

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ (AP) 523269

AGENCY REVIEW: _____ DATE 9/7/05

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 4705 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) MRS. WILLIAM A. SCHULTE

DAYTIME PHONE 443-367-0422 CELL _____ FAX 443-367-0420

MAILING ADDRESS 5300 TORSEY HALL DR. ELLICOTT CITY, MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT LAND DESIGN & DEVELOPMENT LLC

DAYTIME PHONE 443-367-0422 CELL _____ FAX 443-367-0420

MAILING ADDRESS 5300 TORSEY HALL DR #102 ELLICOTT CITY, MD 21042
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME SCHULTE PROPERTY NORTH SIDE LOT NO. 26

PROPERTY ADDRESS 15320 OLD FREDERICK RD WOODBINE MD 21797
STREET AT MORGAN STATION ROAD TOWN/POST OFFICE

TAX MAP PAGE(S) 8 GRID 223 PARCEL(S) 8217 PROPOSED LOT SIZE 40,000 sq ft

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.

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/P _____

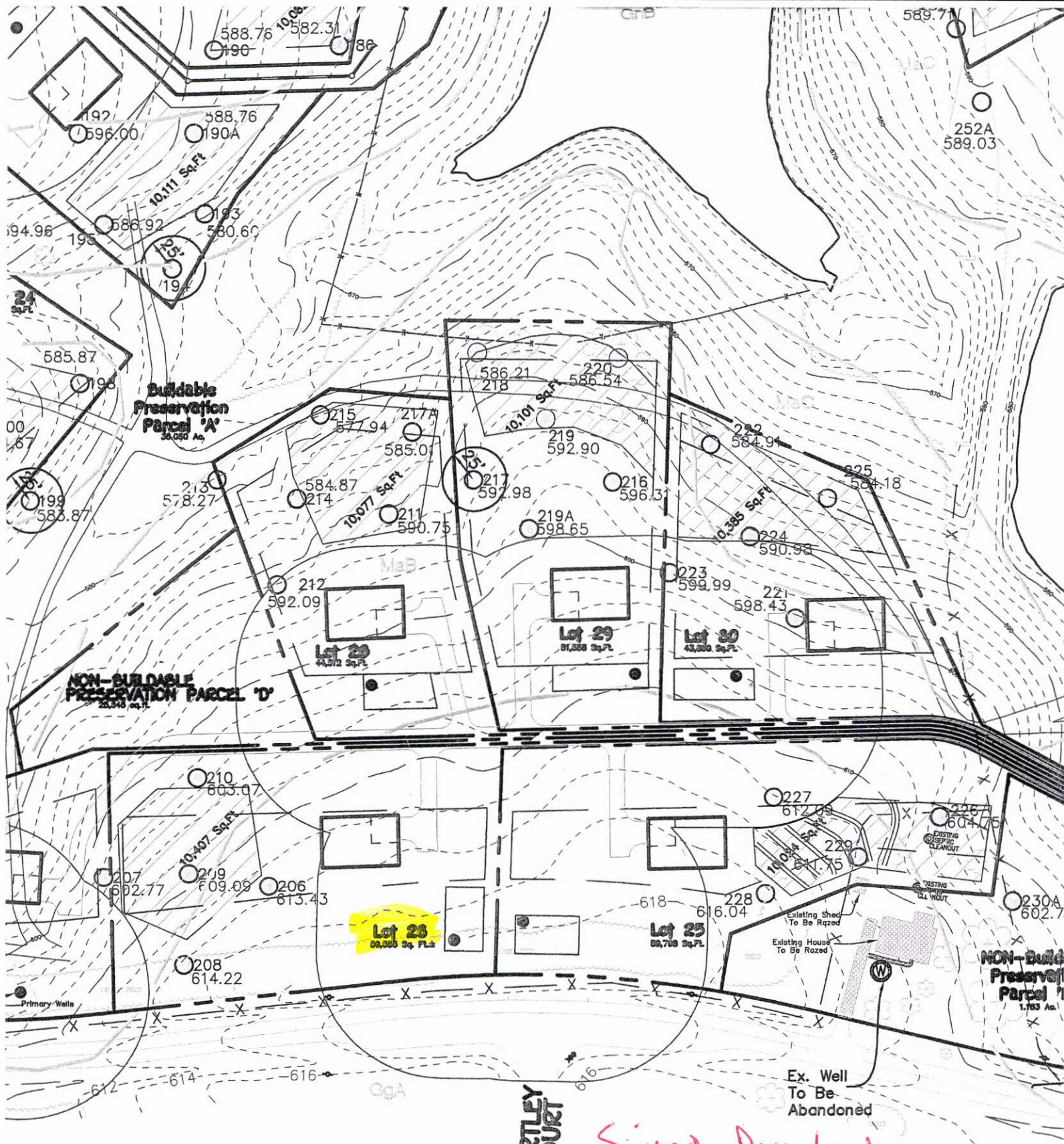
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



BRICK ROAD
(ECTOR)

OWNER AND DEVELOPER
MR. AND MRS. WILLIAM SCHULTE
15320 OLD FREDERICK ROAD
WOODBINE, MARYLAND 21797

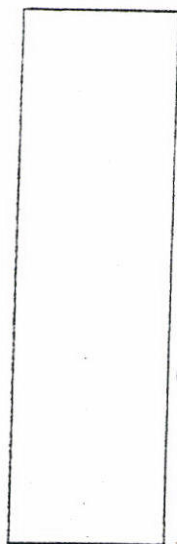
APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.

Reviewed for Mauna Rossman

7/2/2015

**LOTS
AND N**

A/P Lot 27



207
light brown
sbk

light brown
sil
dense in ground
10% chert layer
light red
sil sg
dense in ground
10% chert layer
210

brown L
yellow brown
sil
dense sil
trace rock
yellow br.
sil
5% chert

209
brown L
yellow orange
sil
dense sil
sbk micaceous
weak orange
sil sg
10% chert

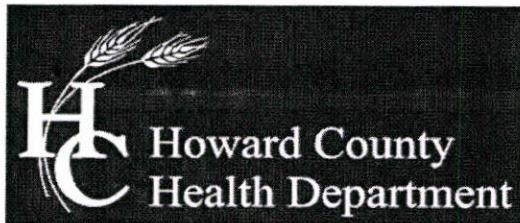
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/16/05	209	11'			visual		VP
	206	4' 12'	1:30	1:52	1:55	3	P
	208	4' 5" 11'	1:51	1:52	1:54	2	P
	210	4' 5" 12'	1:56	1:59	2:06	7	P
	207	5' 11'	10:16 ⁴²	10:19 ⁴⁵	10:27	8	P

REMARKS Holes staked by surveyors per plan and dug per plan

SANITARIAN SF BACKHOE M. Johnson (AEC) OTHERS R. Webster

TEST HOLES USED IN SDA AVG. PERC TIME 5 SQ. FT/BR

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



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

Twitter: HowardCoHealthDep

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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: _____

Subdivision: Fairlane Farm Lot: 26

Initial system: Application rate: 1.2 Effective area beginning depth: 3 Bottom maximum depth: 7

1st Replacement: Application rate: 0.8 Effective area beginning depth: 3 Bottom maximum depth: 7

2nd Replacement: Application rate: 0.8 Effective area beginning depth: 3 Bottom maximum depth: 7

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

$$\frac{W + 2}{W + 1 + 2D} \times 100 = \text{Percent of length of standard trench where } W = \text{trench width and } D = \text{depth between effective area beginning depth and trench bottom.}$$

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is $2D + W$ up to a maximum spacing of 18'.
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

Approved: Hank Oswald Date: 1/31/18