

## HOWARD COUNTY HEALTH DEPARTMENT

55286

Received	1012	4114 1410031 214
Received From	A ENENO PURCON	PHONE # 551-2100
	FOR PORC (TODE / 4829	Tom Polis Kd.
CASH CHECK		
NO. 105	Fine hundred?	Dollars
\$ 50	Received By	W



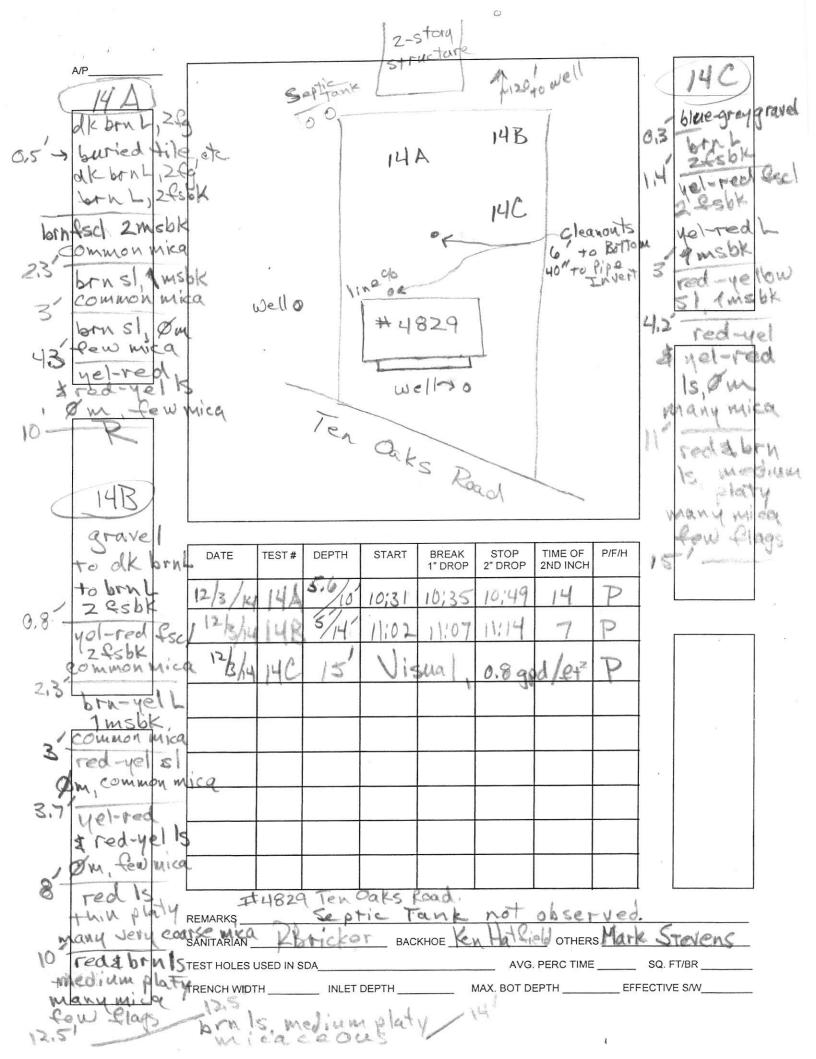
# **APPLICATION**

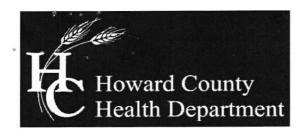
### FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TEST TIME	(A)P 5552860						
AGENCY REVIEW:		DATE 10-24-14						
DO NOT WRITE ABOVE THIS LINE								
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR CHECK AS NEEDED:  CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	TO ISSUANCE OF SEWAGE DISPO CHECK AS NEEDED: NEW STRUCTURE( ADDITION TO AN E REPLACE AN EXIS	S) XISTING STRUCTURE						
CHECK ONE:  CREATE NEW LOT(S)  BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD	IS THE PROPERTY WITH YES NO	IIN 2500' OF ANY RESERVOIR?						
COMMERCIAL (PROVIDE DETAIL OF NUMBERS INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUM	AND TYPES OF EMPLOYEES/ CUS	(NOTE <i>UNKNOWN</i> IF APPROPRIATE) STOMERS ON ACCOMPANYING PLAN) S/USERS ON ACCOMPANYING PLAN)						
PROPERTY OWNER(S) WILLIAM AN KOTNY	1 GREEN							
DAYTIME PHONE 410 718 7641 CELL 410	7187641	FAX						
MAILING ADDRESS 4829 TEN ONES P STREET	CITYTOWN	MO Z1036 STATE ZIP						
APPLICANT_ STEVENS BUILDERS								
DAYTIME PHONE 410 984 7296 CELL 410	984 7296	FAX 410 531 4900						
MAILING ADDRESS 4714 LINTHICOM ROD		MD 21036						
STREET	CITY/TOWN	STATE ZIP						
APPLICANT'S ROLE: DEVELOPER BUILDER BUY	RELATIVE/FRIEND	REALTOR CONSULTANT						
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME		LOT NO. 25						
PROPERTY ADDRESS 4899 TEN ONKS ROM		Z1836 ST OFFICE						
TAX MAP PAGE(S) 28 GRID 8 PARCEL(S	25	OPOSED LOT SIZE27 AC						
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTE	M INSTALLED SUBSEQUENT T	O THIS APPLICATION IS ACCEPT-						
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A								
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE F	RESPONSIBILITY FOR COMPLIA	ANCE WITH ALL M.O.S.H.A. AND						
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERCENTIFICATION PLAN.								
TEST RESULTS WILL BE MAILED TO APPLICANT.								
	SIGNATURE OF APP							
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF- 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, N								

HD-216 (2/03)

TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH





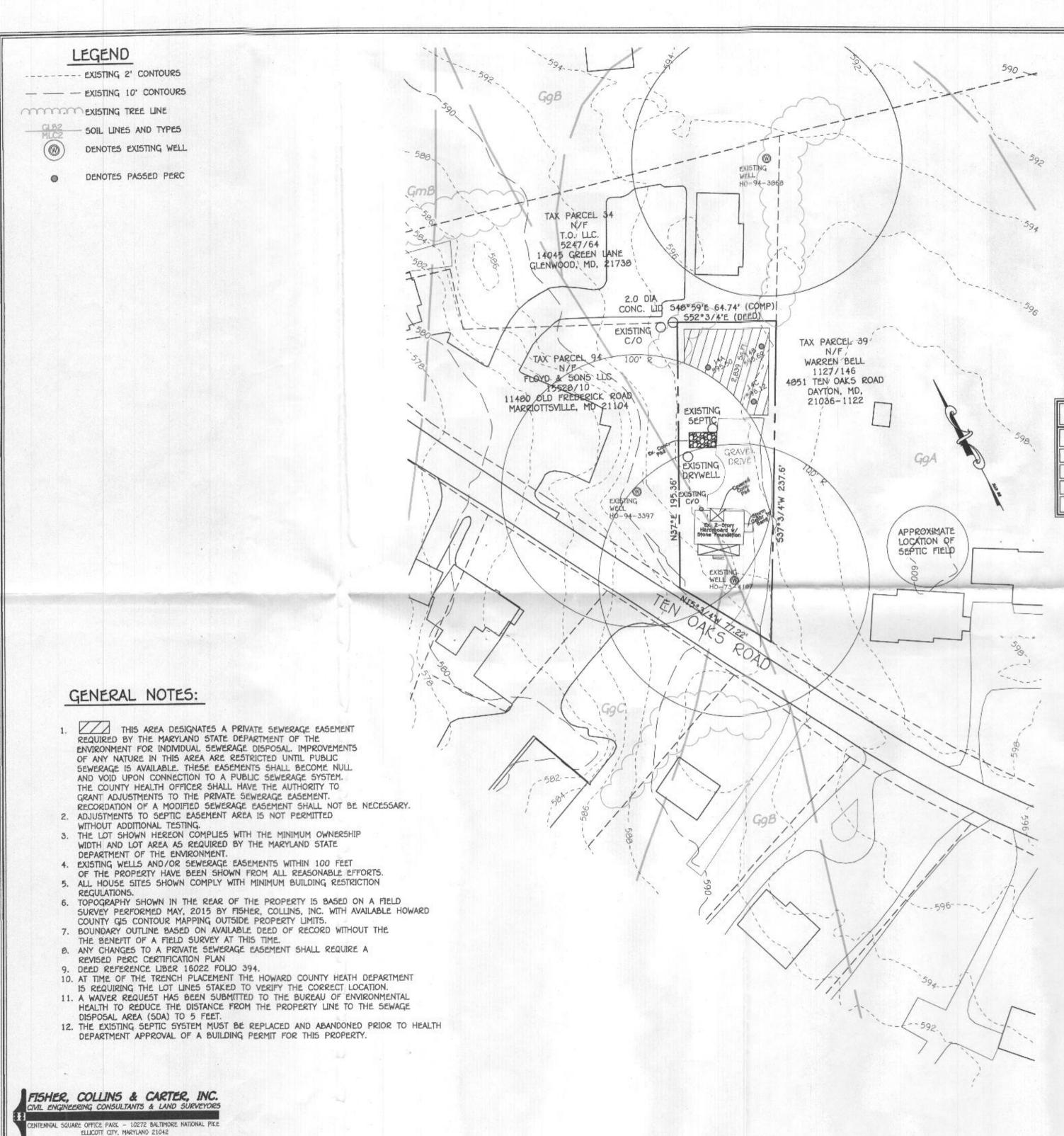
#### Bureau of Environmental Health

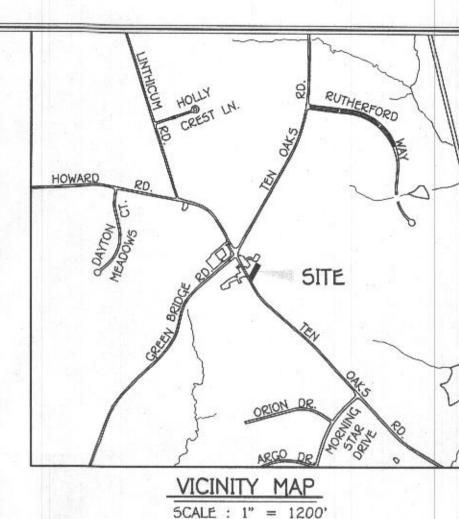
8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth Twitter: HowardCoHealthDep

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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET								
	Address: 4829	Tenc	aks Road	2				
	Subdivision:				Lot:			
Re	Initial system: Application ra							
2	1st Replacement: Application ra	te: <u>0,8</u> Effect	ive area beginning de	epth: <u>23</u>	Bottom maximur	m depth: 6		
100	2 <sup>nd</sup> Replacement: Application ra	te: Effect	ive area beginning de	epth:	Bottom maximur	m depth:		
	Design Flow = 150 gallons per day	per bedroom						
	Design flow ÷ application rate = square footage of drainfield required							
	Linear length of trench required = c	rainfield square fo	otage x sidewall red	uction perd	centage ÷ trench v	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: A								
	Which may no The septical	this de the kr	pendent an	on I	layout.	140		
	Approved: Phickey	8	Data:	1/=	0/5			





SOIL NAME CLASS

GgA Glenelg loam, 0 to 3 percent slopes B

GgB Glenelg loam, 3 to 8 percent slopes B

GgC Glenelg loam, 9 to 15 percent slopes B

GmB Glenville silt loam, 3 to 8 percent slopes C

#### NOTES:

- \* Hydric soils and/or contains hydric inclusions
- \*\* May contain hydric inclusions
- t Generally only within 100-year floodplain areas

PERC CERTIFICATION

I certify that the locations shows he was are based on field locations done under my direct supervision and are correct to the correct of professional knowledge and belief.

Signature of Professional Land Surveyor Date

Terrell A fisher, Professional Land Surveyor No. 10692 Expires 12/13/15

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.

BY THE FOR MILLIA ROWN A G/29
COUNTY HEALTH OFFICER

A DATE OF THE COUNTY HEALTH OFFICER

PERC CERTIFICATION PLAT
4829 Ten Oaks Road

TAX MAP #28 ZONED: 8-1
5TH ELECTION DISTRICT

5CALE: 1"=50"

PARCEL: 95

HOWARD COUNTY, MARYLAND DATE: JUNE 17, 2015