



Howard County
Health Department

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Chapel Woods II LOT # 18
PROPERTY ADDRESS 11825 Shepards Crossing Court, Ellicott City MD 21042
DIST. 05 STREET TOWN ZIP
TAX ACCOUNT # 412129 TAX MAP 0029 GRID 0007 PARCEL 0086 ZONING DESIGNATION

PROPERTY OWNER(S) DAVID & JULIE ROWLETT

DAYTIME PHONE 410 345 2055 CELL 443 939 9054 EMAIL

MAILING ADDRESS 11825 Shepards Crossing Ct. Ellicott City MD 21042
STREET CITY, STATE ZIP

APPLICANT Mark Storch/Outdoor Architects RELATIONSHIP TO OWNER: PRIME CONTRACTOR

DAYTIME PHONE 410 245 7417 CELL Same EMAIL Mstorch@OutdoorArchitects.com

MAILING ADDRESS 5913 Sandy Ridge Court, Elkridge, MD 21075
STREET CITY, STATE ZIP

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

BUILDING:

- ☒ RESIDENTIAL WITH 5 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: 33
☐ 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.

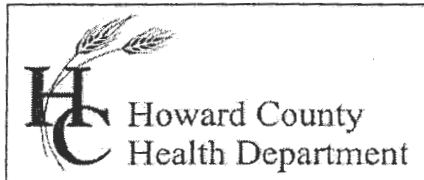
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Mark Storch

SIGNATURE OF APPLICANT

8/13/2013

DATE



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APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 11825 Sheppards Crossing LOT # 18

PROPERTY ADDRESS Chapel Woods

STREET

TOWN

ZIP

TAX ACCOUNT # _____ TAX MAP 29 GRID 7 PARCEL 86 ZONING DESIGNATION _____

PROPERTY OWNER(S) David & Julie ~~Rowlett~~ Rowlett

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS 11825 Sheppards Crossing Clarksville 21029

STREET

CITY, STATE

ZIP

APPLICANT Fogle's Septic Clean, Inc RELATIONSHIP TO OWNER: Consultant

DAYTIME PHONE 410-795-5670 CELL 410-984-5211 EMAIL _____

MAILING ADDRESS 580 Obrecht Rd Sykesville, MD 21784

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
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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.

Hunt A. Cassell

SIGNATURE OF APPLICANT

5/2/13

DATE

A 545121_

Percolation Information- 11825 Shepard's Crossing

NOT TO SCALE

A

2sbk , Dk.Gray
Black SCL
-----0.5'
Red-Brown
SCL
Much Mica
5%-10%
Small RX
-----5'
Red Brown
SL
Much Mica
-----8'
Red Brown
Yellow
FSL
Much Mica
-----15'

B

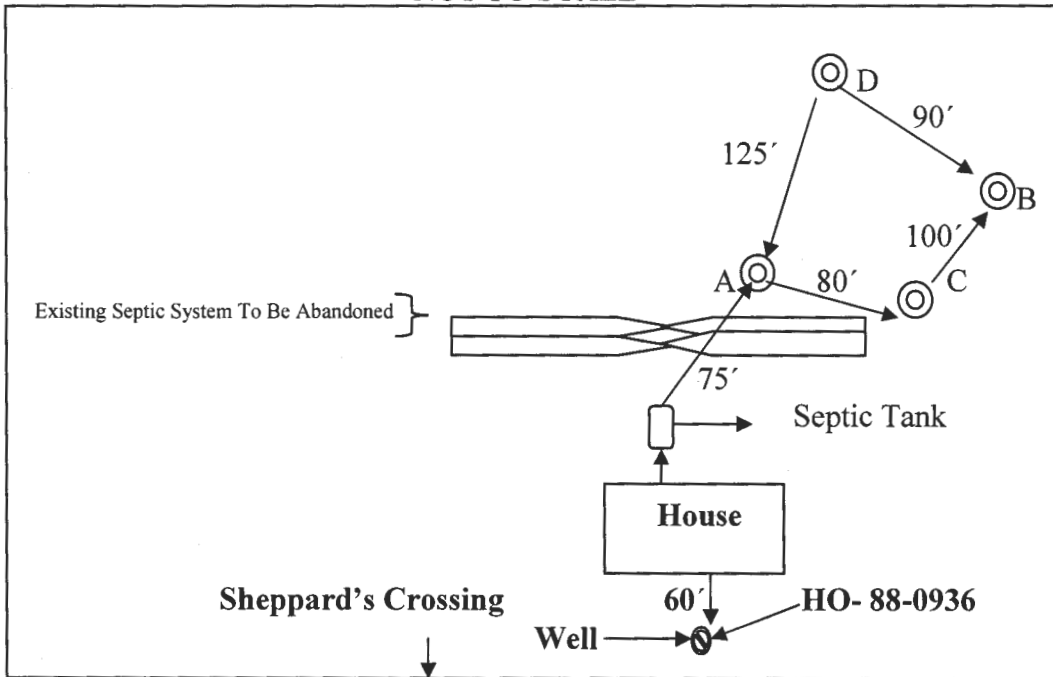
2sbk , Dk.Gray
Black SCL
-----0.5'
Red-Brown
Yellow
SCL
Much Mica
-----4'
Red-Brown
Yellow
SL
Rock Crop on
Right side @
7'
20-30% RX
-----14'

C

2sbk , Dk. Brn
Grey, SCL
-----0.8'
Red-Brown
SCL (Dense)
Many Mica
-----5'
Red-Brown
Yellow
SL
Silty
Many Mica
-----14'

D

2sbk , Dk.
Gray
Black SCL
-----0.8'
Red-Brown
SCL
Much Mica
-----2'
Red-Brown
Yellow
SL
Much Mica
-----8'
Red-Brown
Yellow
FSL
-----14'



Date	Test	Depth	Start	Break 1" Drop	Break 2" Drop	Time of 2 nd Inch	P/F/H
9-24-13	A	6 / 15'	10:23	10:25	10:27	2 min.	Pass
9-24-13	B	5/ 14'	10:44	10:46	10:49	3 min.	Pass
9-24-13	C	6/ 14'	11:13	11:27	11:45	18 min.	Pass
9-24-13	D	14'		Visual Pass			Pass


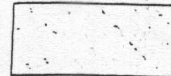





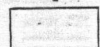
Remarks: Existing tank will remain. Existing septic system must be abandoned.

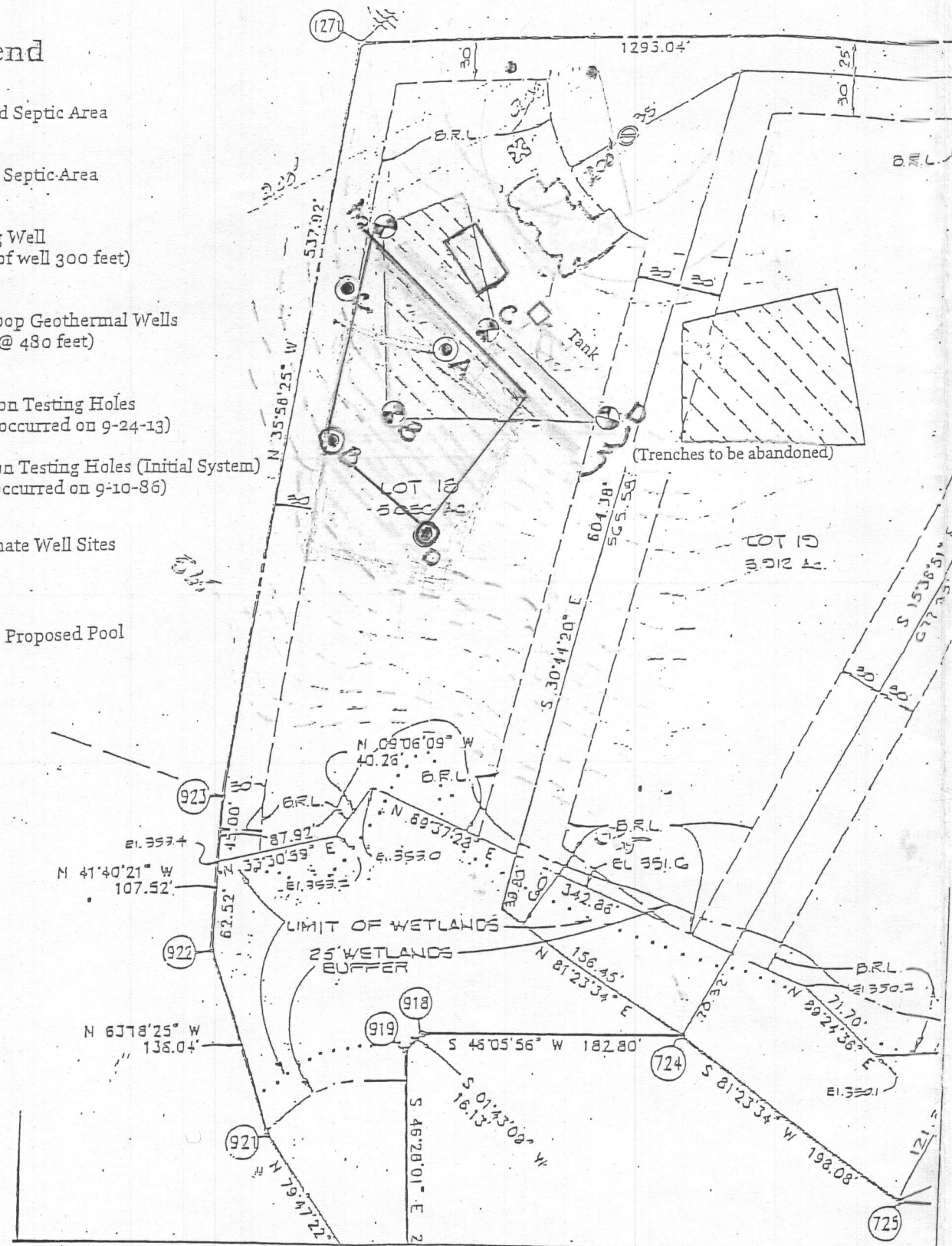
Sanitarian _D. Bernard_____ Backhoe _South Carroll Others____

Test Holes Used in SDA ___Avg. Perc Time___ min. ___ SQ.FT/BR___

Trench Width ___Inlet Depth___Max Bot.Depth_8_Effective S/W___

Legend

-  Proposed Septic Area
-  Existing Septic Area
-  Existing Well
(Depth of well 300 feet)
-  Closed Loop Geothermal Wells
(4 Holes @ 480 feet)
-  Percolation Testing Holes
(Testing occurred on 9-24-13)
-  Percolation Testing Holes (Initial System)
(Testing occurred on 9-10-86)
-  Alternate Well Sites
-  Proposed Pool

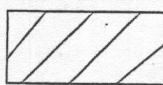


Percolation Certification Plan
Scale (1-100)

Percolation Certification Plan

Owners: David and Julie Rowlett
Chapel Woods II Subdivision
11825 Shepard's Crossing
Tax Map: 29 Parcel: 86
Ellicott City, Maryland 21042

Notes:

1. The lot herein complies with the minimum ownership width and area as required by Maryland Department of the Environment (MDE) for lots created after March 1972.
2. Any changes to a private sewage easement shall require a revised percolation certification plan.
3. The topography of this plat is taken from Howard County GIS and is verified to accurately represent the relative changes on the subject property.
4.  This area designates a private sewage disposal area of at least 10,000 sq. ft. as required by the Maryland Department of the 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 easement Recordation of a revised or modified sewage easement shall not be necessary.
5. All known wells and/or septic easements located within 100 feet of the property have been shown.
6. The existing trenches will be abandoned and the replacement septic system installed prior to building permit approval.
7. The Purpose of this Percolation Certification Plan is to redesign the septic easement to allow required setbacks for the installation of a pool at the existing dwelling 11825 Sheppard's Crossing.
8. The existing tank will remain and the existing trenches will be abandoned.

"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."

Julie Rowlett
Applicant

10/22/13
Date

Approved For Private Water and Private Sewage System

B. Wilson for Maura Rossman
Health Office, Howard County Health Department *for* Date 11/7/2013