Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ @P 523269

AGENCY REVIEW: _____ DATE 9/7/05

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:
- [X] CONSTRUCT NEW SEPTIC SYSTEM(S)
- [ ] REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- [ ] REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:
- [X] NEW STRUCTURE(S)
- [ ] ADDITION TO AN EXISTING STRUCTURE
- [ ] REPLACE AN EXISTING STRUCTURE

CHECK ONE:
- [X] 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
- [X] NO

THE TYPE OF STRUCTURE IS:
- [X] RESIDENTIAL WITH 4 TO 5 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)

PROPERTY OWNER(S) MRS. WILLIAM A. SCHULTE

DAYTIME PHONE c/o 443-367-0422 CELL _____ FAX 443-367-0420

MAILING ADDRESS c/o 5300 DORSEY HALL DR ELLICOTT CITY, MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT LAND DESIGN & DEVELOPMENT LLC

DAYTIME PHONE 443-367-0422 CELL _____ FAX 443-367-0420

MAILING ADDRESS 5300 DORSEY HALL DR #102 ELLICOTT CITY, MD 21042
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME SCHULTE PROPERTY NORTH SIDE LOT NO. 37

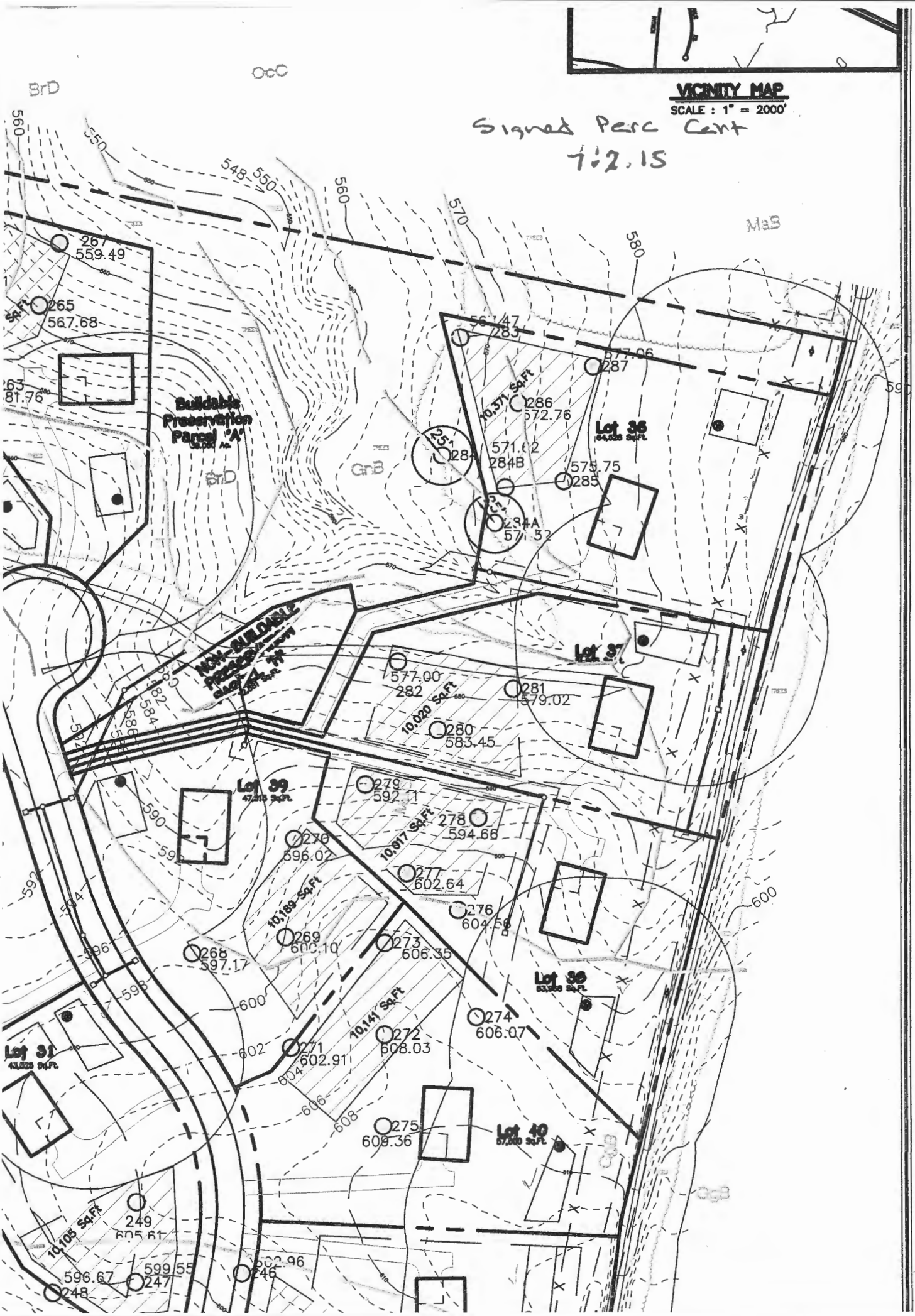
PROPERTY ADDRESS 15320 OLD FREDERICK RD WOODBINE MD 21797
STREET AT MORGAN STATION ROAD TOWN/POST OFFICE

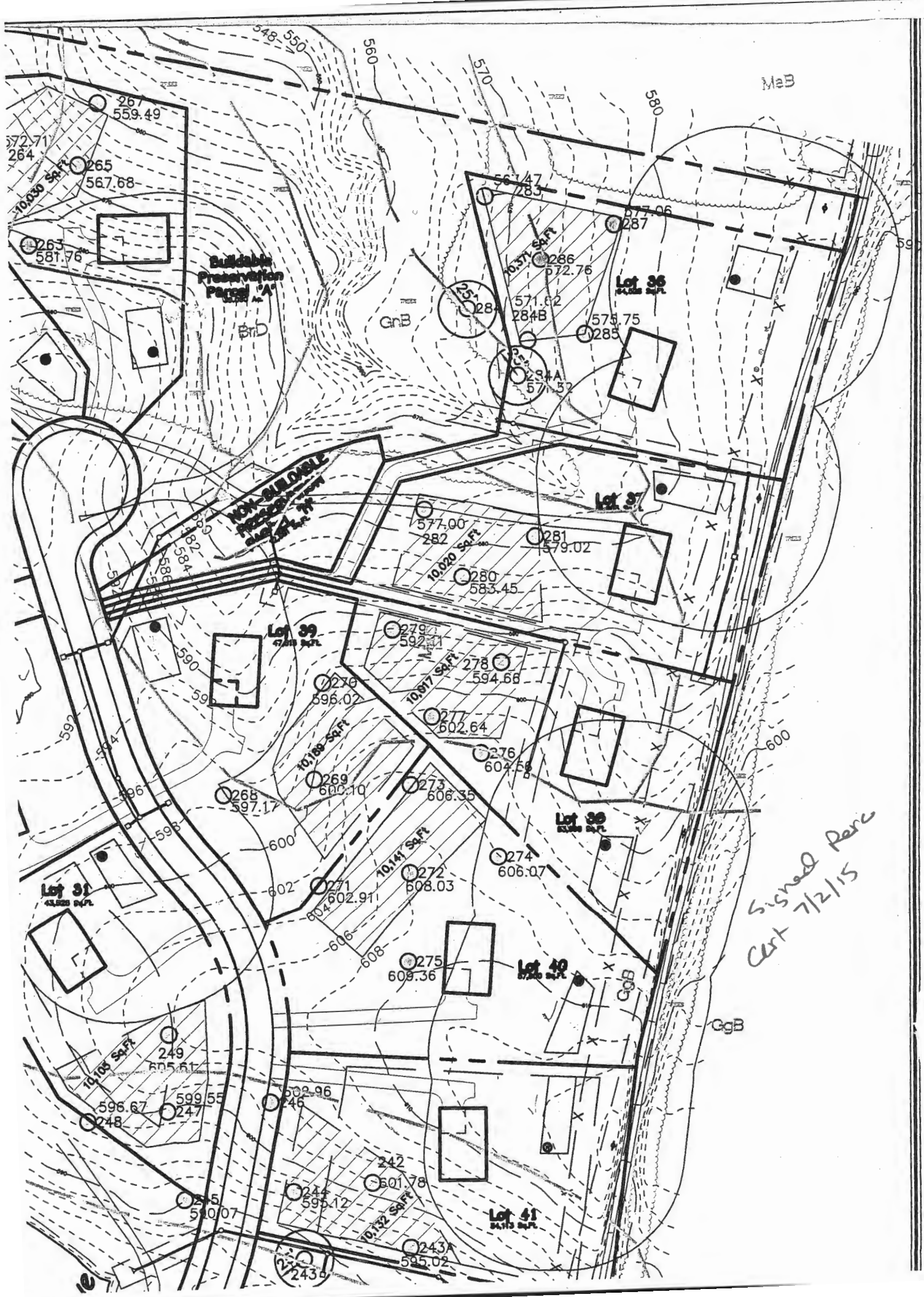
TAX MAP PAGE(S) 8 GRID 23 PARCEL(S) 317 PROPOSED LOT SIZE 40,600 ±

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE 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 RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

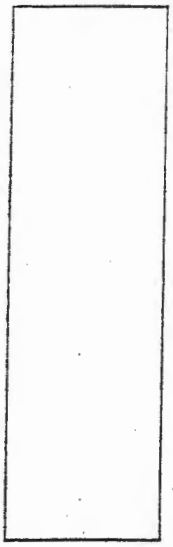
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

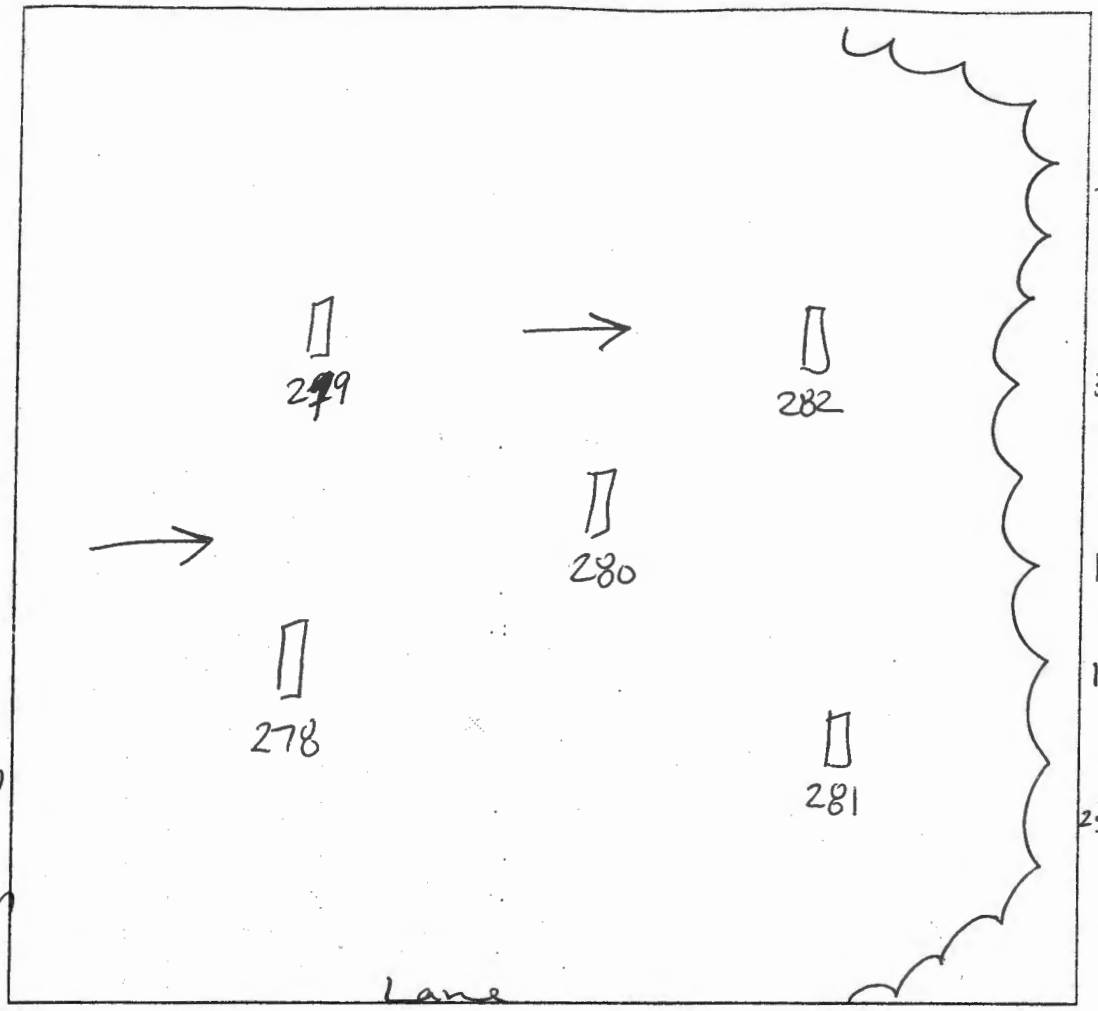
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH


VICINITY MAP
SCALE : 1" = 2000'
Signed Perc Cert
7.2.15
Buildable Preservation Parcel "A"
NON-BUILDABLE PRESERVATION PARCEL "B"
Lot 36
Lot 37
Lot 38
Lot 39
Lot 40
Lot 31
10,371 Sq.Ft.
10,020 Sq.Ft.
10,017 Sq.Ft.
10,189 Sq.Ft.
10,141 Sq.Ft.
10,105 Sq.Ft.
BrD
OcC
MaB
GnB
OcB


Buildable Preservation Parcel "A"
NON-BUILDABLE PRESERVATION PARCEL "B"
Lot 36
Lot 37
Lot 38
Lot 39
Lot 40
Lot 41
Lot 31
10,030 Sq.Ft.
10,020 Sq.Ft.
10,017 Sq.Ft.
10,169 Sq.Ft.
10,141 Sq.Ft.
10,108 Sq.Ft.
10,132 Sq.Ft.
10,371 Sq.Ft.
MaB
GnB
BrD
GgB
Signed Perc Cert 7/2/15

A/P Lot 44





278

1'	brown L
	yellow brown sil sg
3'	yellow brown sil coarse cw 5% channery
11'	

279

7"	brown L
	yellow brown sil coarse 5% gravel channery
	↓
8'5"	5-7% channery coarse chert HB

280

	brown L
2'	yellow brown dense sil
3'	yellow brown coarse sil <5% channery
11'5"	yellow brown sil 5% channery

281

1'	brown L
2'5"	red yellow sicl m 5% gravel
	yellow brown sil sg 5% gravel

282

	brown L 5% gravel
3'5"	brown-yellowbrown dense sil coarse 5% channery
11'	yellow brown sil cw 5-7% channery gravel

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/27/05	278	5' / 11'	9:07	9:10	9:15	5	P
	279	4'10" / 8'5"	9:19 38	9:20 42	9:22 42	2	P
	280	11'5		visual		ok	P
	281	5'5" / 12'	9:45 40	9:49 05	9:56 18	7	P
	282	11'		visual		ok	P

REMARKS Holes staked by surveyor per plan

SANITARIAN SF BACKHOE M. Johnson (AEC) OTHERS R. Webster

TEST HOLES USED IN SDA _____ AVG. PERC TIME 7 SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

Howard County Health Department

Bureau of Environmental Health
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Twitter: HowardCoHealthDep

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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: _____

Subdivision: Fairlane Farms Lot: 31

Initial system: **Application rate:** 1.2 **Effective area beginning depth:** 3.5 **Bottom maximum depth:** 7

1st Replacement: **Application rate:** 1.2 **Effective area beginning depth:** 3.5 **Bottom maximum depth:** 7

2nd Replacement: **Application rate:** 0.8 **Effective area beginning depth:** 3.5 **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:

$$\frac{W + 2}{W + 1 + 2D} \times 100 =$$

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:

Approved: Hank Oswald Date: 1/30/16