122.00

Received By

J King

Dollars



## 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

### APPLICATION

#### FOR PERCOLATION TESTING AND SITE EVALUATION

##### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Megan + Matt Wessel

PROPERTY ADDRESS 14070 Stearns Valley Ct Glenwood 21238  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) \_\_\_\_\_

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Megan + Matt Wessel

DAYTIME PHONE 301-366-9040 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ 21238  
STREET CITY, STATE ZIP

APPLICANT SouthCamel Backhoe RELATIONSHIP TO OWNER: \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL 410-596-3118 EMAIL \_\_\_\_\_

MAILING ADDRESS 44105 Lamberton Rd Westminster 21157  
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 \_\_\_\_\_ 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.

Kenneth J. Christ

SIGNATURE OF APPLICANT

9-18-18

DATE



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### 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

#### 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
- ☐ 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: South Carroll Bayshore Contractor's Phone: 410-596-3618  
Contractor's Address: 4410 Salem Bottom Rd Westminster 21157

Property Address: 14070 Stevens Valley Ct County file: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Year Built: \_\_\_\_\_  
Owner's Name: Megan & Matt Wessel Owner's Phone: 301-366-9040

Name of previous owners: \_\_\_\_\_ Existing bedrooms: \_\_\_\_\_  
Proposed bedrooms: \_\_\_\_\_

Has this request been previously discussed with a Sanitarian? (Name): \_\_\_\_\_  
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.

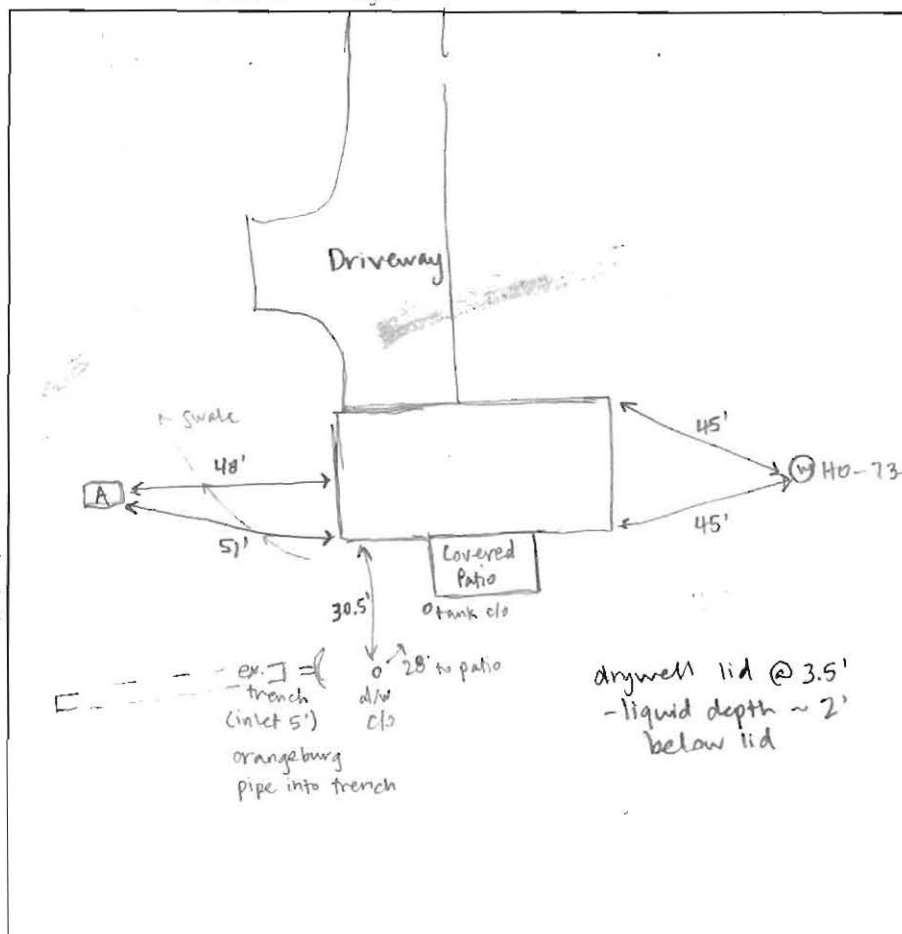
If sewer is available and the property is within the Metropolitan District, connection to sewer is required; if the owner believes reason for exemption exists, the owner should justify the request in writing.

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.

0' (A)  
 dk brn loam  
 msbk  
 roots  
 1.5' lt brn scl  
 msbk  
 roots  
 3' brn scl  
 few mica  
 roots  
 4' red brn vfst  
 many mica  
 10% rock  
 roots  
 consistent  
 Mn deposits  
 Moist @  
 bottom

Gravel Dr.



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/13/18	A	6' / 14'	0:00	7:20	19:15	11:55	P

REMARKS Swale cut into yard in 2015 by previous homeowner (for basement flooding)  
 SANITARIAN Sarah Collins BACKHOE Ken Schissler OTHERS Dave (helper) + Matt West  
 TEST HOLES USED IN SDA A AVG. PERC TIME 12 min/SQ. FT/BR 4 BR  
 TRENCH WIDTH 2' INLET DEPTH 5' MAX. BOT DEPTH 10' EFFECTIVE SW @ 4'