

### **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

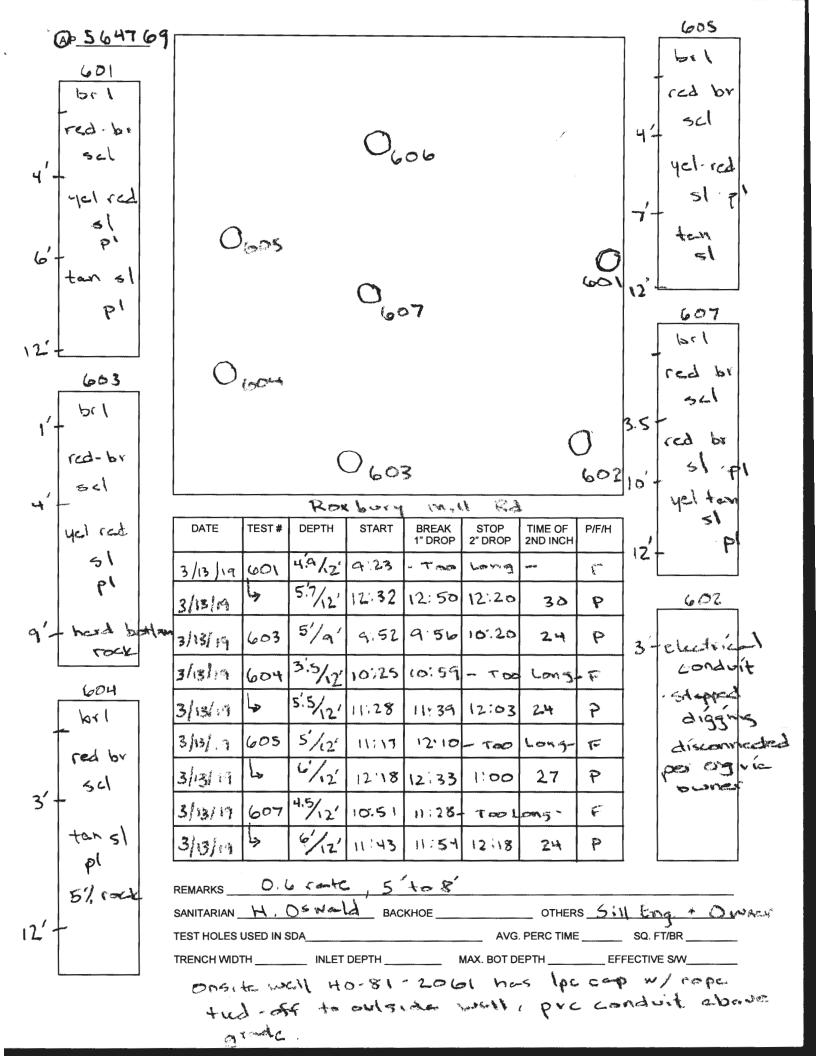
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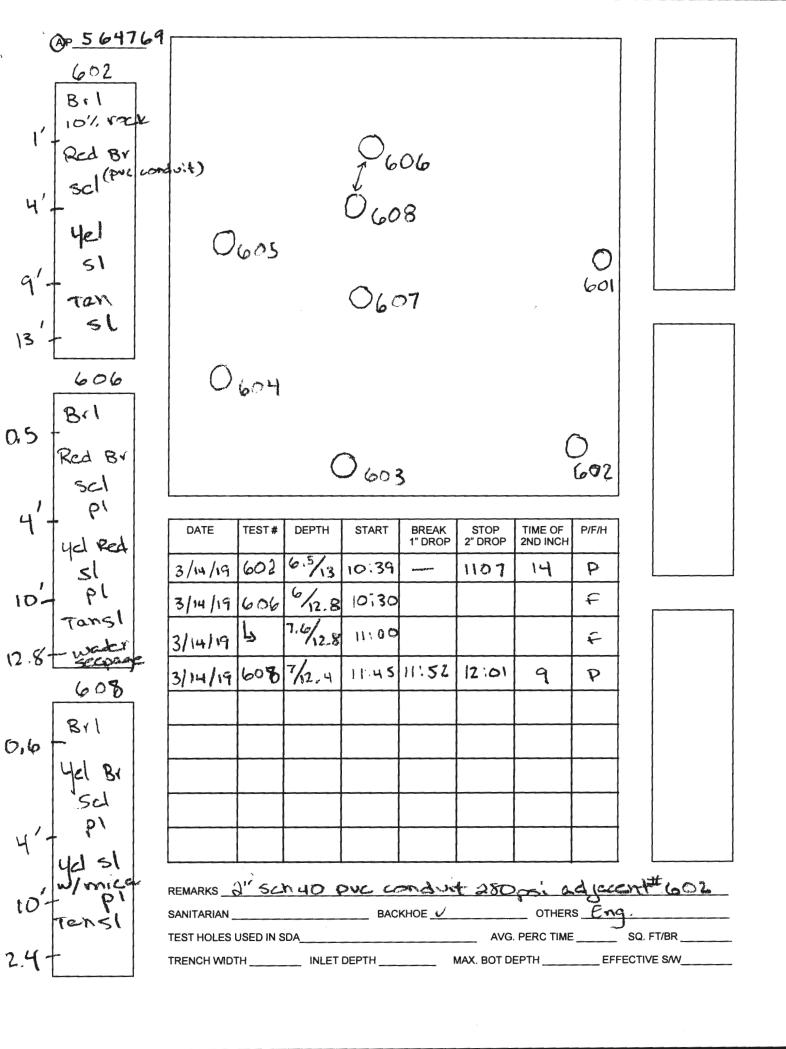
Maura J. Rossman, M.D., Health Officer

## **APPLICATION**

#### FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION	
SUBDIVISION/PROPERTY NAME Trusted Information, Lot 2	
PROPERTY ADDRESS 3100 Roxbury Mills Road	
STREET	TOWN ZIP
TAX ACCOUNT # 04-343840 TAX MAP 14 GRID 22 PA	RCEL 224 LOT NO. 2 PROPOSED LOT 7.840AC
ZONING CATEGORY RC-DEO TIER	
PROPERTY OWNER(S) 3100 NW Roxbury Mills Road Inv	
DAYTIME PHONE 860-984-6313 CELL	EMAIL DRenzendes@montenidoaffiliates.com
MAILING ADDRESS 617 Lakeland Road South	Severna Park, MD 21146
STREET	CITY, STATE ZIP
APPLICANT Sill Engineering Group, LLC	RELATIONSHIP TO OWNER: Engineer
DAYTIME PHONE 443-325-5076 CELL	EMAIL anita@sillengineering.com
MAILING ADDRESS 11130 Dovedale Court, Suite 200, Marriottsvill	
STREET  I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR T	CITY, STATE ZIP  O ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):
SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:  SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZON  CONSTRUCT NEW OSDS ON UNDEVELOPED LOT  REPAIR OR REPLACE FAILING OSDS  UPGRADE EXISTING OSDS  BUILDING:  RESIDENTIAL WITH 8/14 EXISTING OF PROPOSED DEDROOMS  COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EN  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 FE  OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EX  THE APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEI  THIS IS A PUBLIC DOCUMENT	S IN THE COMPLETED STRUCTURE MPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)  EE PAYMENT AND APPROVAL IS BASED UPON HEALTH KPIRATION OF THIS PERMIT.  ES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
I declare and affirm that to the best of my knowledge, the information conta property or duly authorized to make this application on behalf of the owner regulations. By signature of this application, I hereby grant Howard County Health Depar purpose of inspecting the property as directly related to the requested permi	I agree to comply with all applicable state and county  the the right to enter onto the property for the
Cuta E. alla	212412019
SIGNATURE OF APPLICANT	DATE







JW 9/4/14

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SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET
Address: 3100 Rox bury Will Rd
Subdivision:
Initial system: Application rate: 6.6 Effective area beginning depth: 5 Bottom maximum depth: 8  1st Replacement: Application rate: 6.6 Effective area beginning depth: 5 Bottom maximum depth: 8  2nd Replacement: Application rate: 6.6 Effective area beginning depth: 5 Bottom maximum depth: 8
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:  W+2 W+1+2D x 100 = Percent of length of standard trench where W=trench width and D= 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:  * Stay away from hole \$ 603 due to  vock & 9', botton trench Lepth & 5',
Approved: 1+ ank Dswald Date: 3/15/1

11.) How many employeer per day?

2.) 12 potential beds; BP for 8.

(6 BRS Stated Same)

(6 BRS Stated Same)

3) Size system on structore

4.) 15 gal/day/employee

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1	9	- 12	
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# HOWARD COUNTY HEALTH DEPARTMENT

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For

**Dollars** 

Received By

