



HOWARD COUNTY HEALTH DEPARTMENT

68767

DATE
2/24/21

P15 A15

Received
From

Freedom Septic

PHONE #

910 195-2947

For

Peric / Repair - 830 Ringer Rd.

☐ CASH

☒ CHECK

NO.

4920

One hundred fifty-five

Dollars

\$

165.00

Received By

J King



HOWARD COUNTY HEALTH DEPARTMENT

68767

Received
From

Freedom Sept 24 1995

DATE

PHONE #

For

Reic / Repair - 830 King Rd.

☐ CASH

☒ CHECK

NO
4920

One hundred dollar fine

Dollars

\$ 105 00

Received By

J. Kent



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

AS68767

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

830 River Rd Sykesville 21784
STREET TOWN ZIP

TAX ACCOUNT #

TAX MAP

0009

GRID 0005

PARCEL

0226

LOT NO.

4

PROPOSED LOT

SIZE (ACRES)

5.22

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Bryan + Jennifer Glover

DAYTIME PHONE

CELL 443-804-2693 EMAIL

MAILING ADDRESS

830 River Rd Sykesville MD 21784
STREET CITY, STATE ZIP

APPLICANT

Freedom Septic

RELATIONSHIP TO OWNER:

installer/repair

DAYTIME PHONE

410-755-2947

CELL

EMAIL

Christy@freedomseptic.com

MAILING ADDRESS

2809 Liberty 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):

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

4

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.

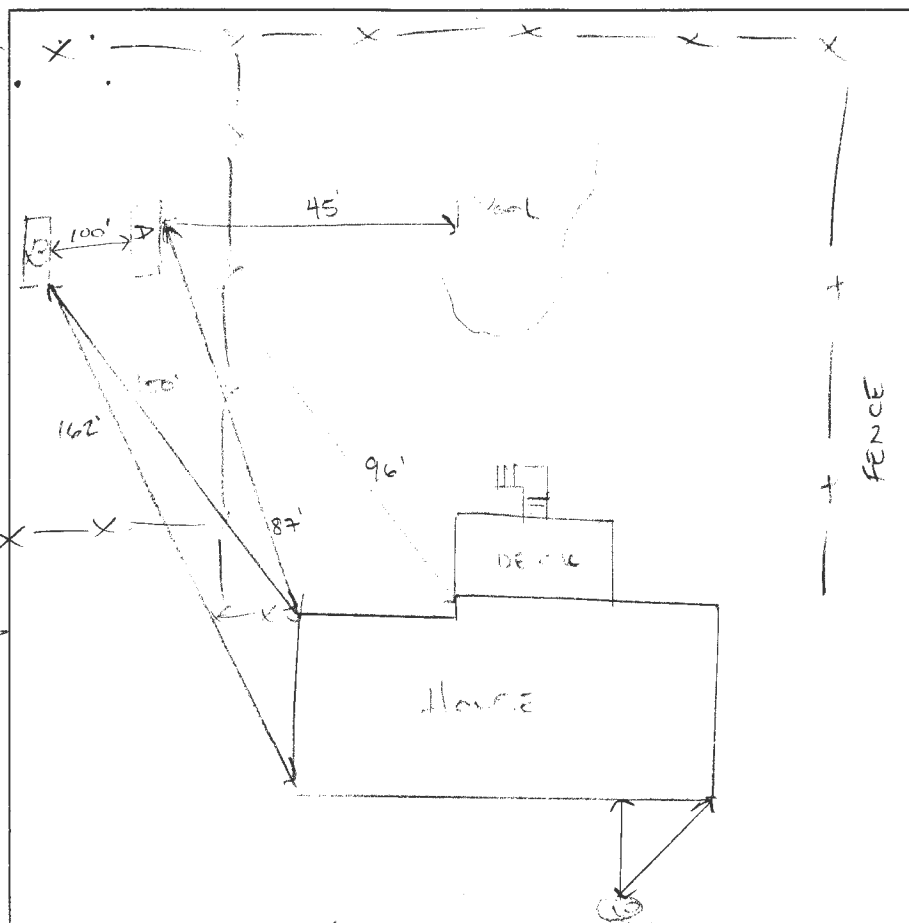
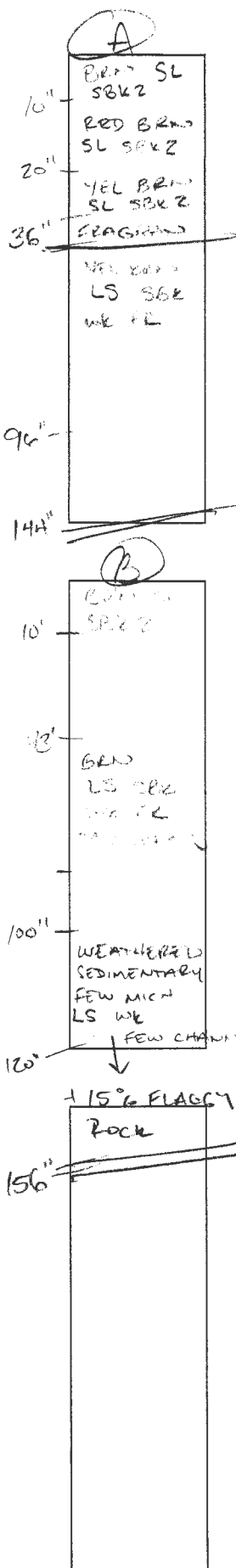
SIGNATURE OF APPLICANT

Bryan Glover

DATE

2/24/21

AP 568767



SHELF/BOTTOM RIVER ROAD

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
03/10/2021	A	3' / 12'	0:00	3:00	7:00	4:00	P 1.2
03/10/2021	B	3' / 13'	0:00	4:15	11:15	7:00	P 0.8
03/10/2021	A	Bottom Rock				1m	
03/10	B	Bottom Rock				6.5m	

REMARKS EX ST. (1976) REPORTED 1976 IS UNDERSIZED FOR CURRENT BR

SANITARIAN CABALUG 001997 BACKHOE FREEDOM OTHERS THOMAS

TEST HOLES USED IN SDA (DAN) AVG. PERC TIME 1.2 SQ. FT/BR 4'

TRENCH WIDTH 3' INLET DEPTH 3'-3.5' MAX. BOT DEPTH 8' EFFECTIVE SW 5' @ 3' INLET

BR	WIDTH	INLET DEF. FT.	INLET DEF. FT.	INLET DEF. FT.	INLET DEF. FT.			
		3' WIDE	5' SIDE WALL (3.5')	4.5' SIDE WALL (3.5')	4.5' SIDE WALL (4' IN)			
A	500	167	1.36	60'	1.38	64'	1.42	71'
B	625	209	1.36	76'	80'	88'		
C	750	240	1.36	90'	95'	105'		

FILE INQUIRY FORM

Property Address: 830 River Rd

T/c w/ J.A. Smith Re: proposed horse barn w/plumbing
Proposed connection to ex. system (tank + d/w with 4' H₂O
in 9' d/w)

Connection OK, contingent upon perc to verify soils
@ 14' permit, inspection + site plan
Replacement of drywell possible

MR 4/13/04