



HOWARD COUNTY HEALTH DEPARTMENT

68865

DATE 4/16/21

Received From

Freedom Septic Services

PHONE #

410-295-2947

For

Leak Repair - 3150 Stiles Way

CASH

CHECK

NO

4450

One hundred sixty-five

Dollars

\$ 165 00

Received By

King

A58865

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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 3150 Stiles Way W. Friendship 21794
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 0022 GRID 0008 PARCEL 0017 LOT NO. 0 PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Abdul + Ayesha Mir

DAYTIME PHONE 301.729.2487 EMAIL _____

MAILING ADDRESS 3150 Stiles Way W Friendship, MD 21794
STREET CITY, STATE ZIP

APPLICANT Freedom Septic RELATIONSHIP TO OWNER: repair

DAYTIME PHONE 410.795.2947 CELL _____ EMAIL chris@freedomseptic.com

MAILING ADDRESS 2909 Liberty Rd Sylmar MD 21784
STREET CITY, STATE 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 0 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

7/15/21

DATE

APPLICATION

PERCOLATION TESTING

A 515249

P _____

DISTRICT _____

DATE 5/18/01

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Clifford and Betty Harrison

ADDRESS 3155 Route 32, West Friendship, MD 21794 PHONE 410-442-2196

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. TO (C)

ROAD AND DESCRIPTION Off of Route 32, South of Rosemary Lane 3/4 of a mile

TAX MAP NO. 22 PARCEL # 17

SIZE OF LOT 1 Acre TYPE OF BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.


(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A _____

P _____

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Clifford and Betty Harrison

ADDRESS 3155 Route 32, West Friendship, MD 21794 PHONE 410-442-2196

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 5

ROAD AND DESCRIPTION Off of Route 32, South of Rosemary Lane 3/4 of a mile

TAX MAP NO. 22 PARCEL # 17

SIZE OF LOT 1 Acre TYPE OF BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.


(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

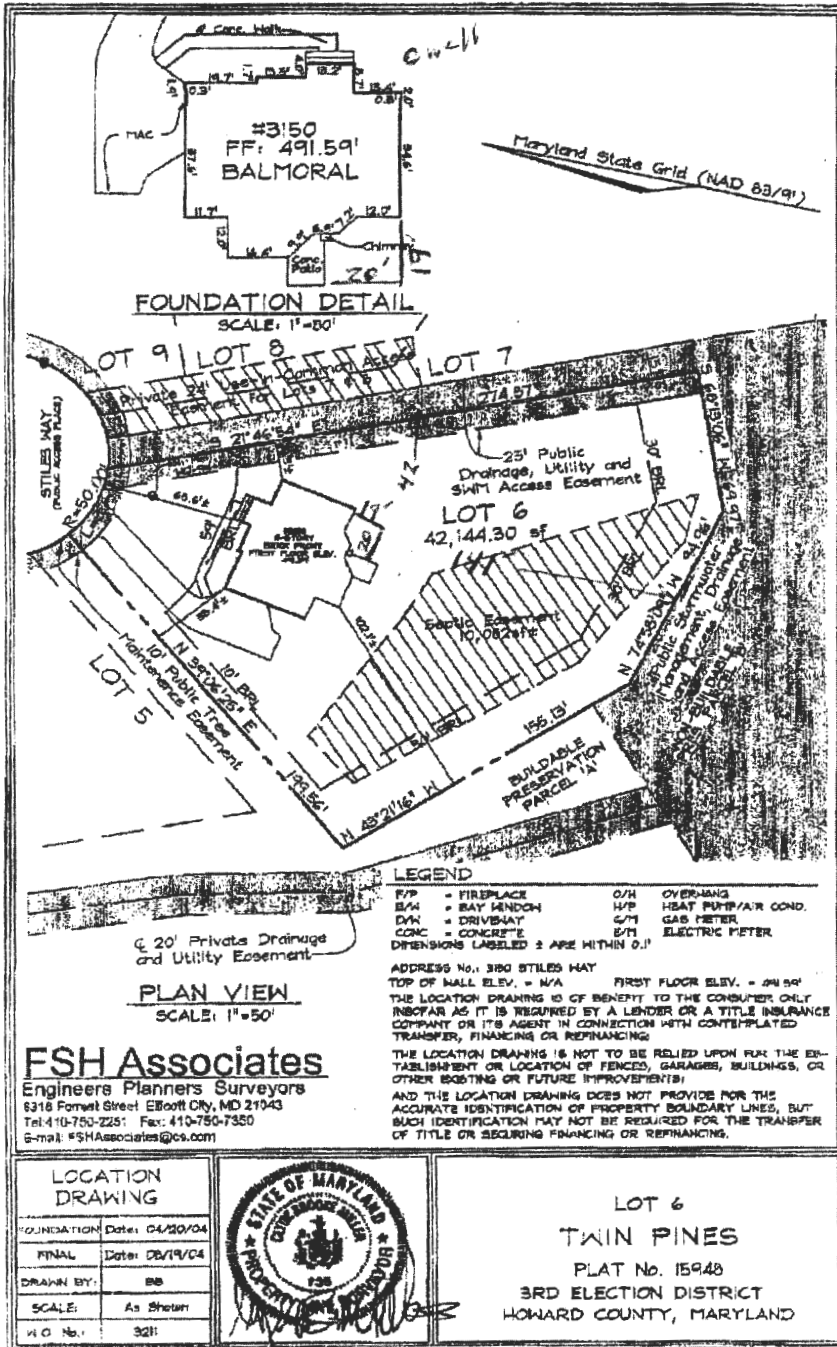
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT



FSH Associates
 Engineers Planners Surveyors
 6316 Forest Street Ellicott City, MD 21043
 Tel: 410-750-2261 Fax: 410-750-7350
 E-mail: FSHAssociates@cs.com

LOCATION DRAWING	
FOUNDATION	Date: 04/20/04
FINAL	Date: 06/19/04
DRAWN BY:	BB
SCALE:	As Shown
H.C. No.:	321



LOT 6
 TWIN PINES
 PLAT No. 15948
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

M:\117\11735\11735\11735.dwg

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 600153075 A# 515249-J
 APP. SAN CFD DATE: 4/21/05
 DESC. OF WORK: Deck

COUNTY #

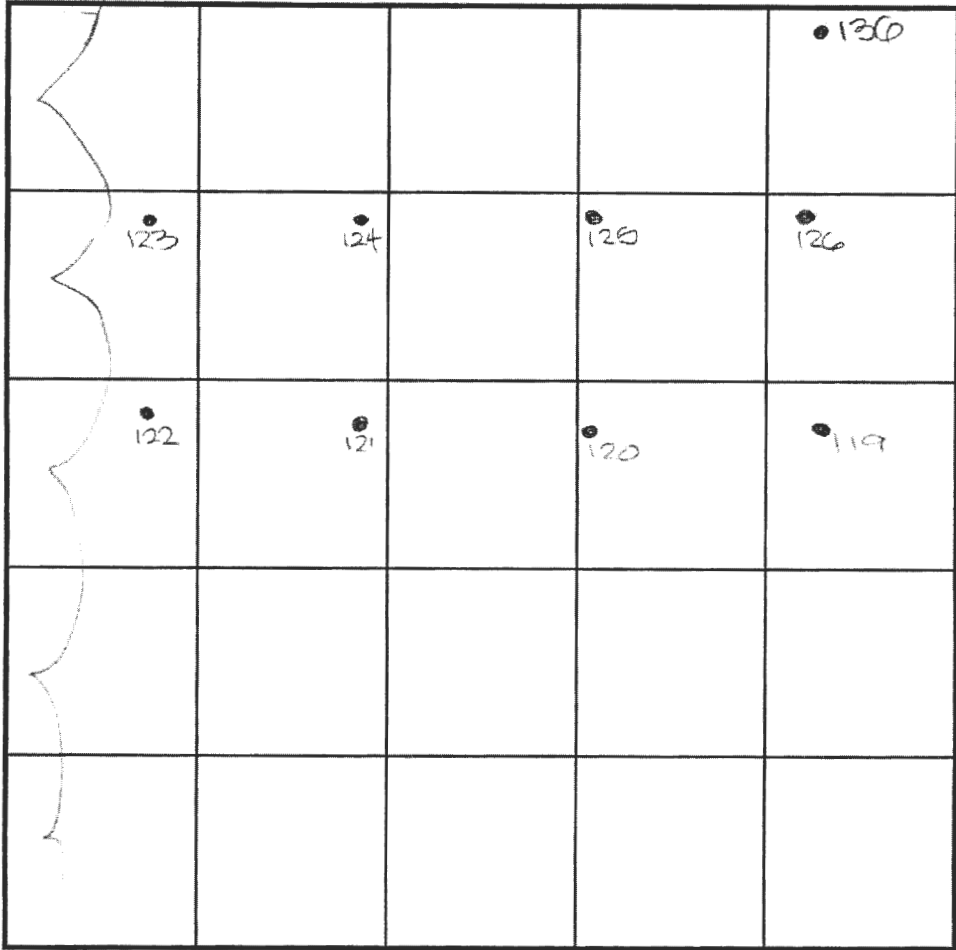
SOIL PROFILE

0' 122 / 122

6" topsoil
 org brn
 ci Lm
 14" org brn
 si mica
 Lm
 15%+
 sh

14' 121
 6" topsoil
 red
 brn
 ci Lm
 14" org
 brn
 si mica
 Lm
 10-15%
 sh

14' 120
 6" topsoil
 org red
 brn
 ci Lm
 4" 14" org red
 brn
 si mica
 Lm
 12.5' Refusal



SOIL PROFILE

0' 119

6" topsoil
 red
 brn
 ci Lm
 4-4.5" 14" org
 brn
 si mica
 Lm
 10-15%
 sh

14' 125
 6" topsoil
 red
 brn
 ci Lm
 3" 4" org
 brn
 si mica
 Lm
 15-20%
 sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Route 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-21-01	123	3.5' S	11:09	11:12	11:12	11:15	3
		14.0' D	Visual-	See profile			OK
	122	14.0' D	Visual-	see profile			OK
	121	3.5' S	11:19	11:22	11:22	11:27	6
		14.0' D	visual	-See profile			OK
	120	12.5' D	Refusal	- see profile			OK
	119	4.5' M	12:15 ₃	12:19	12:19	12:26 ₃	8
		3.8' S	11:39	slow			
		14.0' D	Visual-	See profile			OK
	125	3.5' S	11:47 ₃	11:52 ₃	11:52 ₃	12:00	8
		14.0' D	Visual	- See profile			OK

REMARKS

TYPE OF SOIL

TESTED BY HJC

TRENCH DESIGN DATA: AVG. PERCOLATION TIME

INLET DEPTH

MAXIMUM BOTTOM DEPTH

ALSO PRESENT

TRENCH WIDTH

SQ. FT./BEDROOM

C-70 pp, T. Feaga

COUNTY #

SOIL PROFILE

0' 131/133

6" topsoil

red brn
cl lm

1.5'

arg red
brn
to
lt brn
si mica
lm

15%+
rock

14' 132

6" topsoil

arg brn
cl lm

4'

arg brn
si mica
lm

20%
Fe%
sh

14' 0' 134

6" topsoil

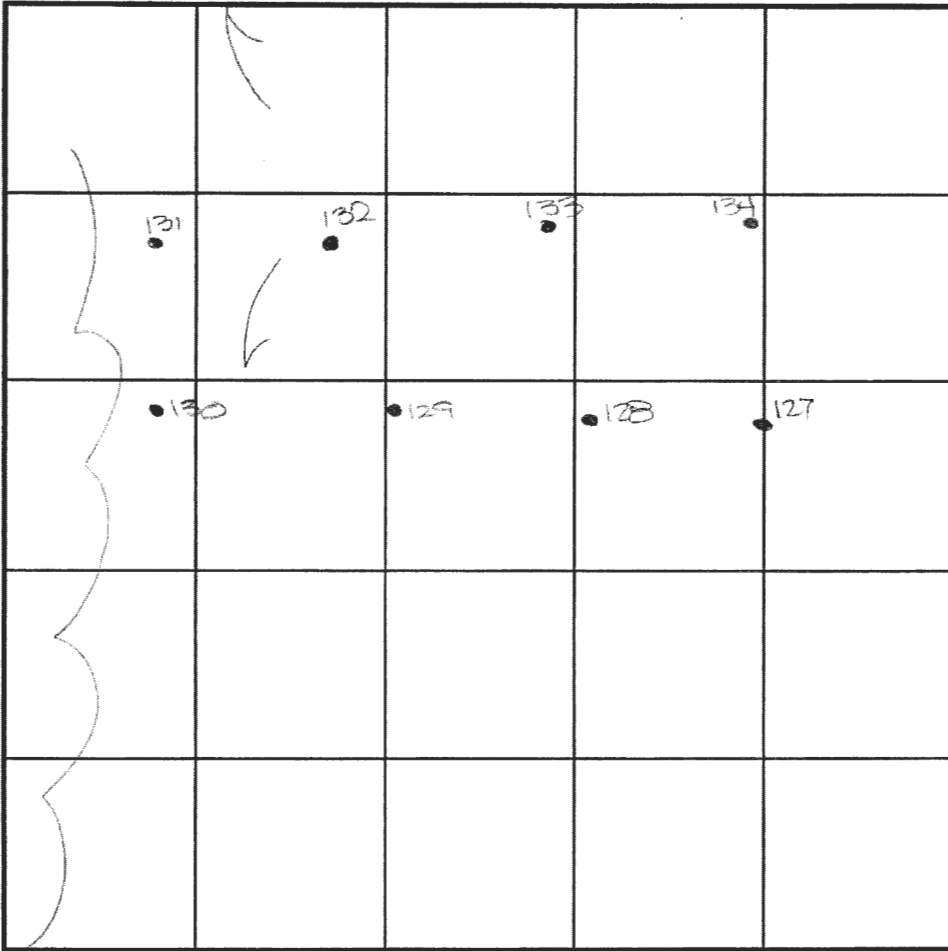
arg brn
cl lm

2'

med
brn
si mica
lm

20%
sapr
sh

1/4" water



SOIL PROFILE

0' 127

6" topsoil

arg
red
brn

2.5'

cl lm

lt brn
si mica
lm

15%+
sapr
sh

14' 128

6" topsoil

red arg
brn
cl lm

3.5'

arg
brn
si mica
lm

13.5' 15% sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Route 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-21-01	131	4.0' S	10:25 ₃	10:26	10:26	10:27 ₂	2
		14.0' D	Visual	- See profile			OK
	132	14.0' D	Visual	- See profile			OK
	133	3.5' S	10:37 ₃	10:39	10:39	10:41 ₂	3
		14.0' D	Visual	- See profile			OK
	127	3.0' S	10:46	10:47	10:47	10:48 ₂	2
		14.0' D	Visual	- See profile			OK
	128	13.5' D	Visual	- See profile			OK
	134	12'4" D	Water	- See profile			OK

REMARKS

TYPE OF SOIL

TESTED BY D/C

TRENCH DESIGN DATA: AVG. PERCOLATION TIME

INLET DEPTH

ALSO PRESENT

TRENCH WIDTH

SQ. FT./BEDROOM

C. Zapp, T. Feaga

COUNTY #

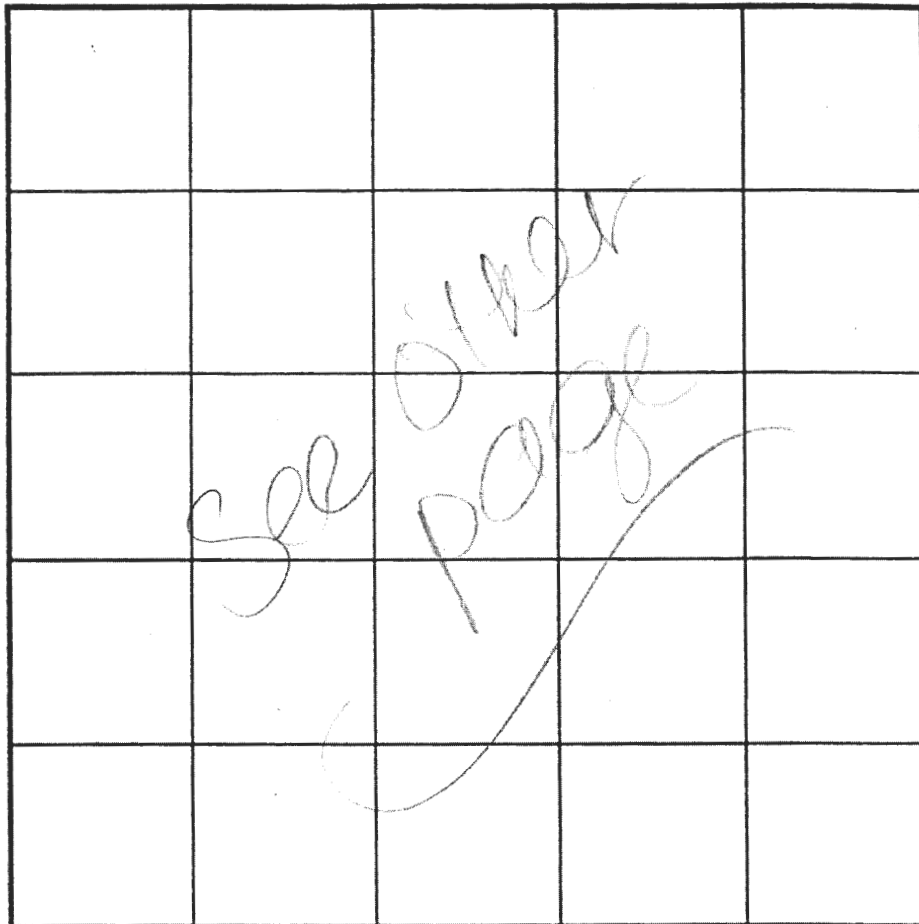
SOIL PROFILE

0' 129

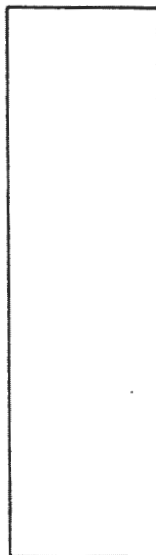
6" top soil
org brn
cl m

2.5' pale
org brn
s mica
Lm

13' 10%+
sapr
sh



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0' 130

6" top soil
org brn
cl m

25' 3' 14 brn
s mica
Lm

15%+
sapr
sh

13.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-21-01	129	30'S	10'S9	10'S9 ₂	10'S9 ₃	11:01 ₃	2
		13.0'D	visual	- see	profile		OK
	130	13.5'D	visual	- see	profile		OK

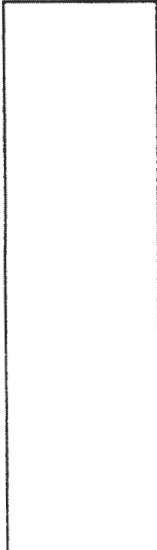
REMARKS _____

TYPE OF SOIL _____

TESTED BY DJC ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ FT/BEDROOM _____



COUNTY #

SOIL PROFILE

0' 136

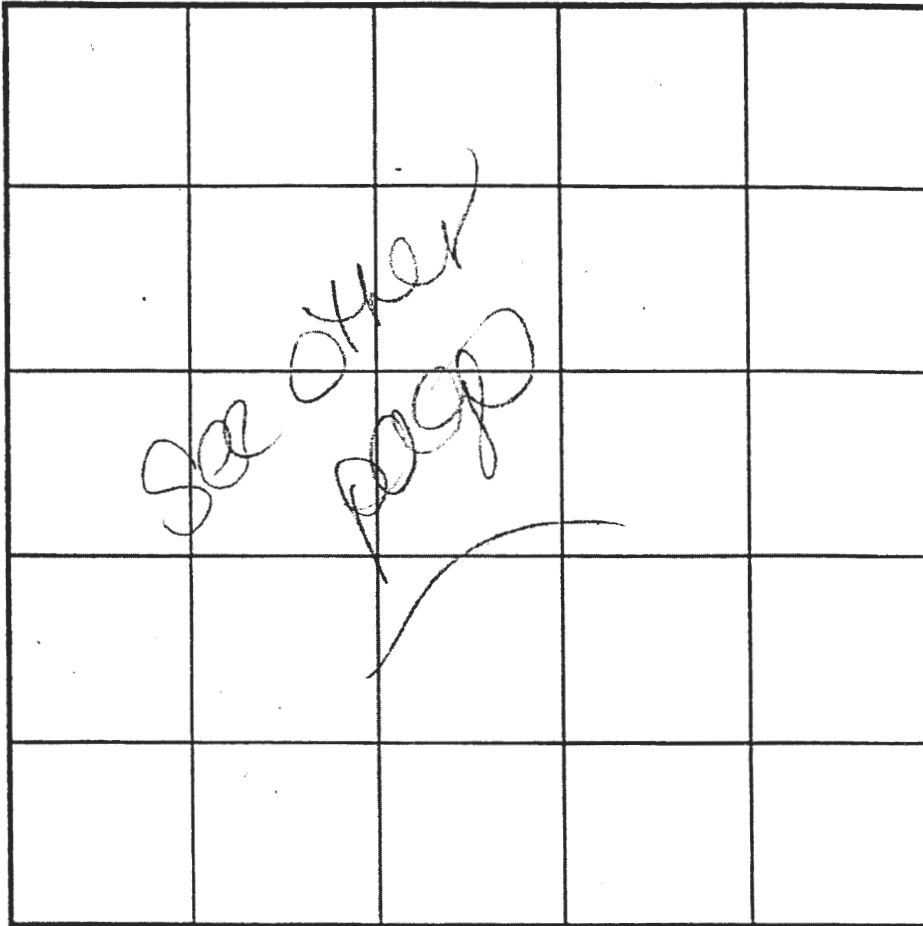
6" top soil

red brn
clm

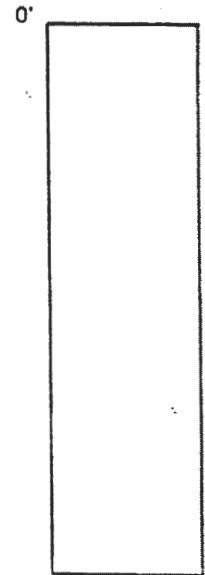
3' H org
brn
Si mica
brn

15% at
snp
sh

5'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-22-01	1121 A	2.0'S	10:06	10:11	10:11	10:27	10
	1121 B	2.0'S	10:07	10:07 ₃	10:07 ₃	10:29	2
	134A	2.0'S	10:07 ₂	10:18 ₃	10:18 ₃	10:30	12
	136	3.0'S	10:11 ₃	10:16	10:16	10:23	7
		13.5'D	visual	- see profile			OK

1 ref
10' of
C
wet
soil

REMARKS _____

TYPE OF SOIL _____

TESTED BY DKC ALSO PRESENT C. Zepp, T. Feag

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

COUNTY #

SOIL PROFILE

124

0'

topsoil

6"

org brn

cl lm

4'

lt brn

si mica

lm

15%

sh

13.5'

0' 126

topsoil

6"

red

brn

cl lm

4'

med

4.5'

org brn

si mica

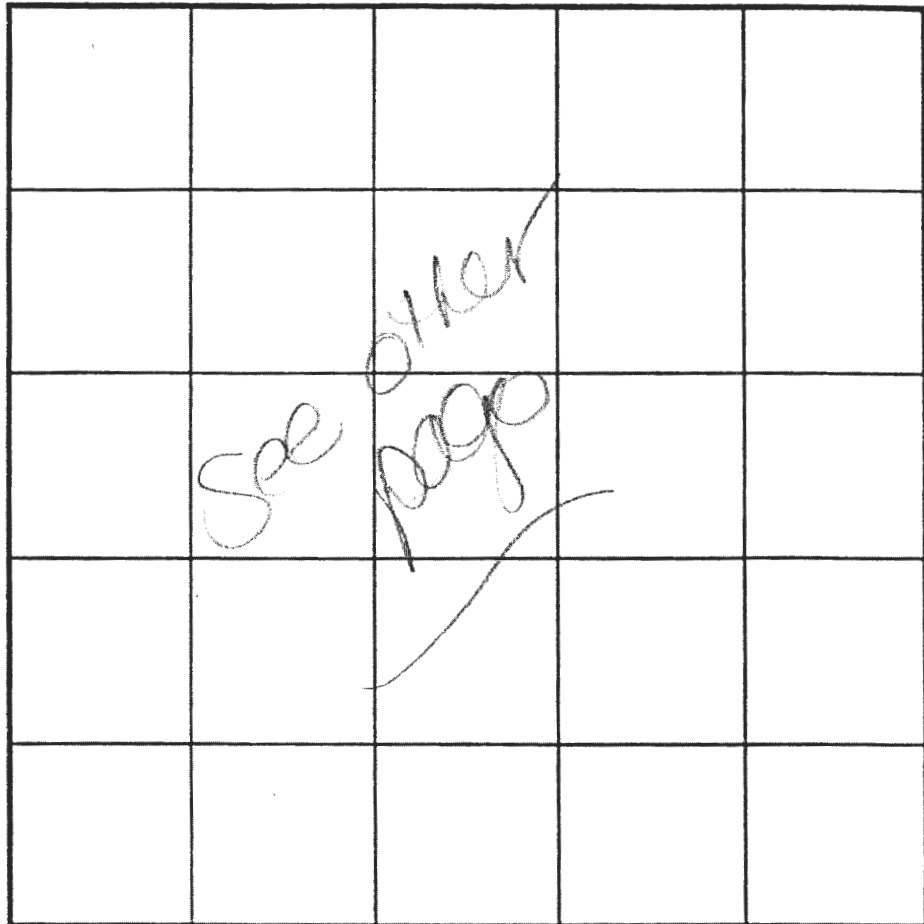
lm

lt/ht

supr

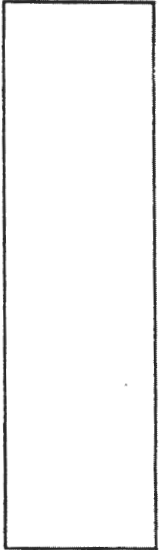
sh

14.4"



SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-21-01	124	13.5' D	Visual	- See	profile		OK
	126	14'4" D	Visual	- see	profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY DJC ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ FT/BEDROOM _____

3/10/02
Signed
pulin

