



Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 528861

AGENCY REVIEW: _____

DATE 3/26/08

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 AS NEEDED:

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

CHECK ONE:

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

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
- ☐ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH 1 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) William A Gorman III

DAYTIME PHONE 443 386 0291 CELL 443 386 0291 FAX 240 755 0293

MAILING ADDRESS 13190 Skyway Dr. Ellicott City MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT Same as above

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Sheppard's Glen LOT NO. _____

PROPERTY ADDRESS 13190 Skyway Dr. Ellicott City
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) 393 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.

William A Gorman III
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 9, 2008

William Gorman
13190 Skyway Drive
Ellicott City, MD 21042

RE: Percolation Test Results – A528861
13190 Skyway Dr

Dear Mr. Gorman,

Percolation testing conducted April, 23 2008 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

In addition, the Percolation Certification Plan submitted May 8, 2008 has been reviewed by our office and is pending approval by the Bureau Director of Environmental Health. Building permit, B08000383, will receive approval by the Health Department once the percolation certification plan has been approved and the existing well has been verified to meet current regulations.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261.

Sincerely,

Sara Sappington, R.S.
Well and Septic Program
Development Coordination Section

Enclosures



Howard County
Health Department

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Peter L. Beilenson, M.D., M.P.H., Health Officer

MEMORANDUM

TO: Bill Gorman

FROM: Sara Sappington, R.S.
Well and Septic Program
Development Coordination Section

RE: Percolation certification plan

DATE: April 30, 2008

Please make the following changes to the perc cert plan:

1. Do not extend the septic area past test holes #5 and #4.
2. Remove the measurements used to locate the test holes
3. Indicate the location of the existing dry well
4. Add a note stating "The existing well must be brought up to current code prior to building permit approval"
5. Remove the 10' and 20' setback notations
6. It is hard to determine due to the fax, make sure the 20' setback is met from the house and addition to the septic area.

RE Permit # B08000383 - 13190 Skyway Dr.
 Ellicott City, MD 21042

PROPOSED
 ADDITION

TAX PARCEL 393

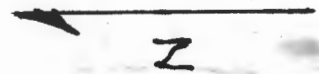
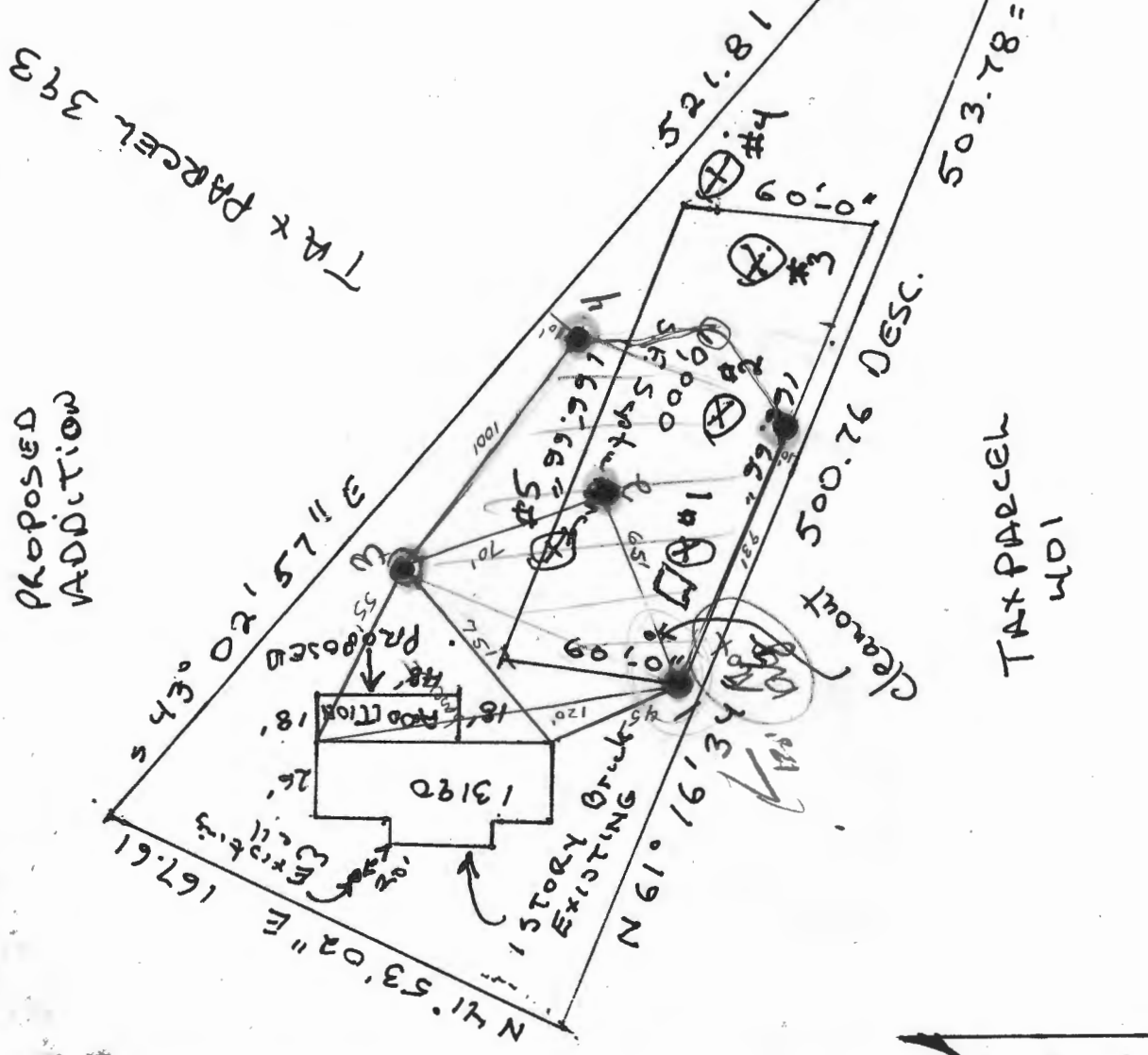
Copy # 24-15-0293

⊗ Proposed Parcel Sites

13190 Skyway Dr.
 LIBER 745 FOLIO - 348
 LOT PARCEL 393-310-LEN
 PLAT BL N/A PLAT# N/A
 CASE # 3840-07-05161
 FILE # LT 2073064

hydroponic
 30ft x 100ft

M 22
 1401



Scale 1" = 60'

LANDTECH ASSOCIATES, INC.

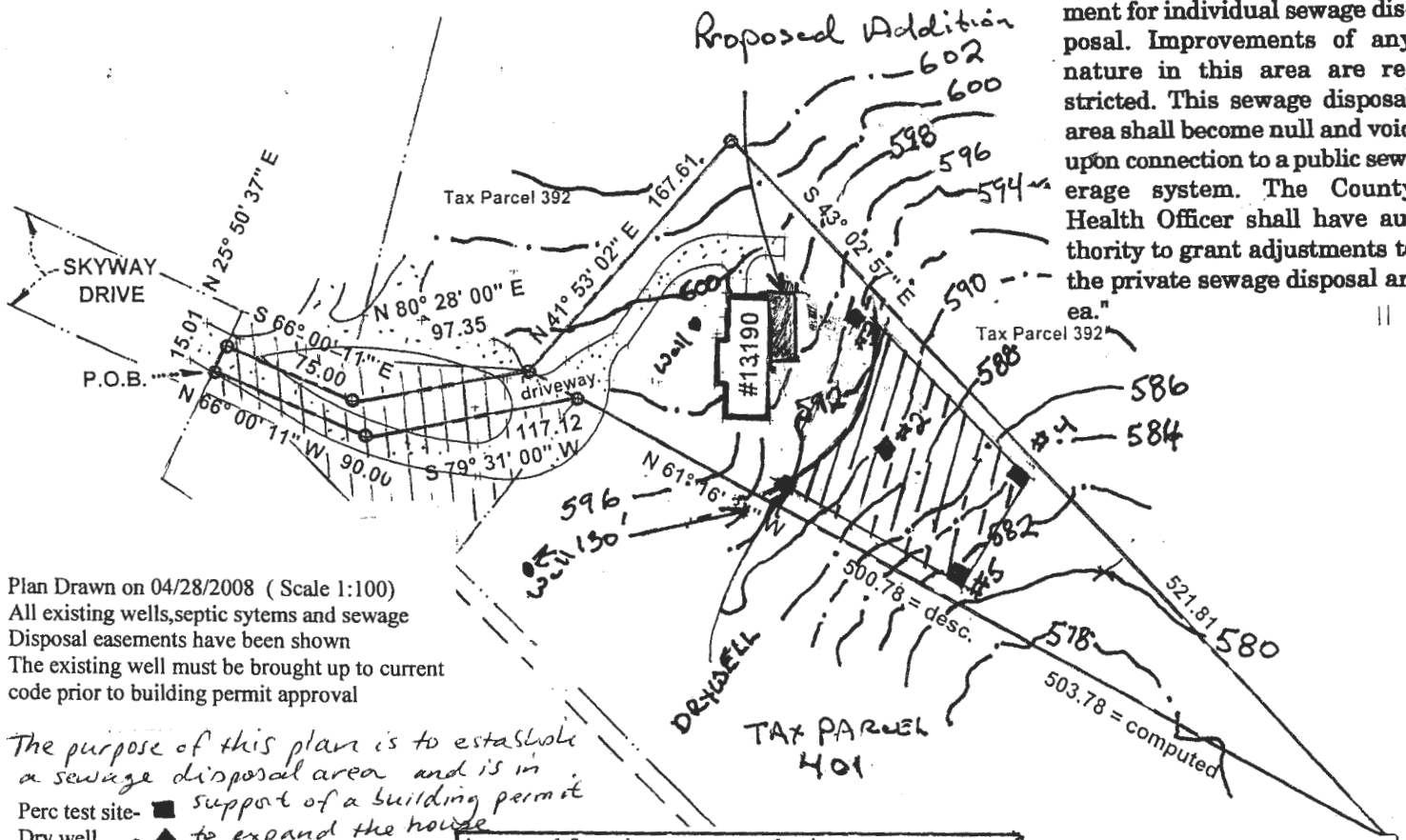
10260 OLD COLUMBIA ROAD SUITE J
COLUMBIA, MARYLAND 21046-1721

PHONE: 410-290-8099 TOLL FREE: 888-290-1920

FAX: 410-290-8299 TOLL FREE 888-290-1922



"MDE sewage disposal area statement for lots created before March 1972. This area designates a private sewage disposal area as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This sewage disposal area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage disposal area."



Plan Drawn on 04/28/2008 (Scale 1:100)
All existing wells, septic systems and sewage disposal easements have been shown
The existing well must be brought up to current code prior to building permit approval

The purpose of this plan is to establish a sewage disposal area and is in support of a building permit.
Perc test site - ■ to expand the house
Dry well - ▲ as indicated on plan
Well - ● as indicated on plan

Approved for private sewer and private water system

Health Officer Ho.Co. Signature *William A. Gorman III* Date *5/16/2008*

"I certify that the information shown hereon is based on field work performed by me or under my direct supervision and is correct, to the best of my knowledge and belief."
Owner, *William A. Gorman III*

"Any changes to a private sewage private sewage easement shall require a revised Perc Certification Plan" "Topography taken from Howard County GIS"

13190 Skyway Drive
Ellicott City, Md. 21042
Lot Parcel 393
Subdiv. - Sheperds Glen

Plan preparer William A. Gorman III
13190 Skyway Dr.
Ellicott City, MD 21042
240-755-0293



Perculation Certification Plan

Location Survey of:	LOT: Parcel 393	BLOCK: none
#13190 Skyway Drive	PLAT BK: N/A	PLAT#: N/A
Liber 745	DATE: 11-09-07	SCALE: 1"= 100'
Folio 348	CASE NUMBER: 3840-07-05161	
Anne Arundel Co., MD	FILE NUMBER: LT-2073064	

NOTES:

1. This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future improvements.
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Property line survey recommended to determine the exact location of improvements and/or encroachments, if any.
5. Property subject to any/all rights-of-way, easements, and/or covenants of record and/or imposed by law.
6. This plat is not to be used for the issuance of permits.
7. No title report furnished.

CERTIFICATION : I hereby certify that the position of the significant visible improvements on the above described property has been carefully established in compliance with the "Minimum Standards of Practice" for the State of Maryland.

Graden A. Rogers
GRADEN A. ROGERS - M.D. PROP. L.S. LIC. NO. 119

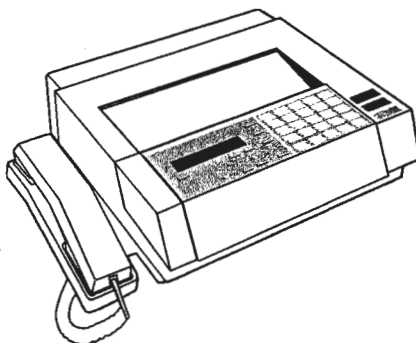


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Peter L. Beilenson, M.D., M.P.H., Health Officer

F A X



Date

4/2/08

To

Mr. Gorman.

Department

FAX #

240-755-0293

From

Sara

Telephone

410-313-4261

FAX (410) 313-2648

Of Pages

2

(including cover page)

Comments

pre test locations,

CONFIDENTIALITY NOTICE

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