

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

504052

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

The Corners

PROPERTY ADDRESS

13377 SW Triadelphia Rd Ellicott City MD 21042

STREET

TOWN

ZIP

TAX ACCOUNT #

302309

TAX MAP

22

GRID

15

PARCEL

390

LOT NO.

1

PROPOSED LOT

SIZE (ACRES)

1.060 acres

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Sandy miles

DAYTIME PHONE

410-313-5535

CELL

443928 4834

EMAIL

semiles3@aol.com

MAILING ADDRESS

13377 SW Triadelphia Rd Ellicott City - 21042

STREET

CITY, STATE

ZIP

APPLICANT

Freedom Septic, Bruce Saps

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-795-2947

CELL

410-984-6363

EMAIL

Kristine@freedomseptic.com

MAILING ADDRESS

2809 Liberty Rd Sykesville, MD 21784

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) ☐ MAJOR ☐ MINOR
- ☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- ☐ REPAIR OR REPLACE FAILING OSDS
- ☐ UPGRADE EXISTING OSDS

BUILDING:

- ☐ RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- ☐ COMMERCIAL (PROVIDE DETAIL 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

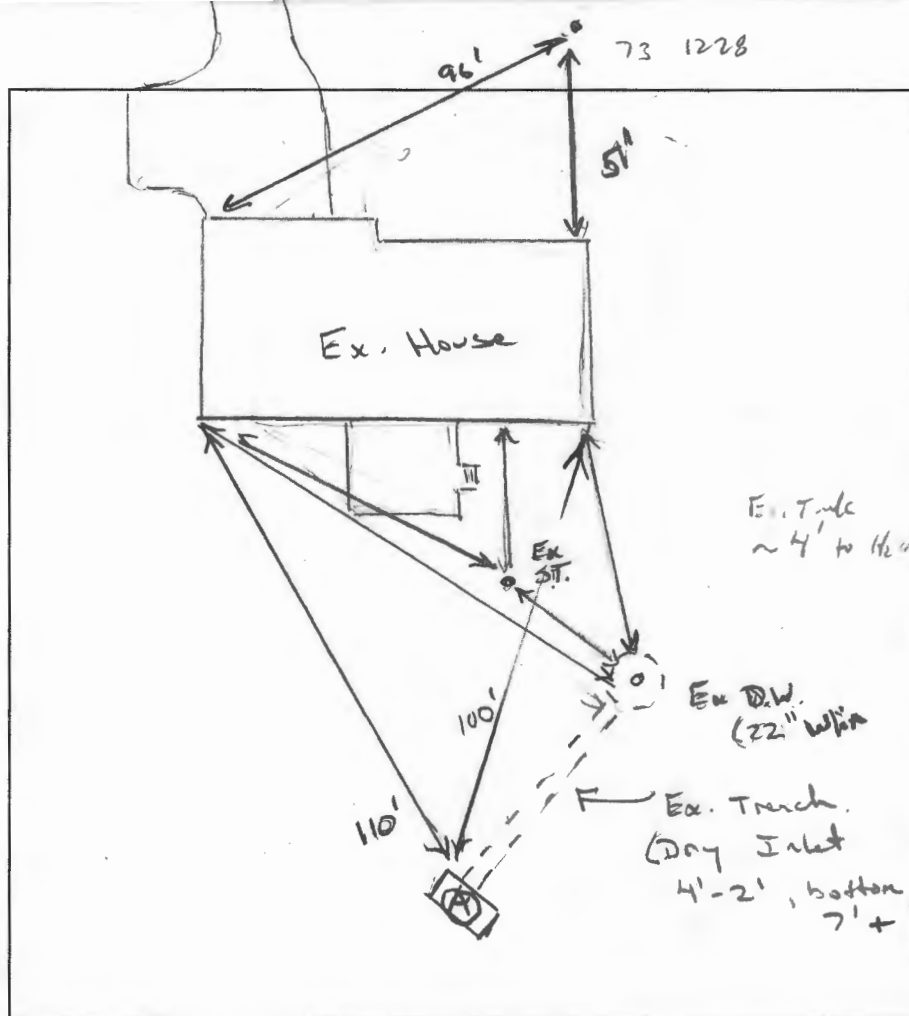
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

SIGNATURE OF APPLICANT

DATE

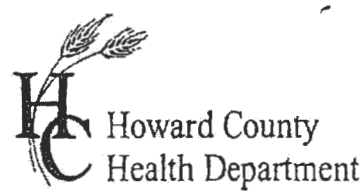
Dr. Lm. on
WK 258K
Frisable, round
li B / Rd. CL
WK FSBK.
Common w/ea.
Frisable, round
B / Rd / Y FL
WK C SBK
Frisable,
many w/ea.
100% separate
li. B / Y FL
WK F PL
round
Dry

[illegible]

REMARKS Perc stopped @ 11' due to ex. trench encountered.
SANITARIAN K. Wolf BACKHOE Don = Freder OTHERS owner
TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

13389

Paid \$330.00



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

(AP) 533243

AGENCY REVIEW: _____

DATE 5/17/2010

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☒ CONSTRUCT NEW SEPTIC SYSTEM(S)
- ☒ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- ☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
- ☐ ADDITION TO AN EXISTING STRUCTURE
- ☐ REPLACE AN EXISTING 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 WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
- ☒ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH 3 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)
- ☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- ☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

RECEIVED
HOWARD COUNTY HEALTH
ENVIRONMENTAL HEALTH

2010 MAY 17 PM 1:26

PROPERTY OWNER(S) Robert Hayes

DAYTIME PHONE 410 531-3236 CELL _____ FAX _____

MAILING ADDRESS 13389 Tridelphia Rd Ellicott City MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT Ronnie Hays / JM Contracting LLC

JAYTIME PHONE 443-277-7526 CELL Same FAX 410-552-5815

MAILING ADDRESS 425 Obrecht Rd Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
UBDIVISION/PROPERTY NAME 13389 Tridelphia Rd. LOT NO. _____

PROPERTY ADDRESS 13389 Tridelphia Rd Ellicott City MD 21043
STREET TOWN/POST OFFICE

AX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

I, APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPT-
TABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A
STABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND
SS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.
ST RESULTS WILL BE MAILED TO APPLICANT.

[Signature]
SIGNATURE OF APPLICANT

OWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

①

Dense Br
SaCl Loam
sbk

4'-5'

Dense Red
Br SaCl
Loam, sbk

5.5'

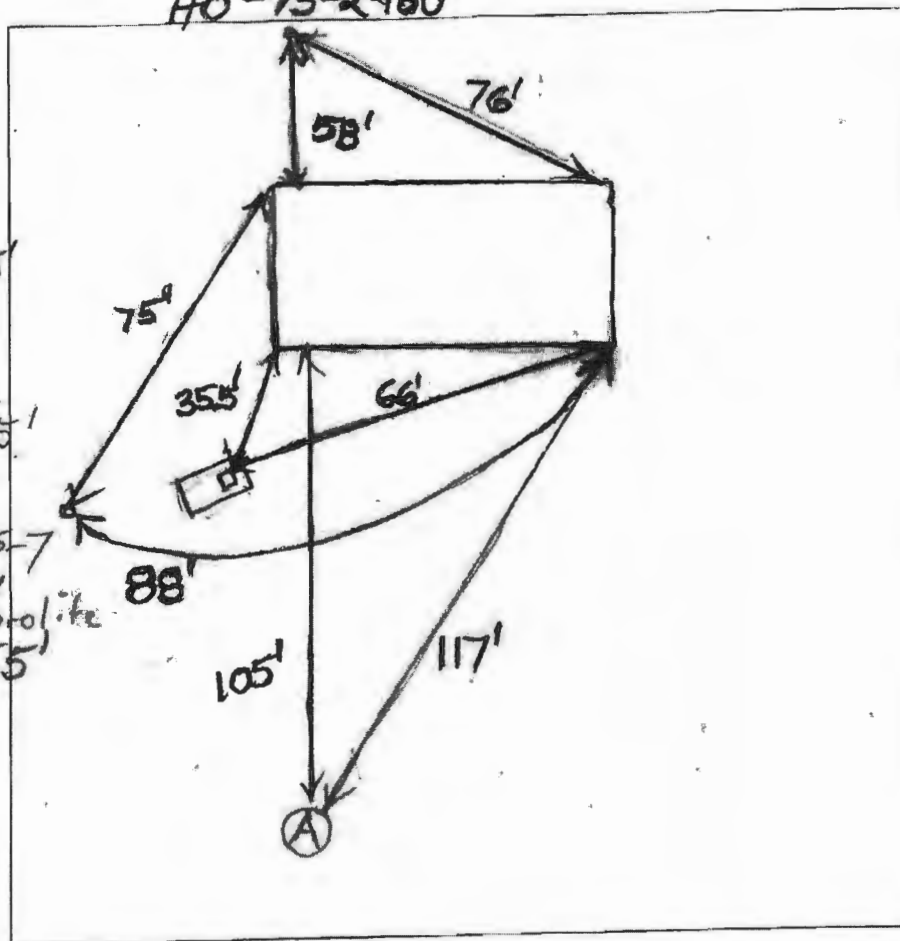
Red Sa
Loam

6.5-7'

Brig & Loamy
Sa 15% Saprolite
Dry

11:50

HO-73-2480



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/25/10	A	7/15.5'	11:01:30	11:09	11:20	11	P

REMARKS Water Poured In Bottom- Rate O.K.
 SANITARIAN B. Baker BACKHOE R. Heaps OTHERS _____
 TEST HOLES USED IN SDA A AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____