

Bureau of Environmental Health

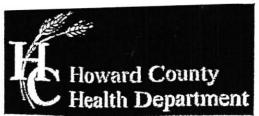
8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

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

APPLICATIONFOR PERCOLATION TESTING AND SITE EVALUATION

| PROPERTY LOCATION | | | | | |
|--|--|--|--|--|--|
| SUBDIVISION/PROPERTY NAME ROVER MILLESTATES | | | | | |
| PROPERTY ADDRESS PEEFFEY KOM ROAD, West Friendship, 21794 | | | | | |
| TAX ACCOUNT # TAX MAP 15 GRID 14 PARCEL 169 LOT NO. 4 PROPOSED LOT SIZE (ACRES) 1.0 TAX DECEMBER 2001 TIER 3 | | | | | |
| PROPERTY OWNER(S) PFEFFEY KOYN ROVER MILLLC | | | | | |
| DAYTIME PHONE CELL EMAIL | | | | | |
| MAILING ADDRESS 12668 Frederick Road, West Friendship, MD 21794 | | | | | |
| APPLICANT VOGE Engineering + TIMMONS GREDATIONSHIP TO OWNER: Chaineer | | | | | |
| DAYTIME PHONE 461 1600 CELL EMAIL ROD, VOGE @ TIMMONS COM | | | | | |
| MAILING ADDRESS 8407 Main Street, Ellicott City, MID 21043 | | | | | |
| 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) CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS UPGRADE EXISTING OSDS BUILDING: RESIDENTIAL WITH UN MOUNT STILL 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. | | | | | |
| Megan Ruggien 4/16/18 | | | | | |
| SIGNATURE OF APPLICANT | | | | | |



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Maura J. Rossman, M.D., Health Officer SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET 3011 Skye Meadow Way Rover Mill Estates Initial system: Application rate: 12 Effective area beginning depth: 4.58ottom maximum depth: 8 1st Replacement: Application rate: 6.8 Effective area beginning depth: 4 Bottom maximum depth: 6 2nd Replacement: Application rate: 0.6 Effective area beginning depth: 4 Bottom maximum depth: 5 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: Percent of length of standard trench where W=trench width and D= 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 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' above 514 contour

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| Red Brown Gellow 5-10% Ry | | OTHERS | |

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Round III of Isting P/F/H TIME OF STOP START BREAK TEST# DEPTH DATE 1" DROP 2" DROP 2ND INCH BACKHOE SANITARIAN BUMAL OTHERS_< AVG. PERC TIME SQ. FT/BR TEST HOLES USED IN SDA MAX. BOT DEPTH _____ _ EFFECTIVE S/W_ ____ INLET DEPTH ___ / TRENCH WIDTH _



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| S | EWAGE DISPOSAL S | SYSTEM SPECIFICATIONS WORKSHEET | |
|---|--|---|-------------------------|
| Address: _ Rover Mi | lls Estate | | |
| Subdivision: | | | Lot:4 |
| Initial system: | Application rate: 1.2 | Effective area beginning depth:6_ | Bottom maximum depth:8 |
| 1st Replacement: | Application rate: 1.2 | Effective area beginning depth: 4.5 | Bottom maximum depth: 6 |
| 2 nd Replacement: | Application rate: 0.6 | Effective area beginning depth:4_ | Bottom maximum depth: 6 |
| Design Flow = 150 gallons Design flow ÷ application Linear length of trench red | rate = square footage | | age ÷ trench width |
| Sidewall reduction credit for $\frac{W+2}{W+1+2D} = \frac{x \cdot 100}{x \cdot 100}$ | Percent of length | of standard trench where W=trench wide area beginning depth and trench bottom | |
| All trenches must All trenches must Tank and trenches and at least 18" co 1%. | located to provide robe equal length unlessed on contour smust be placed as shower over trenches. If | nom for 3 systems in the disposal area as low pressure dosed mallow as possible while maintaining 2% fa 2% fall from house is not possible, the min | nimum allowable fall is |
| be necessary for a 2D +W up to a ma • Minimum trench | iny trench using over eximum spacing of 18' spacing for trenches v a 3' wide trench (spac length is 100' | nches utilizing sidewall reduction credit. A 3.5' of effective sidewall. In those cases, the state of the sidewall credit (bottom area only) is ing is measured edge to edge) | he spacing formula is |
| Additional requirement | s: | | |
| Approved: Dana Be | ernard | Date: 10/2 | 7/2020 |

