

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 15445 Rivercrest Ct

Subdivision: Rivercrest

Lot: 6

724A
1999 Initial system: Application rate: 0.8 Effective area beginning depth: 4 Bottom maximum depth: 6
1999st Replacement: Application rate: 0.8 Effective area beginning depth: 4 Bottom maximum depth: 7
524,527^{2nd} Replacement: Application rate: 0.8 Effective area beginning depth: 4.5 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:

- Trenches must be located to provide room for 3 systems in the disposal area
- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Tank and trenches must be placed as shallow as possible while maintaining 2% fall in pipe from house and at least 18" cover over trenches. If 2% fall from house is not possible, the minimum allowable fall is 1%.
- 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:

Keep initial system below '400' contour.

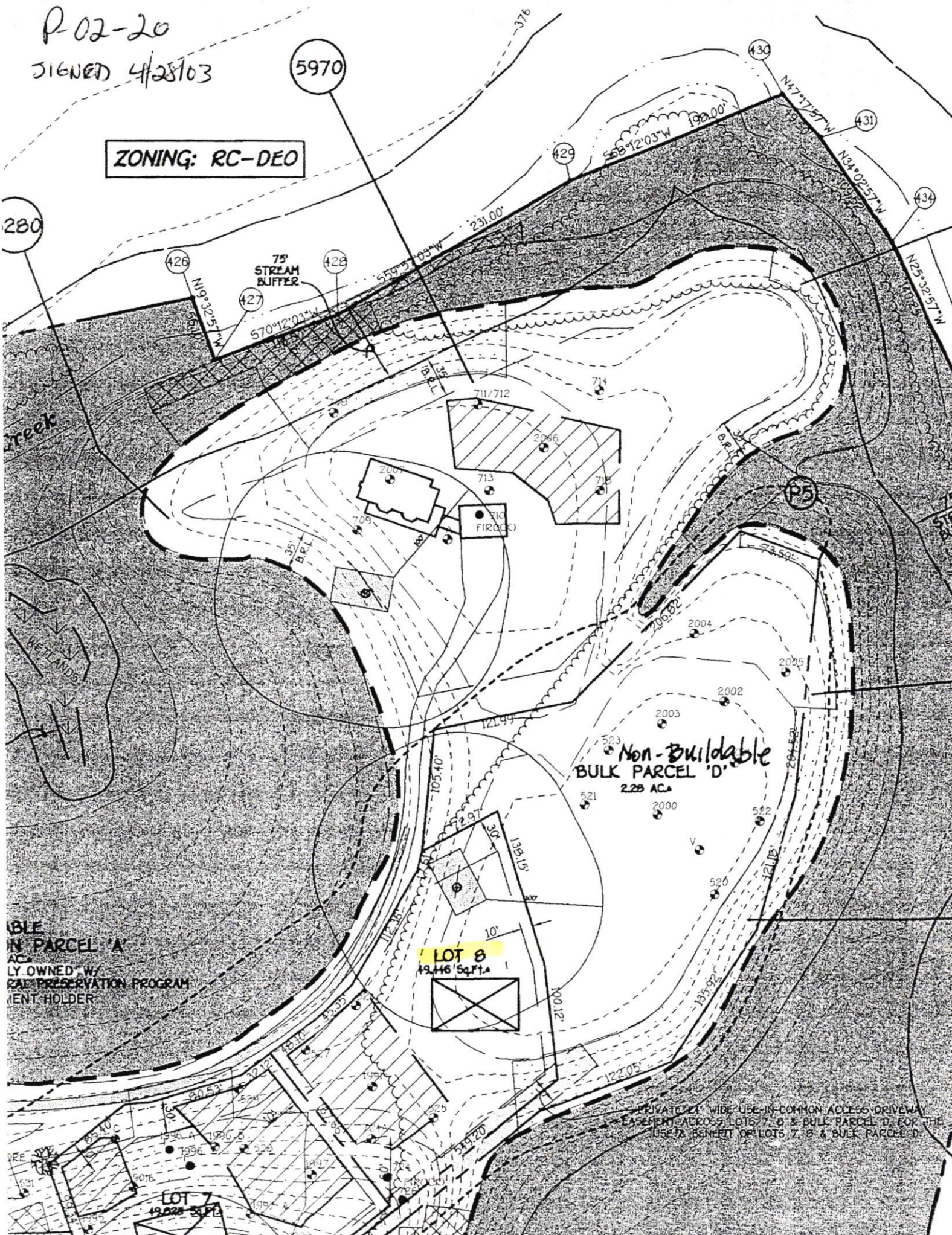
Approved: R Bricker

Date: 10/27/2020

P-02-20

SIGNED 4/28/03

ZONING: RC-DEO



LOT 7
RECALL Y LOT 8)
+9,800-5411*

1996 A 1996 B 522
405
30A

SDA - 10,060 Sq.Ft

LOT 8
(FORMALLY LOT 9)
49,400 Sq.Ft.

LOT 9
FORMALLY LOT 10
47,600 S.F.±

$$SDA = 10,332 \text{ Sq.Ft}$$

PRIVATE 24' WIDE USE-IN-COMMON ACCESS EASEMENT ACROSS LOTS 8 THRU 10 & PARCELS 1 & 2 FOR THE USE & BENEFIT OF LOTS 8 THRU 10 & PARCEL A

SIGNED PER
CEAT 10/28/62

Existing Woods

APPLICATION

PERCOLATION TESTING

A 599356

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4/13/98

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 ROBERT P. BUICE

ADDRESS 7979 MONCASTER MILL ROAD PHONE 410-975-0200

AGENT OR PROSPECTIVE BUYER DONALD R. REWEE LAND DESIGN & DEV INC.

ADDRESS 10805 HICKORY RIDGE ROAD PHONE 410-740-2100

PROPERTY LOCATION: COLUMBIA, MD 21044

SUBDIVISION BUICE PROPERTY, Sec 1 LOT NO. 76

ROAD AND DESCRIPTION EAST SIDE OLD ROXBURY ROAD

JUST EAST OF INTERSECTION OF RT 97 & ROXBURY MILL ROAD

TAX MAP 21 PARCEL # 84 GRID 20

SIZE OF LOT ONE ACRE TYPE BLDG. SF D
(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. DONALD R. REWEE JR
(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

599356
COUNTY #

SOIL PROFILE

724

0'

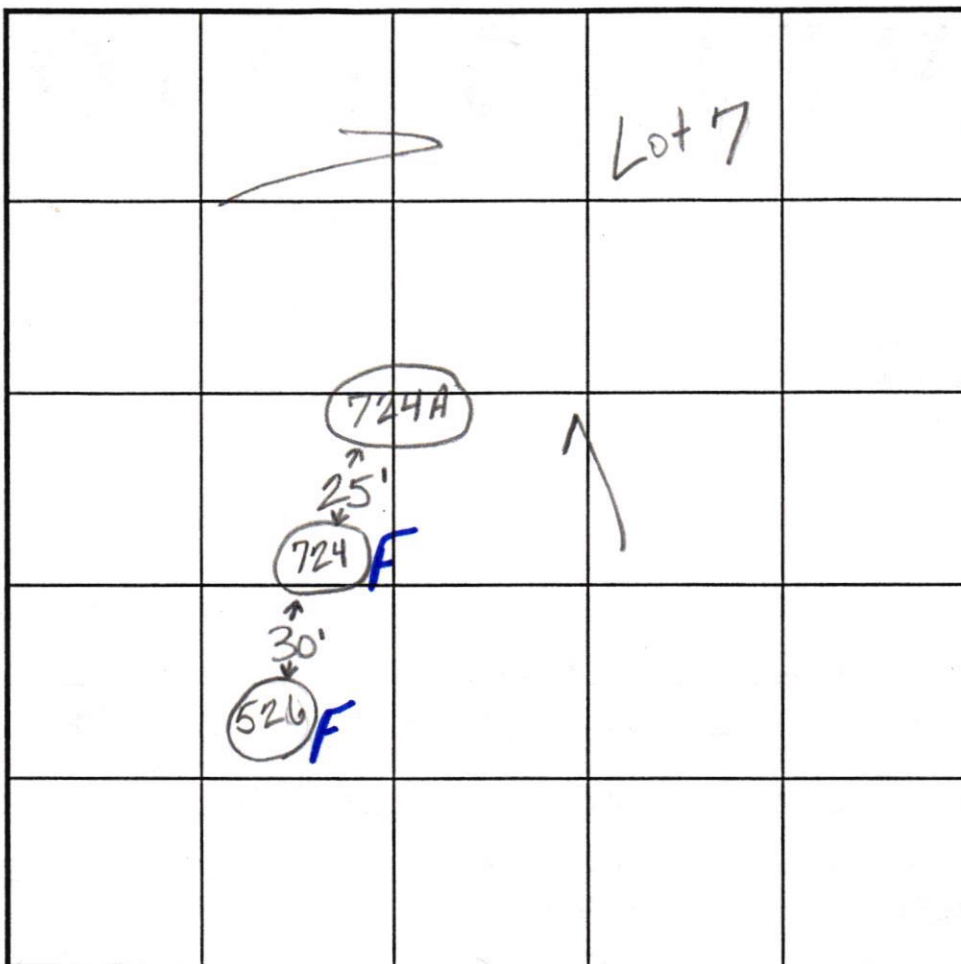
beige
orange
sac lm
greater
than
50%
rock

724 A

orange
brown
cl lm

beige
or
sac lm
30% rx
frags
starting
at 7.0'

10'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/28/98	724	4.0'D	FAILED DUE TO ROCK				
	724A	10.0'D	visual only - ok see profile				

REMARKS test holes staked

TYPE OF SOIL Glenelg Manor

TESTED BY Kim Maiste ALSO PRESENT Sam

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A NO FEE

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 5/31/02

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Buice Prop. Sec 2 LOT NO. 6

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
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(SIGNATURE OF APPLICANT)

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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

COUNTY #

SOIL PROFILE

O'

1999

dark-brn
top soil

1'

org-brn
siln

of

tan-
brn
fine sandy
lm

0-5%

Rock

FRAGS

13'

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS Contours shown in SDA questionable on paper but OK in field

TYPE OF SOIL Glenelg Manor

TESTED BY SRK

Mike Johnson & Nephew
Willie Snowden

ALSO PRESENT Don Renner, John Kamsa
Bob Buice

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-7 min

TRENCH WIDTH

INLET DEPTH 2'

MAXIMUM BOTTOM DEPTH 4

SQ. FT./BEDROOM

180

APPLICATION

PERCOLATION TESTING

A 599351

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4/13/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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ADDRESS 10805 HICKORY RIDGE ROAD PHONE 410-740-2100

COLUMBIA, MD 21044

PROPERTY LOCATION:

SUBDIVISION BUICE PROPERTY, Sec 1 LOT NO. 6

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JUST EAST OF INTERSECTION OF RT 97 & ROXBURY MILL ROAD

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SIZE OF LOT ONE ACRE TYPE BLDG. SF D
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COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. DONALD R. REWICK JR
(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

59935 I

COUNTY #

SOIL PROFILE

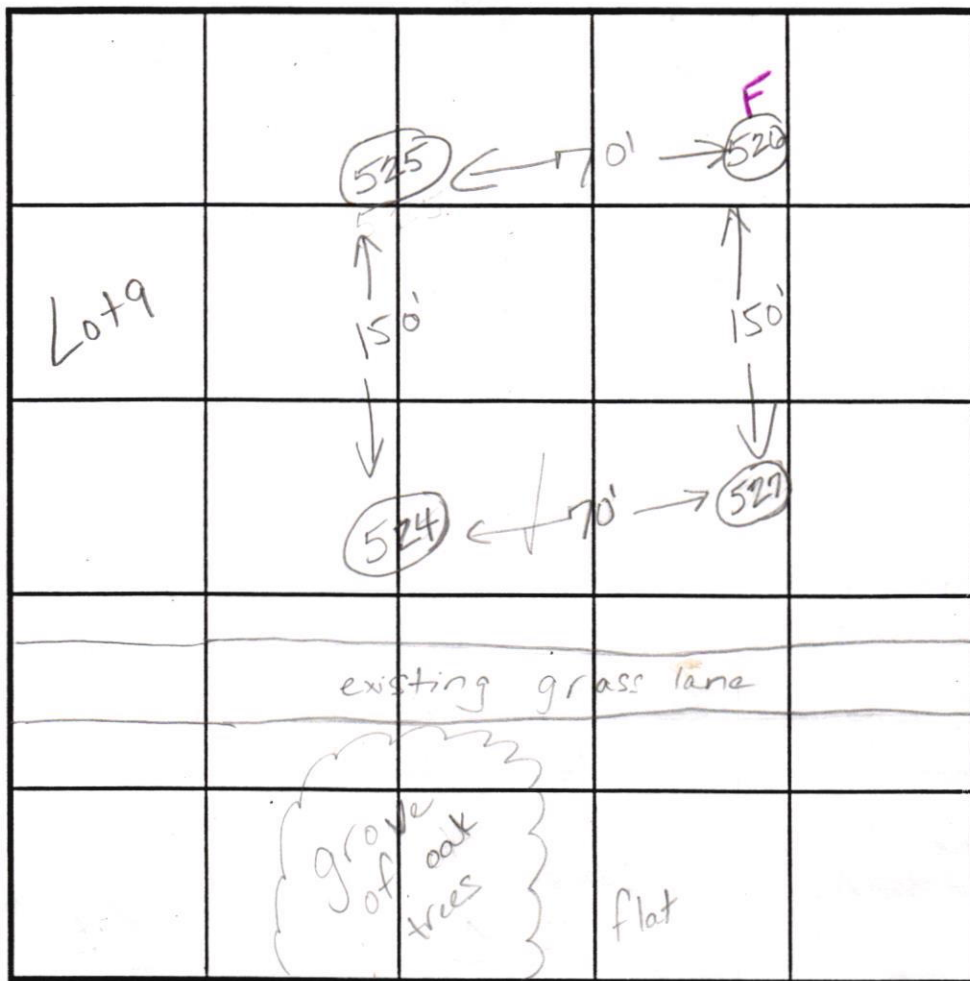
0' 525
 4.5' Red/brown clay lm
 orange tan
 Sandy clay loam
 15% rock frags
 12'

524

5.0' orange brown clay loam
 orange clay
 Silty loam
 10% shale frags
 12.0'

526

failed due to rock greater than 3%
 3.0'



SOIL PROFILE

0' 527
 Red/brown clay loam
 5.0'
 Red/brown Silty clay loam
 10% Shale
 11.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6.18.98	524	4.5'S	10:41	10:47	10:47	11:03	6min.
		12.0'D	Visual	ok-see profile			
	525	4.0'S	2:1040	2:21	2:21	2:42	21min
		7.0'S	2:09	2:11	2:11	2:1430	330
	526	12.0'D	Visual	ok-see profile			
	526	FAILED DUE TO ROCK					F
	527	4.5'S	10:50	10:54	10:54	11:06	10min
		11.0'D	Visual	ok-see profile			

REMARKS test holes staked by surveyor

TYPE OF SOIL Glenelg & Manor

TESTED BY Jim Maiste

ALSO PRESENT Mike

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Rivercrest

A 59935

STREET NAME: Rivercrest Ct

LOT NUMBER: 86

AVERAGE PERCOLATION RATE: _____

SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: 5

LINEAR FEET OF TRENCH PER BEDROOM: _____

TOTAL LINEAR FEET OF TRENCH: _____

SEPTIC TANK CAPACITY: 1500

TOP SEAMED TANK REQUIRED? ☒ YES ☐ NO

size for 5

COMPARTMENTED TANK REQUIRED? ☒ YES ☐ NO

w/ effluent filter & manhole access

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 2 feet below

original grade. Bottom maximum depth 4 feet below original grade.

Effective area begins at 3 feet below original grade. 2 feet of stone

below distribution pipe. **(USE NEW DESIGN CRITERIA)**

=====

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

=====

LOCATION: _____

ADDITIONAL NOTES: _____

Reviewer: SRK

Date: _____