

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

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

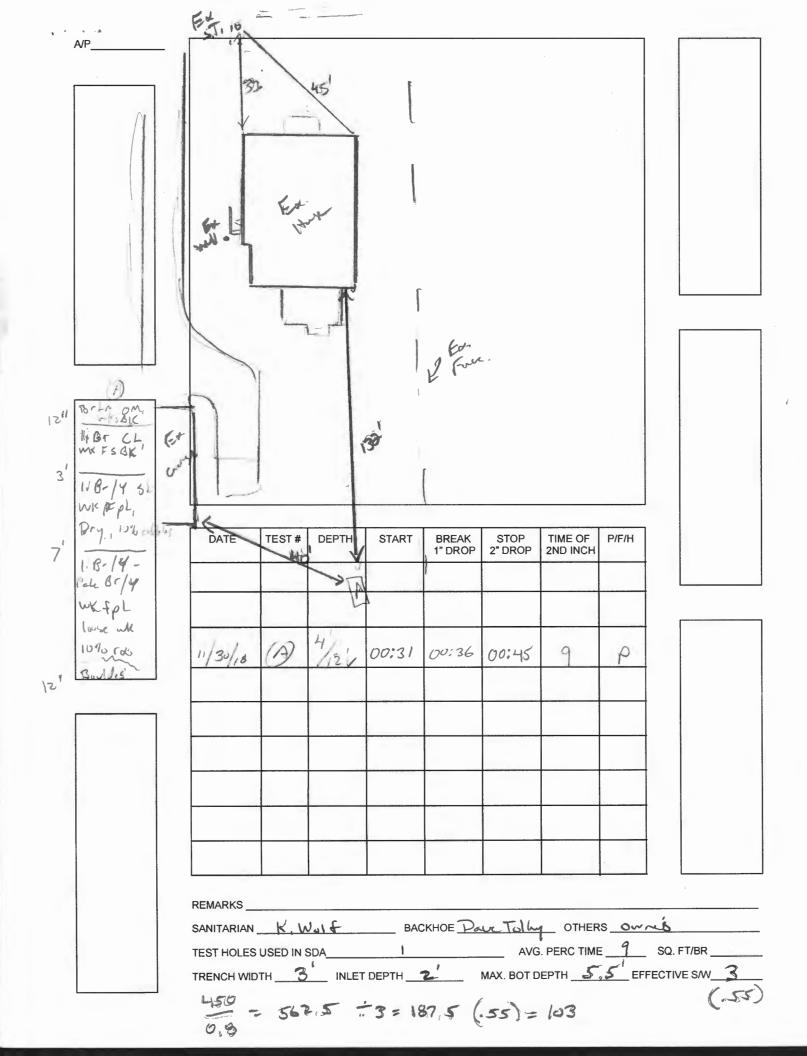
| RECEIPT I | DATE: 11/7/18 ONSITE SEWAGE DIS | POSAL SYSTEM | P | 564063 |
|-------------------------|---|--|--|---|
| APPROVAL (| DATE: PIGIO PERMIT: | REPAIR | Α | |
| PROPERTY A | DDRESS: 711 Sykesville Road | | | |
| SUBDIVISION | J: | LOT: | TAX ID: | 03-286878 |
| CONTRACTO | R: Tolley Enterprises | EMAIL: | | -1 |
| CONTRACTO | R ADDRESS: 11920 Lynn Crest Rd, Monrovia, MD | 21770 | PHONE: | 301-831-6037 |
| PROPERTY O | WNER: Gary and Elizabeth Burroughs | EMAIL: | | |
| OWNER ADD | RESS: 711 Sykesville Road, Highland, MD 20777 | | PHONE: | 410-461-1907 |
| SEPTIC TANK | SIZE (GALLONS): Existing PUMP CHAMBER CA | PACITY (GALLONS): | 1200 | PUMP SIZE: 4200 |
| | BEDROOMS: 3 HOUSE SQ. FT. | 1 | | |
| DISTRIBUTIO | N SYSTEM: GRAVITY FED 🗵 LOW PRE | SSURE DOSED | | 13 FT States here |
| | LINEAR FEET REQUIRED: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | INLET DEPTH: | 2' |
| TRENCHES: | TRENCH WIDTH: 3 | MAXIMUM I | воттом дертн: | 5,5' |
| | MINIMUM SPACE | | | , |
| | BETWEEN TRENCHES: | EFFECTIVE AREA BEG | SINNING DEPTH: | _3 |
| LOCATION: | TO BE STAKED BY SANITARIAN DURING PRE-CONSTRU | | | |
| NOTES: | Set new 12505 P.T m ford but posperty jest buyind in | ryod. Ec., s' vell or | Install | - SKZS, tengo |
| ISSUED BY: | K. Wal ← ISSUE DAT | E: 1130/18 | EXPIRATION DA | ATE: 11 30/18 |
| NOTE: CON | TRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSP | ECTION PRIOR TO BEG | INNING ANY INST | ALLATION |
| | TRACTOR MUST SCHEDULE AN INSPECTION AND GAIN A | | | |
| | IE MUST BE APPROVED BY HEALTH DEPARTMENT AND G | RAVEL TICKET MUST B | AVAILABLE FOR | REVIEW. |
| | ERTIGHT SEPTIC TANKS REQUIRED PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DO | OWNGRADIENT FROM | ANY WATER WELL | |
| | HOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUM | | | • |
| | LECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ELECTRICAL PERMIT ISSUED E | ANY ELECTRICAL COM | PONENTS OF THE | SYSTEM |
| DESIGN DETAILS THE GUIA | HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNO GNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/O AILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND TO OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN O ADNCE. RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETR | OR APPLICANT ACKOW THAT THE HCHD WILL F CONSULTANT OR PROF | LEDGE THAT THE EVIEW OTHER PR ESSIONAL ENGIN | SPECIFICATIONS ROPOSALS. YOU HAVE EER FOR FURTHER |
| IOE | NSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DIS | FUJAL 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 TO SCHEDULE INSPECTIONS.

| NOT TO SCALE | TRENCH/DRAINFIELD DATA WIDTH INLET BOTTOM S S S S S S S S S S S S S S S S S S S |
|--|--|
| ROAD NAME | SEPTIC TANK DATA SEPTIC TANK I LEVEL MANUFACTURER CAPACITY |
| PRE-CONSTRUCTION: | |
| 11/30/18 Install 2x52' trends around por for fixture represent. Purp tout to be not 2" F.M. up to run Dbox. (all Er inspect INSTALLATION: 12/4/18 Worky in Tensus and to tractal obs proc @ bosins a to traffic one @ end old (Em) 12/10/18 18/18 0K. DK to come all work | t upper pound des |



Real Property Data Search (w3)

Search Result for HOWARD COUNTY

| Tax Exempt: Exempt Class: Account Identifier: Owner Name: Mailing Address: | BURROUGH BURROUGH | NONE Account Nu | l Tax Recaptu umber - 28687 | | | | | | |
|--|--|---|--------------------------------|---|-------------------------------|---------------------------------------|---------------|--|--|
| Exempt Class: Account Identifier: Owner Name: | BURROUGH BURROUGH | Account Nu | ı mber - 28687 | | | | | | |
| Owner Name: | BURROUGH BURROUGH | Owne | ı mber - 28687 | | NONE | | | | |
| | BURROUGH | | | 3 | | | | | |
| | BURROUGH | IS GARY LT | er Information | | | | | | |
| Mailing Address: | 2935 EVENI | BURROUGHS GARY L TRUSTEE BURROUGHS ELIZABETH L TRUSTEE | | Use: Principal Residence: Deed Reference: | | RESIDENTIAL NO | | | |
| | 2935 EVENING DEW DR WOODSTOCK MD 21163- | | | | | /18368/ 00402 | | | |
| | | | Structure Inform | ation | | | | | |
| Premises Address: | 711 ROUTE 32 SYKESVILLE 21784-000 | | Legal Des | | cription: | 1.252 A 711 ROUTE 32 SYKESVILLE | | | |
| Map: Grid: Parcel: | Sub So District: | ubdivision: | Section: | Block: | Lot: | Assessment Year: | Plat No: | | |
| 0004 0022 0023 | 00 | 002 | | | | 2019 | Plat Ref: | | |
| Special Tax Areas: | | | Town: | | | NONI | | | |
| • | | | Ad Valorem: Tax Class: | | | 100 | | | |
| Primary Structure Built | Above Grade Living Area Finished Basement Area Property Land Ar 1,728 SF 960 SF 1.2500 AC | | - | County Use | | | | | |
| 04 | | | Full/Half | D-4h | C | | or Renovation | | |
| Stories Basement 1 1/2 YES | Type STANDARD UNIT | Exterior FRAME | 2 full | Баш | Garage 1 Detache | - | or Renovation | | |
| 1 1/2 1 1 1 2 3 | STANDARD ONLY | | a Information | | - Detache | | | | |
| | Base Value | | Value | | Phase in | Accoccmonte | | | |
| | base value | | As of | | Phase-in Assessments As of As | | s of | | |
| | | | 01/01/2016 | | 07/01/2018 | | //01/2019 | | |
| Land: | 181,000 | | 181,000 | | | | | | |
| Improvements | 157,400 | | 157,400 | | | | | | |
| Total: | 338,400 | | 338,400 | | 338,400 | | | | |
| Preferential Land: | 0 | | | | | | | | |
| | | Transf | fer Information | | | | | | |
| Seller: COLLINS GENE | | Date: 09/18/2018 | | | Price: \$300,000 | | 000 | | |
| Type: ARMS LENGTH IMP | PROVED | Deed1: | /18368/ 00402 | ! | | Deed2: | | | |
| Seller: MANRIQUEZ JOSE R | | Date: 0 | 5/14/2008 | | | Price: \$0 | | | |
| Type: NON-ARMS LENGT | H OTHER | Deed1: | /00000/ 00000 |) | | Deed2: | | | |
| Seiler: MANSPEAKER JOEL E | | Date: 0 | 6/23/1999 | | | Price: \$182, | 000 | | |
| Type: ARMS LENGTH IMF | PROVED | Deed1: | /04789/ 00684 | | | Deed2: | | | |
| | | Exemp | tion information | | | | | | |
| Partial Exempt Assessment | | | | | 07/01/2018 | 3 | 07/01/2019 | | |
| County: | 000 | | | | 0.00 | | | | |
| State: | 000 | | | | 0.00 | | 0.001 | | |
| Municipal: | 000 | | | | 0.00 | | 0.00 | | |
| Tax Exempt: Exempt Class: | | Specia NONE | al Tax Recaptu | ire: | | | | | |
| - | | -tomestead A | pplication Info | mation. | | | | | |



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

1564063

| FOR PERCOLATION TESTING AND SITE EVALUATION / OU TOUC |
|--|
| PROPERTY LOCATION |
| SUBDIVISION/PROPERTY NAME |
| PROPERTY ADDRESS 711 Sykesville Road Rt. 32 Sykesville, MD 2178 |
| PROPOSED LOT |
| TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO SIZE (ACRES) |
| ZONING CATEGORY TIER |
| PROPERTY OWNER(S) BUTTOUGHS LIVING TOUST |
| DAYTIME PHONE 410-461-1907 CELE 70-832-7832 EMAIL 3GT VI BUTTOUGKS @ gmail. COM |
| MAILING ADDRESS 2935 FUELING DEW Dr Woodstock, MD 21/63 |
| APPLICANT Gary L. Burroughs RELATIONSHIP TO OWNER: Self |
| DAYTIME PHONE 410-461-1907 CELL 240-832-78 DEMAIL gary/ burroughs@gmail.com |
| MAILING ADDRESS 2935 Evening Dew Dr Woodstock, MD 21163 |
| STREET J CITY, STATE ZIP I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S): |
| 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 SEXISTING 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. |
| Hary L Burroughs 11/7/18 |
| SIGNATURE OF APPLICANT DATE |
| JW 10/29/15 WORK to be completed by Tolley Enterprises, Inc |
| 301-831-6037 |



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vitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Offi ar

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE Has the septic tank been pumped within the last month? Reason for Request: Failing System System relocation for proposed addition □ No System upgrade for proposed addition Was a visual inspection of the septic tank and/or drain.fields conducted? ☐ Inadequate treatment zone Yes Explain observations: Drain piela failure ☐ Collapsed septic tank □ No ☐ Collapsed drywell Was a visual inspection of the sewage line conducted? Existing system design ☐ Drywell Blockage leading to the tank ☐ Yes. Explain: Trench ☐ Mound □ No ☐ Unknown Blockage leading to the field Other: ☐ Yes Explain: □ No Is discharge surfacing on the ground? □ No ☐ Yes Additional Comments: □ No *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: Tolley Enterprises INC. Contractor's Phone: 301-831-6037 Contractor's Address: Property Address: 711 Sykesville Rd. / Route 32 County file: Lot: Year Built: Subdivision: Owner's Name: Burroughs Living Trust Owner's Phone: 4/10 -46/- 1907 Existing bedrooms: Name of previous owners: 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

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.

