

Bureau of Environmental Health

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Toll Free 1-866-313-6300

website: www.hchealth.org

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

## **APPLICATION**

## FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME	LOT#
PROPERTY ADDRESS 13245 Trindelphia Rol E. C. +4	210412
TAX ACCOUNT # TAX MAP GRID PARCEL ZONI	NG DESIGNATION
PROPERTY OWNER(S) Kim Spinson	
DAYTIME PHONE 410-531-5003ELL EMAIL KIMI Sands	hotmail.com
MAILING ADDRESS 13245 TriAdelphia Ro E. City STATE	21042
APPLICANT South Carroll Backhoe RELATIONSHIP TO OWNER:	
DAYTIME PHONE 85-4197 CELL 4105963618 EMAIL 5 CBOCKhoe	@ compASI. r
MAILING ADDRESS 4410 Solom Bottom Rd Westmington	21157 ZIP
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSA	
RESIDENTIAL WITH EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE  COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCO  PROPERTY:  SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:  CONSTRUCT NEW OSDS ON UNDEVELOPED LOT  REPAIR OR REPLACE FAILING OSDS  UPGRADE EXISTING OSDS  IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?  YES  NO	MPANYING PLAN)
<ul> <li>AS APPLICANT, I UNDERSTAND THE FOLLOWING:</li> <li>THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.</li> <li>THE APPLICATION FEE IS NON-REFUNDABLE</li> <li>THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN PROCESSED</li> <li>THIS IS A PUBLIC DOCUMENT</li> </ul>	
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare property or duly authorized to make this application on behalf of the owner. I agree to comply with all appli regulations.	icable state and county
By signature of this application, I hereby grant Howard County Health Department officials the right to enterpurpose of inspecting the property as directly related to the requested permit/service.	
Smart A- Johnson 9	-5·B
SIGNATURE OF APPLICANT	DATE

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134" Fol saprate

P 6/ 11:00 11:00 11:10 10 P

## RECEIVED

SEP 0 5 2013

HOWARD COUNTY HEALTH BLOT.

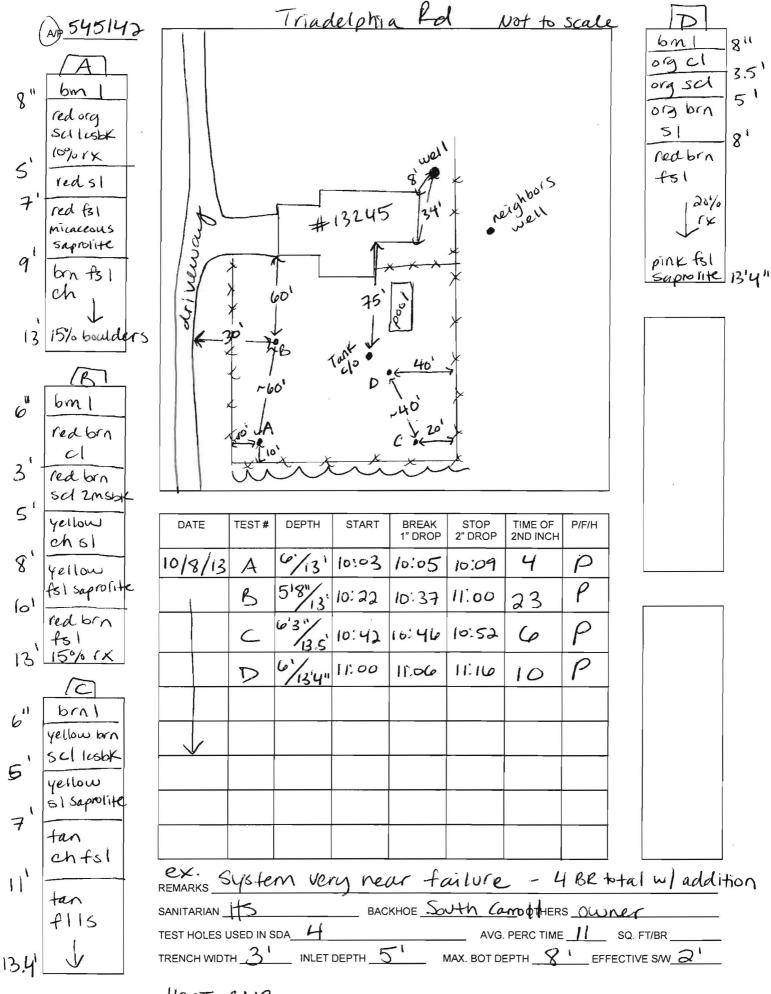
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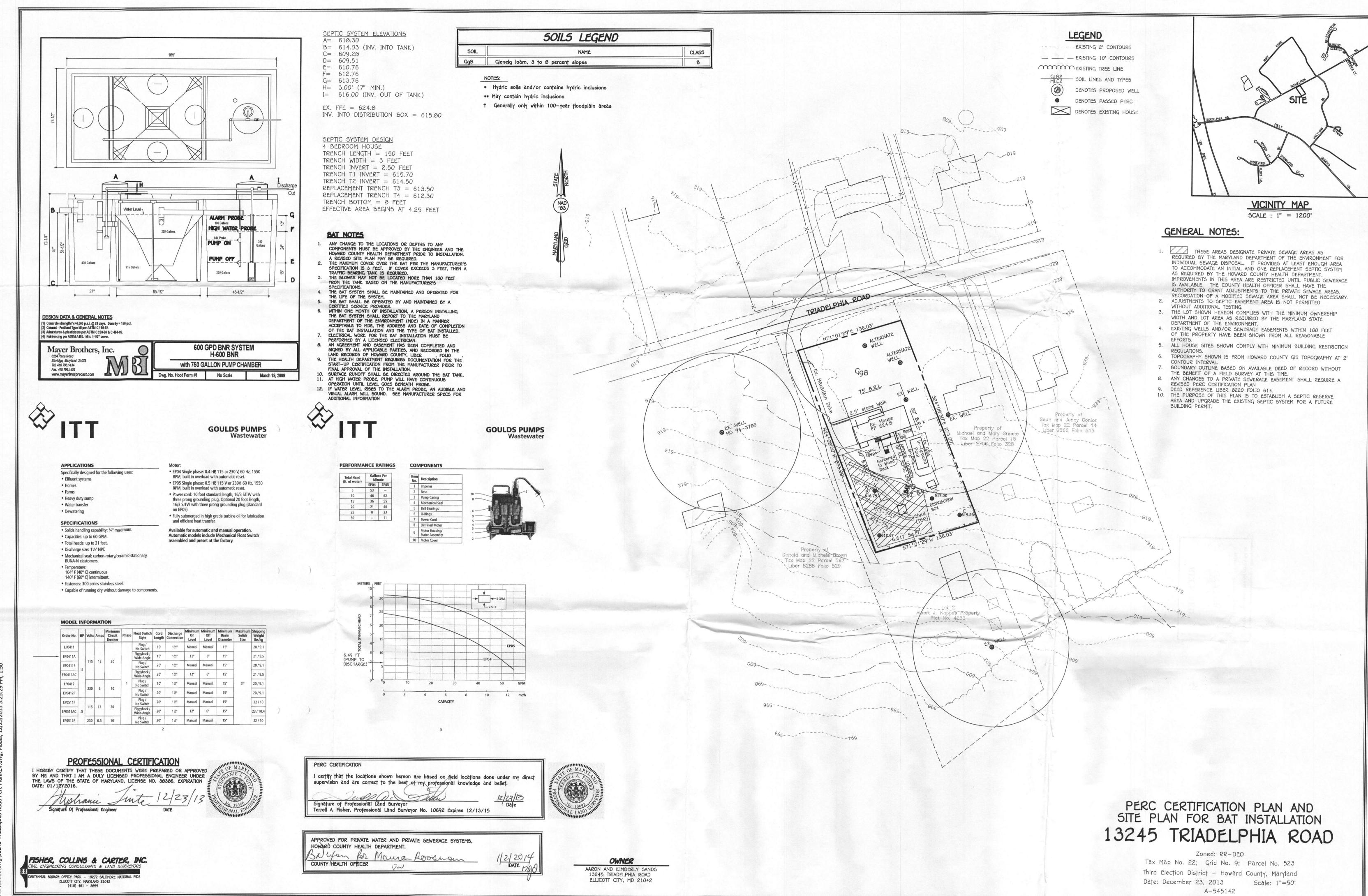
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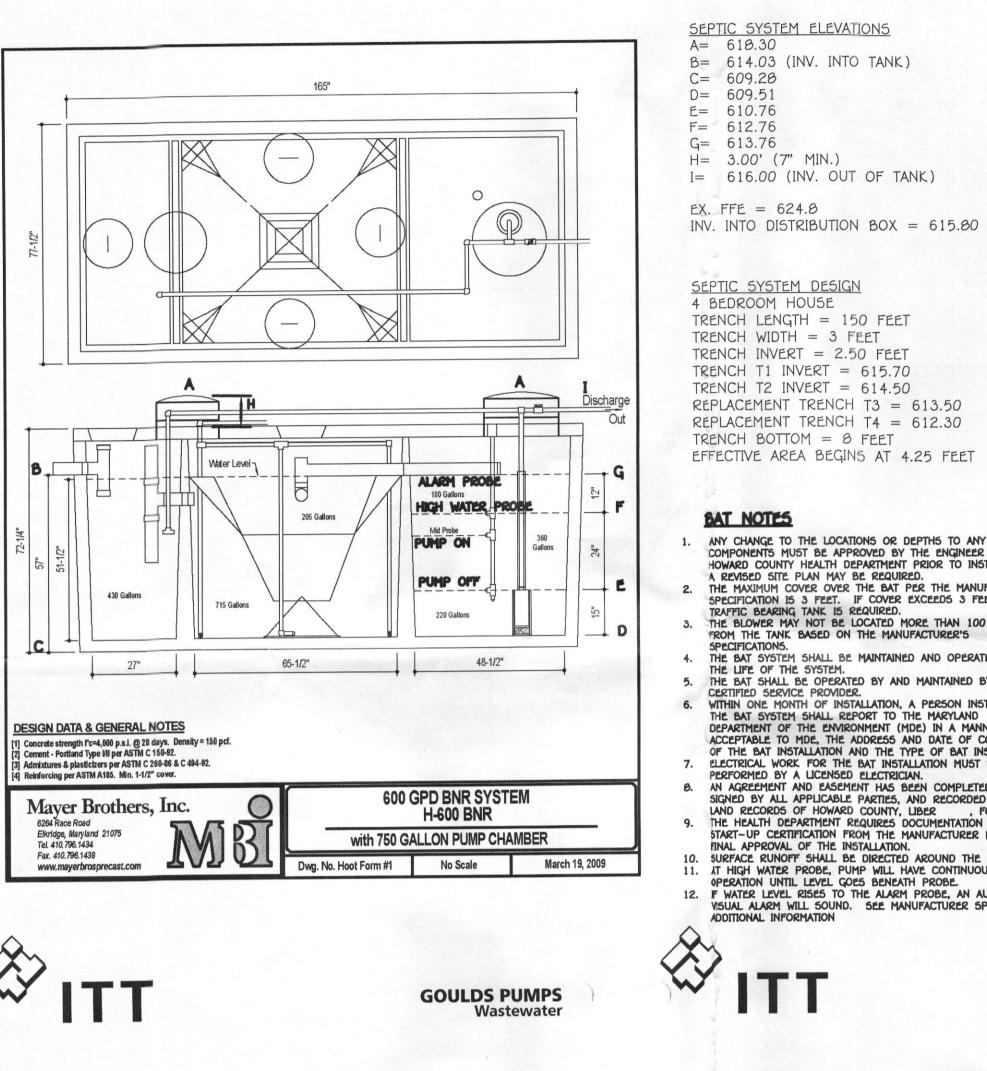




HOOT BNR



1:\2013\13010\dwq\13245 Triadalahia Dood Darc Diand Mada Indonesia 13010\dwq\13245



APPLICATIONS EP04 Single phase: 0.4 HP, 115 or 230 V, 60 Hz, 1550 Specifically designed for the following uses: RPM, built in overload with automatic reset. Effluent systems • EP05 Single phase: 0.5 HP, 115 V or 230V, 60 Hz, 1550 RPM, built in overload with automatic reset.

Power cord: 10 foot standard length, 16/3 SJTW with

assembled and preset at the factory.

three prong grounding plug. Optional 20 foot length,

16/3 SJTW with three prong grounding plug (standard

 Heavy duty sump Water transfer Dewatering Fully submerged in high grade turbine oil for lubrication and efficient heat transfer. SPECIFICATIONS Available for automatic and manual operation. Automatic models include Mechanical Float Switch Solids handling capability: 3/4" maximum.

 Capacities: up to 60 GPM. Total heads: up to 31 feet. Discharge size: 1½" NPT.

Farms

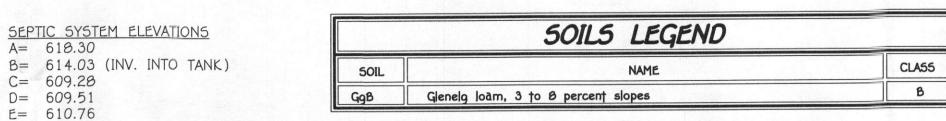
 Mechanical seal: carbon-rotary/ceramic-stationary, BUNA-N elastomers, Temperature: 104° F (40° C) continuous

140° F (60° C) intermittent. Fasteners: 300 series stainless steel. Capable of running dry without damage to components.

Order No.	НР	Volts	Amps	Minimum Circuit Breaker	Phase	Float Switch Style	Cord Length	Discharge Connection	Minimum On Level	Minimum Off Level	Minimum Basin Diameter	Maximum Solids Size	Shipping Weight Ibs/kg
EP0411	.4	115	5 12	20		Plug / No Switch	10'	11/4"	Manual	Manual	15"	3/4"	20/9.1
EP0411A						Piggyback / Wide-Angle	10¹	1½"	12"	6"	15"		21 / 9.5
EP0411F						Plug / No Switch	20'	1½"	Manual	Manual	15"		20/9.1
EP0411AC						Piggyback / Wide-Angle	20'	11/2"	12"	6"	15"		21 / 9.5
EP0412			6 6	10	1	Plug / No Switch	10'	11/2"	Manual	Manual	15"		20 / 9.1
EP0412F		230				Plug / No Switch	20'	11/2"	Manual	Manual	15"		20 / 9.1
EP0511F	.5		115 13	20		Plug / No Switch	20'	11/2"	Manual	Manual	15"		22 / 10
EP0511AC		115				Piggyback / Wide-Angle	20'	11/2"	12"	6"	15"		23 / 10.4
EP0512F		230	6.5	10		Plug / No Switch	20'	11/2"	Manual	Manual	15"		22 / 10

PROFESSIONAL CERTIFICATION I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS



\* Hydric soils and/or contains hydric inclusions

t Generally only within 100-year floodplain areas

\*\* May contain hydric inclusions

TRENCH LENGTH = 150 FEET TRENCH WIDTH = 3 FEET TRENCH INVERT = 2.50 FEET TRENCH T1 INVERT = 615.70 TRENCH T2 INVERT = 614.50 REPLACEMENT TRENCH T3 = 613.50 REPLACEMENT TRENCH T4 = 612.30 TRENCH BOTTOM = 8 FEET EFFECTIVE AREA BEGINS AT 4.25 FEET

BAT NOTES

ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED. THE MAXIMUM COVER OVER THE BAT PER THE MANUFACTURER'S

I= 616.00 (INV. OUT OF TANK)

SEPTIC SYSTEM DESIGN 4 BEDROOM HOUSE

SPECIFICATION IS 3 FEET. IF COVER EXCEEDS 3 FEET, THEN A TRAFFIC BEARING TANK IS REQUIRED.
THE BLOWER MAY NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON THE MANUFACTURER'S SPECIFICATIONS.

THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING

THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.

ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN. 8. AN AGREEMENT AND EASEMENT HAS BEEN COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, LIBER , FOLIO .
THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE

START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION. SURFACE RUNOFF SHALL BE DIRECTED AROUND THE BAT TANK

AT HIGH WATER PROBE, PUMP WILL HAVE CONTINUOUS OPERATION UNTIL LEVEL GOES BENEATH PROBE. 12. F WATER LEVEL RISES TO THE ALARM PROBE, AN AUDIBLE AND VISUAL ALARM WILL SOUND. SEE MANUFACTURER SPECS FOR

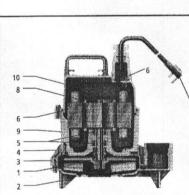
**GOULDS PUMPS** 

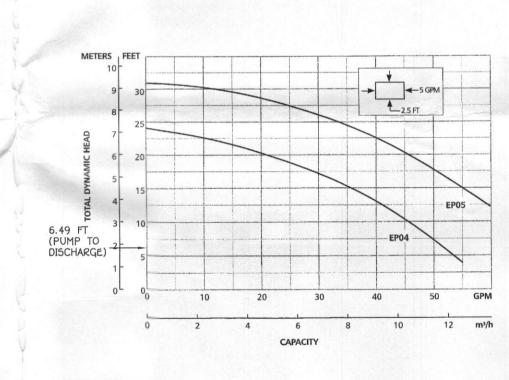
PERFORMANCE RATINGS Total Head (ft. of water)

Gallons Per Minute

EP04 EP05

COMPONENTS Pump Casing Mechanical Seal Ball Bearings Oil Filled Motor Motor Housing/ Stator Assembly

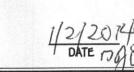




PERC CERTIFICATION I certify that the locations shown hereon are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief. Signature of Professional Land Surveyor

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

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



OWNER AARON AND KIMBERLY SANDS 13245 TRIADELPHIA ROAD ELLICOTT CITY, MD 21042

VICINITY MAP SCALE : 1" = 1200'

## GENERAL NOTES:

LEGEND

---- EXISTING 2' CONTOURS

\_\_ \_ EXISTING 10' CONTOURS

- SOIL LINES AND TYPES

DENOTES EXISTING HOUSE

DENOTES PROPOSED WELL

DENOTES PASSED PERC

EXISTING TREE LINE

Property of Sean and Jenny Conlon Tax Map 22 Parcel 14 <u>Liber 9566 Folio 515</u>

Michael and Mary Greene

\_\_ Liber 9706\_Folio 328

1. THESE AREAS DESIGNATE PRIVATE SEWAGE AREAS AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IT PROVIDES AT LEAST ENOUGH AREA TO ACCOMMODATE AN INITIAL AND ONE REPLACEMENT SEPTIC SYSTEM AS REQUIRED BY THE HOWARD COUNTY HEALTH DEPARTMENT. IMPROVEMENTS IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE AREAS. RECORDATION OF A MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY. ADJUSTMENTS TO SEPTIC EASEMENT AREA IS NOT PERMITTED

WITHOUT ADDITIONAL TESTING. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.

4. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM ALL REASONABLE

ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS. 6. TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY GIS TOPOGRAPHY AT 2' CONTOUR INTERVAL.

7. BOUNDARY OUTLINE BASED ON AVAILABLE DEED OF RECORD WITHOUT THE BENEFIT OF A FIELD SURVEY AT THIS TIME.

8. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN

DEED REFERENCE LIBER 8220 FOLIO 614.

10. THE PURPOSE OF THIS PLAN IS TO ESTABLISH A SEPTIC RESERVE AREA AND UPGRADE THE EXISTING SEPTIC SYSTEM FOR A FUTURE

Donald and Michele Brown Tax Map 22 Parcel 562 Liber 8288 Folio 529

> PERC CERTIFICATION PLAN AND SITE PLAN FOR BAT INSTALLATION 13245 TRIADELPHIA ROAD

> > Zoned: RR-DEO

Tax Map No. 22; Grid No. 9; Parcel No. 523 Third Election District - Howard County, Maryland Date: December 23, 2013 Scale: 1"=50" A-545142

BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER