



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ (AP) 526687

AGENCY REVIEW: _____ DATE 5/8/07

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 ONE:

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

CHECK AS NEEDED:

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

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
☒ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH 4 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) Dawn L. Dura

DAYTIME PHONE 301-498-3509 CELL 443-277-7526 FAX 410 552 5815

MAILING ADDRESS 11857 Scaggsville Rd. Fulton Md. 20759
 STREET CITY/TOWN STATE ZIP

APPLICANT J.M. Cont. LLC. / Ronnie Heaps

DAYTIME PHONE 443-277-7526 CELL 443-277-7526 FAX 410 552 5815

MAILING ADDRESS 425 OBracht Rd. Sykesville MD 21784
 STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 11857 Scaggsville Rd. Fulton Md. 20759
 STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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.

Ronnie Heaps
 SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A

Mixture
of Red
Br Heavy
Cl Loams
and Cl
Loams
Water
at
Bottom

17.5'

B

Br Cl Loam
Trace Rock
Red Br
Loam
Trace Rock

7'

10.5'

Red Br and
Or Br Fine
Sa Loam
Turning to
a Red Br
Loam and
Cl Loam
Deeper
Trace Rock

17'

C

Red Br
Cl Loam
Trace Rock

7.5'

Fine Red
Br Sa
Loam

30-35%

Saprolite
Near
Bottom

15.5'

Well - No Tag

28'

21.5'

Garage

C

63'

10.5'

14.5'

40'

32'

B

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/10/07	A	17.5' V					F
	B	9' / 17' V	11:58	12:27	55	~55	F
	C	6.5' / 15.5' V			Slow		F
		8'	1:54:30	1:57:15	2:05:30		8

REMARKS

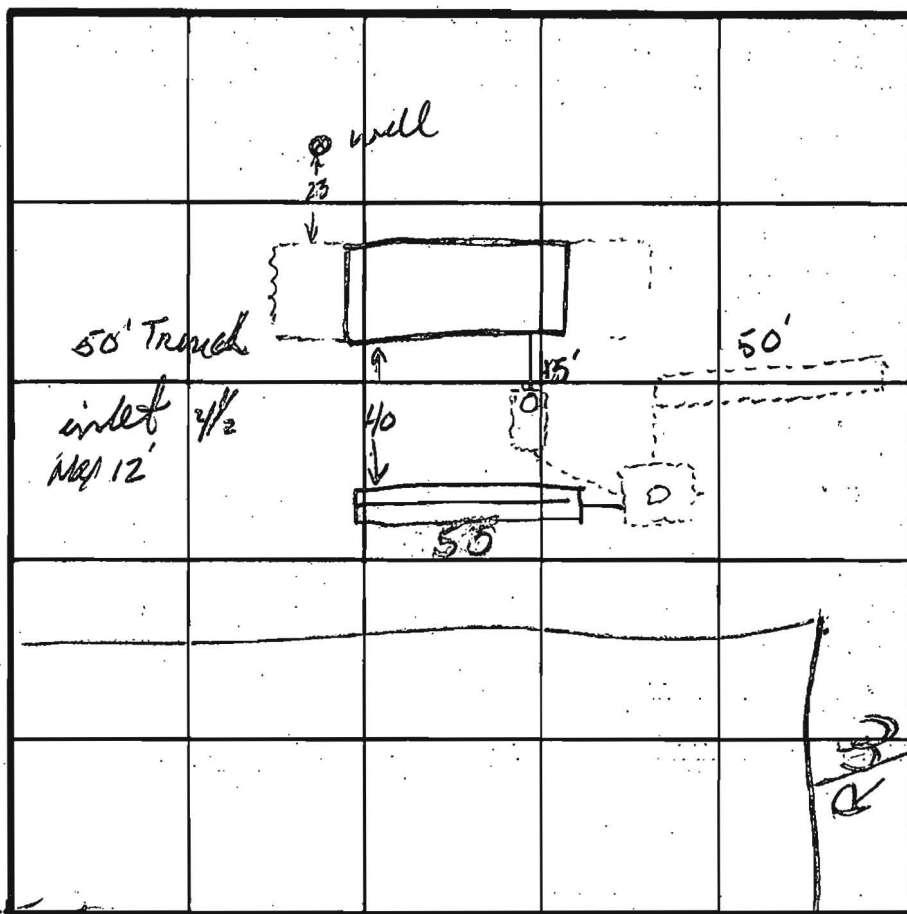
SANITARIAN B. Baker BACKHOE R. Heaps OTHERS

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

SOIL PROFILE

Clay 4'
 Mostly
 sandy
 loam
 w/
 some
 clay
 mixed 12'



Gravel Depth
 7-7 1/2'

365 #

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Scagg Bros Construction

Dale Thurman
 (Scagg Bros.)

Brady Pavers
 Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

Clay to 4' loam to 12'

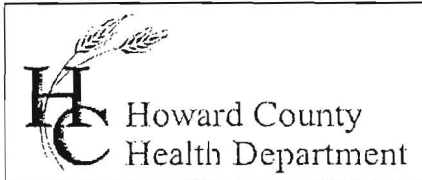
REMARKS
 6-9-81

TYPE OF SOIL

TESTED BY

ALSO PRESENT

OK to add gravel to trench - SKY 8-9-81 (can all work st)



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

1546215

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____

PROPERTY ADDRESS 11857 Scagesville Rd Fulton MD 20759
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) Jacobi Jones

DAYTIME PHONE _____ CELL 678-758-1786 EMAIL cobigg@gmail.com

MAILING ADDRESS 12057 Tech Rd ste B silver spring, MD 20904
STREET CITY, STATE ZIP

APPLICANT Jacobi Jones RELATIONSHIP TO OWNER: owner

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS Same
STREET CITY, STATE ZIP

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

BUILDING:

- ☒ RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
☐ COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
☐ REPAIR OR REPLACE FAILING OSDS
☒ UPGRADE EXISTING OSDS

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

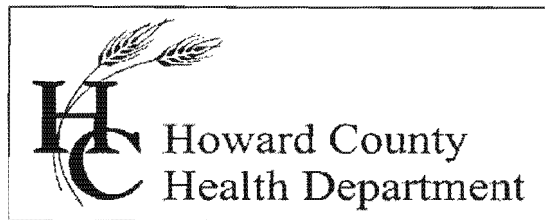
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

3/12/14



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | 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

May 9, 2014

To: Jacobi Jones, Applicant
cobijj@gmail.com

RE: Percolation Test Report, A546275; 11857 Scaggsville Road

Percolation tests were conducted at 11857 Scaggsville Road (Tax Map 41, Parcel 326) on April 24, 2014. Test locations '1' to '5' were conducted at planned locations on the back portion of the subject property. The percolation test Field Worksheet is enclosed with this letter.

All five test locations 'PASS', having soils that are satisfactory for wastewater treatment and disposal. Locations of percolation tests that 'PASS' are used to define the sewage disposal area (SDA) proposed on the Percolation Certification Plan. The test locations are believed to represent an area of at least 10,000 square feet. The percolation test results and suitable area for wastewater discharge are certified by the Approving Authority's signature of the Percolation Certification Plan.

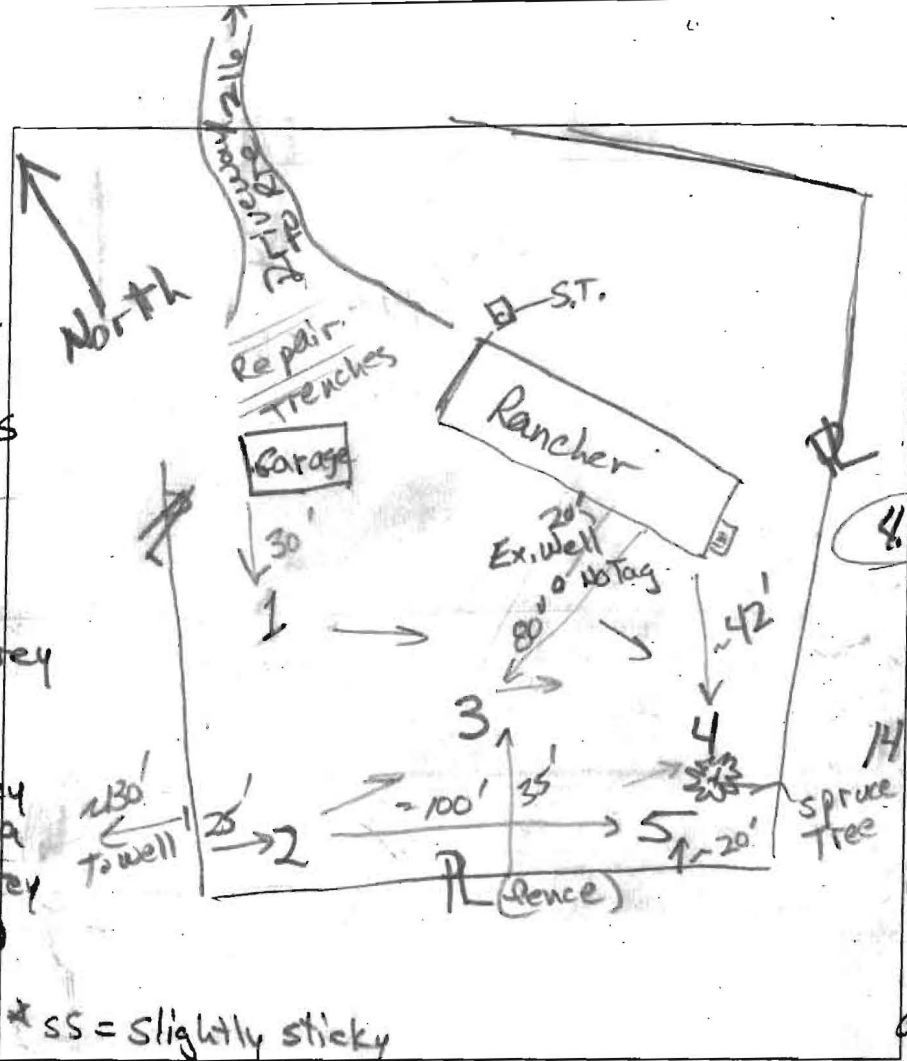
If you have any questions regarding this evaluation or requirements for a Percolation Certification Plan or BAT Site Plan, please contact me by email or by calling (410) 313-2691.

Respectfully,

Robert Bricker, CPSS, REHS/RS, L.E.H.S.
Environmental Sanitarian II
Well and Septic Program

Enclosure: Percolation Test Application and Field Worksheet

Copy: file



* SS = slightly sticky

dk brn L 25g
dk brn & brn L
15' 25sbk
brn cl 55
2' 25bk to 25msbk
3' few mica
red & brn L
3' 25msbk, 55
5' many mica
yel & red 5
many mica
few channers
remnant weak,
1 platy beds
red & grey
Chls, micaceous
45' 1cpl

(4)

0.7 brn L, 2g to 2 sbk
brn L, 3 sbk, ss
'clay skins, few mica

1.7 yel-brn & red
cl 2 mabk com.
'clay skins, fine mica

5 brn-yel & red L
1 mabk, many mica
ss

4 yel-brn L, 8m
c 12 p (red) & 2d
(H grey)

5.7 yel-brn, red
& H grey sl, 1 mpl
'many mica

7 yel-brn, red
& H grey ls
'many mica

14 yel-brn ls, few
many mica, channers
2 mpl, c 2d (H grey)

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/24/14	5	4.4' 15.3	9:38	9:52	10:16	24	P
4/24/14	2	5.2' 14	10:00	10:02	10:05	3	P
4/24/14	1	5.2' 14.5	10:19	10:21	10:35	14	P
4/24/14	4	5' 14.5	10:42	10:55 ⁺	pulled; reshelf	(S)	
4/24/14	4	7' 14.5	11:04	11:14	11:27	13	P
4/24/14	3	13.3	Visual	side wall 4.5'-8" 0.8 gpd/hr			P

REMARKS

SANITARIAN

TEST HOLES USED IN SDA

TRENCH WIDTH

INLET DEPTH

MAX BOT DEPTH

EFFECTIVE SAW

NY 1169
SANITARIAN R Bricker

BACKHOE Ken Hatfield

OTHERS Jacobi Jones

TEST HOLES USED IN SDA

AVG. PERC TIME

SQ. FT/BR

TRENCH WIDTH

INLET DEPTH

MAX BOT DEPTH

EFFECTIVE SAW

REMARKS

SANITARIAN

TEST HOLES USED IN SDA

TRENCH WIDTH

INLET DEPTH

MAX BOT DEPTH

EFFECTIVE SAW

Bricker, Robert

From: Bricker, Robert
Sent: Tuesday, April 01, 2014 11:30 AM
To: 'Jacobi Jones'
Subject: 11857 Scaggsville Road_perc proposal-response
Attachments: 11857 Scaggsville Road_location sketches.pdf

Mr. Jones, I have been assigned to your perc test proposal. When assigning me, my supervisor (Jeff Williams) indicated that he may have confused you about well and septic system locations at 11857 Scaggsville Road. The locations represented on the 'plan' submitted with your application shows that the relative locations of the well and the septic system are reversed. I have attached two drawings for your reference.

Revise the plan, propose about three perc test locations outside of the 100-foot setback from the well and re-submit to my attention. When I receive the revised plan with proposed perc test locations I can offer some days that I will be available to record perc tests and soil profiles.

ROBERT BRICKER, CPSS, REHS/RS
ENVIRONMENTAL HEALTH SPECIALIST
DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM
HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH
8930 STANFORD BOULEVARD
COLUMBIA, MD 21045

410-313-2691; fax, 410-313-2648
rbricker@howardcountymd.gov

CONFIDENTIALITY NOTICE

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Mr. Mike Davis

My name is Jacobi Jones. I live at the property 11857 Scaggsville Rd. Fulton, Md. 20759. I have an active permit number of B13003573.

I am currently in the process of getting approval to build additional space on top of my existing garage. When I first learned that I would need to go through your department, I immediately met with a few associates there. I was given a document showing that I had a 750-gallon septic tank. They told me that since that size would not even sustain a 3-bedroom home, I would need to do a percolation test and upgrade my septic before doing any work.

So I paid an architect to do the plan, I paid the health department for the permit to do the test and I paid Hatfield's Equipment to do the excavation. Once the percolation test was successfully complete, I learned from the inspector that my tank was actually 1250 gallons and the septic was actually big enough to sustain a 3-bedroom home. And since I am not adding any additional bedrooms, I was told that my tank would be ok.

But now to move forward I was told that I need to get a Percolation Certification Plan. I am writing you today to get a waiver to not have to complete a Percolation Certificate Plan, since I have no need to upgrade my current septic system. It was just installed in 2007. I have also cooperated with your department in their request for a water test. And that test came out successful as well.

Thank you for your time Mr. Davis and if you need to contact me my email address is cobijj@gmail.com and phone number is 678-758-1786.

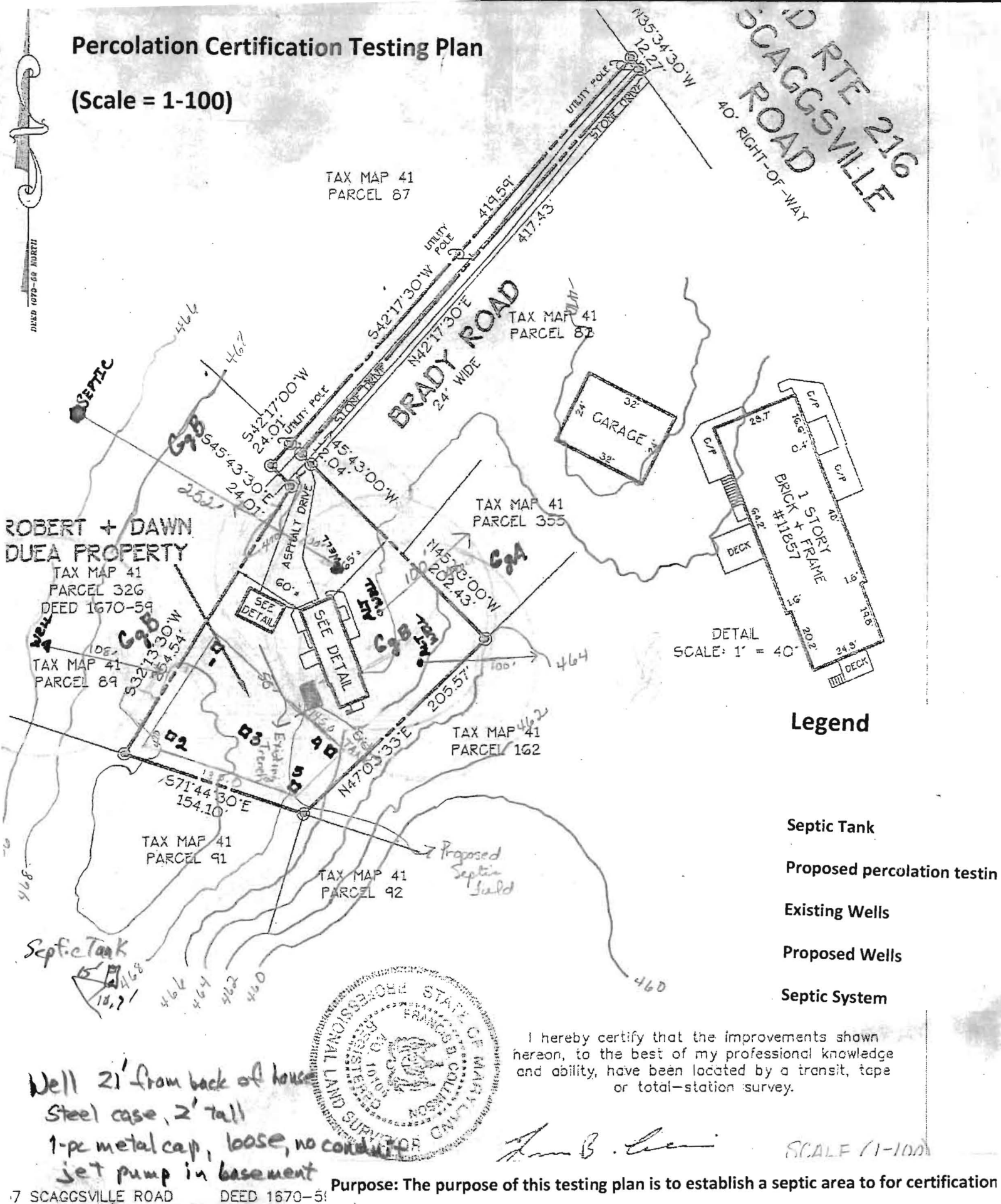


Jacobi Jones

8/12/14
Approved
M. Davis

Percolation Certification Testing Plan

(Scale = 1-100)



LOCATION DRAWING

TAX MAP 41 PARCEL 326

ROBERT & DAWN DUEA
PROPERTY

