



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

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

A563972

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

11829 Triadelphia Rd
STREET

Ellicott City
TOWN

21042
ZIP

TAX ACCOUNT #

284611

TAX MAP

16

GRID

19

PARCEL

229

LOT NO.

4

PROPOSED LOT
SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Donald Dunn

DAYTIME PHONE

410-446-6547

CELL

EMAIL

MAILING ADDRESS

11829 Triadelphia
STREET

CITY, STATE

ZIP

APPLICANT

Fogle's Septic Clean

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-795-5670

CELL

EMAIL

Kim@fogleinc.com

MAILING ADDRESS

580 Obrecht Rd
STREET

Seykora
CITY, STATE

21784
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.

SIGNATURE OF APPLICANT

DATE



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INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- ☐ Railing System
- ☐ System relocation for proposed addition
- ☐ System upgrade for proposed addition
- ☐ Inadequate treatment zone
- ☒ Collapsed septic tank *leaking*
- ☐ 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: Foale's Septic Contractor's Phone: 410-795-57670

Contractor's Address: 556 Obrecht Rd Shkesville 21784

Property Address: 11829 Triadelphia Rd County file: _____

Subdivision: _____ Lot: _____ Year Built: 1965

Owner's Name: BTC Investments Owner's Phone: 443-10547

Name of previous owners: Donald Bunn Existing bedrooms: _____

Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): No

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.