

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

A572815

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

# APPLICATION

### FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME CLARKSVILLE
PROPERTY ADDRESS 5200 Tencaks Rd Clarksvile 21029-1012 STREET TOWN ZIP
TAX ACCOUNT # 34735 TAX MAP 6028 GRID 6014 PARCEL 6157 LOT NO. CD SIZE (ACRES) 9,360C
ZONING CATEGORY TIER
PROPERTY OWNER(S) Scott Arterburn
DAYTIME PHONE CELL443-829-9222EMAIL 5 arter burn the rainmaker group
MAILING ADDRESS 5,300 TEN COKS RO Clarks VIIE, MD 21009-1012 COM
APPLICANT Freedom Septic RELATIONSHIP TO OWNER: Contractor
DAYTIME PHONE 410.795-2947 CELL EMAIL SUSAN & Freedom Septic Com
MAILING ADDRESS 2809 Liberty Rd Sykosville MD 21784 STREET JCITY, STATE ZIP
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 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?  UNDERSTOOD YES
□ YES □ NO
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.
Leun Sont 10/8/20
SIGNATURE OF APPLICANT DATE



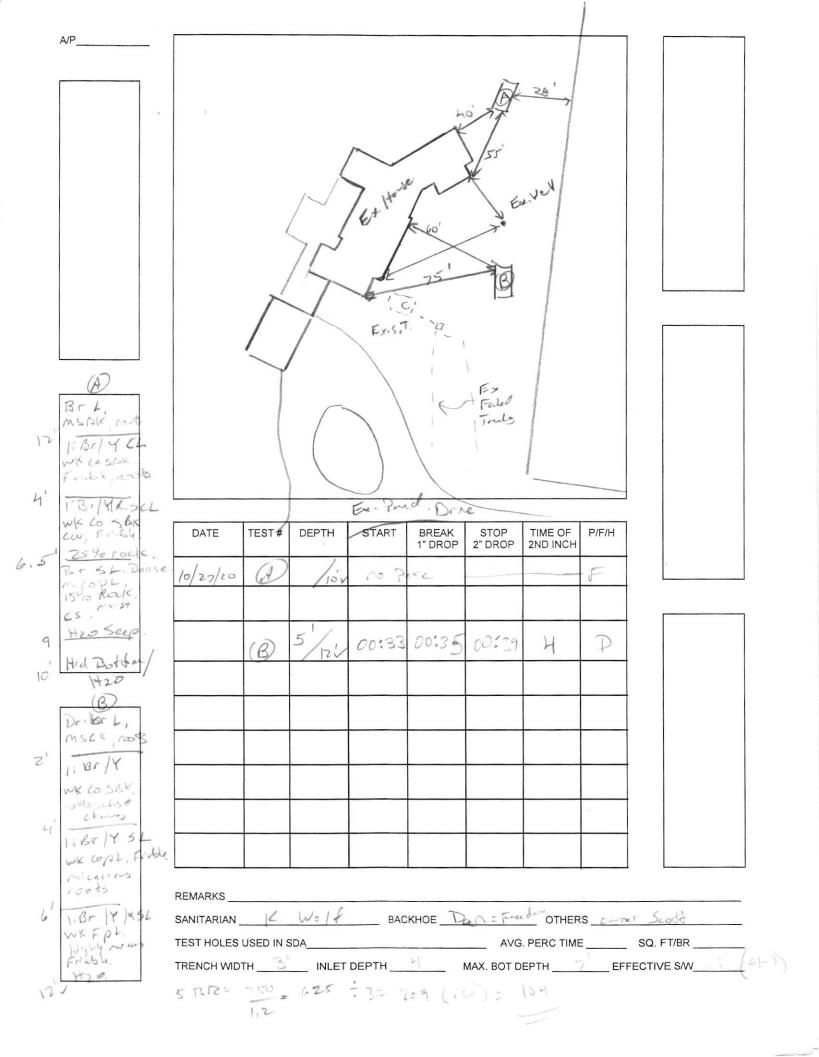
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#### **INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE**

Reason for Request:	Has the septic tank been pumped within the last month?			
Failing System System relocation for proposed addition System upgrade for proposed addition Inadequate treatment zone	Yes			
	Control of the Contro			
	Yes Explain observation:			
☐ Collapsed drywell	No			
Existing system design	Was a visual inspection of the sewage line conducted?			
□ Drywell	Yes			
☐ Trench	No			
☐ Mound				
☐ Unknown	Blockage Leading to the field			
□ Other:	Yes Explain			
	No			
Is discharge surfacing on the ground?				
Yes				
No				
Additional Comments:	King directly with Jess Williams			
Owner pop poen wor	King arreatly which sess williams			
Peral Repair recomes	ded			
	in the future any additions or modifications to the property, i.e. pools, living space additions,			
	this application. The Health Department will not be able to accommodate requests in the field for			
	quests 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 Septin				
Contractor's Address: 2809 hibest				
Property Address: 5200 Tea Oaks	5 Rd County File: 3 47351			
Subdivision: Closksville				
Owner's Name: Scott Artes burn				
Name of previous owners: Lynn Matso	Existing bedrooms:			
	Proposed bedrooms:			
the repair or upgrade.	s, depending upon the urgency of the situation, to coordinate the scheduling/review of			
*Prior to scheduling inspections, scaled plans should be so				
Print out a copy of Real Property Data via Dept. of Taxatio				
	District status is not conducive to connection, the Sanitarian may recommend pursuit			
	ict Inclusion. The Owner should contact the Bureau of Utilities for details.			
	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			

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



## Real Property Data Search ( w4)

#### Search Result for HOWARD COUNTY

View Map V	iew GroundRent Rec	lemption	View GroundRent Registration		
Tax Exempt: Exempt Class:					
Account Identifier:	District - 05 Ac	count Number - 368324			
		Owner Information			
CLARKSVILLE 1012			Residence:	RESIDENTIAL Jence: YES	
				erence: /17632/ 00254	
		ation & Structure Information			
Premises Address:	5220 TEN OAK CLARKSVILLE	1988 C. C. 1888 C.	scription:	LOT 1 5220 TEN LINDEN C	
Map: Grid: Parcel:	Sub Subo District:	division: Section: Bloc	k: Lot:	Assessment Year:	Plat No:
0028 0014 0127	0000	ĺ	1	2017	Plat Ref:
Special Tax Areas:		Town: Ad Valorem: Tax Class:		NONE 100	
Primary Structure Built	Above Grade Living	Finished Basement Area	Propei Area	rty Land	County Use
1974	2,677 SF		1.4700	AC	
Stories Basement 1 YES	Type STANDARD UNIT	Exterior Full/Half Bath FRAME 2 full	Garage 1 Attached	-	Renovation
		Value Information			
	Base Value	Value	Phase-in A	ssessments	
		As of 01/01/2017	As of 07/01/2018	As of 07/01	1/2019
Land:	242,200	242,200		*	
Improvements	283,500	278,000			
Total:	525,700	520,200	520,200	520,2	200
Preferential Land:	0	Tanada lafa		0	
Callan MELIONE DOUGL	AC CTEDUEN	Transfer Information		D-1 0057.00	
Seller: MEHOKE DOUGL TRUSTEE		Date: 06/09/2017		Price: \$657,00	U
Type: NON-ARMS LENG	eriore representation of the second of the second	Deed1: /17632/ 00254	Careconosa 180 (1700)	Deed2:	
Seller: MEHOKE DOUGL		Date: 09/14/2015		Price: \$0	
Type: NON-ARMS LENG	TH OTHER	Deed1: /16438/ 00115		Deed2:	
Seller: STORCK FREDE		Date: 04/05/1984		Price: \$146,00	0
Type: ARMS LENGTH IM	IPROVED	Deed1: /01240/ 00533		Deed2:	
Dartial Even-4	Class	Exemption Information	0	07/04/07	
Partial Exempt Assessments:	Class	07/01/201	8	07/01/201	9
County:	000	0.00			
State:	000	0.00			
Municipal:	000	0.00 0.00		0.00 0.00	
Tax Exempt:		Special Tax Recapture:			

