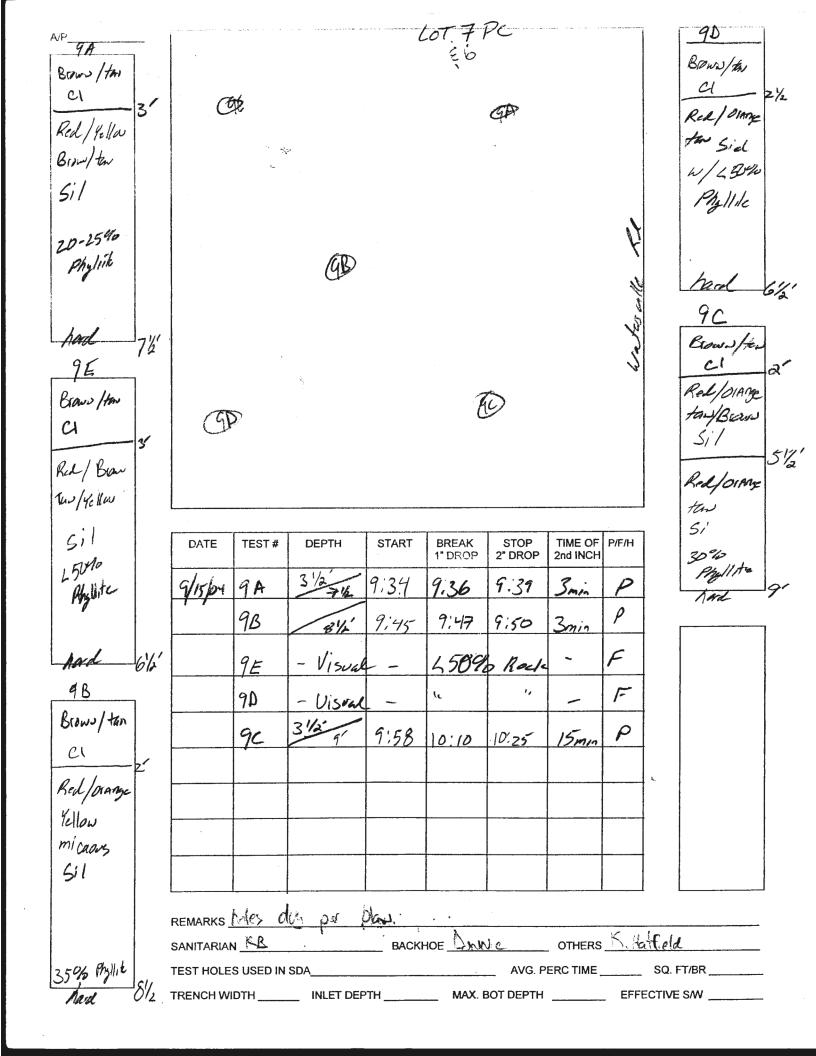
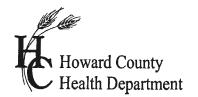


FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TEST TIME	
AGENCY REVIEW:		DATE
DO NOT WRI	TE ABOVE THIS LINE	
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PR CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	CHECK AS NEEDED: OF NEW STRUCTUR OF ADDITION TO AN	
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD	IS THE PROPERTY WI YES NO	THIN 2500' OF ANY RESERVOIR?
☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF	ERS AND TYPES OF EMPLOYEES/ C NUMBERS AND TYPES OF EMPLOY	E (NOTE <i>UNKNOWN</i> IF APPROPRIATE) USTOMERS ON ACCOMPANYING PLAN) EES/USERS ON ACCOMPANYING PLAN)
PROPERTY OWNER(S) HOBERT & HIMBERTY V	Valls 40 1015ey	builders
DAYTIME PHONE 410-442-8200 CELL_		FAX 410-442-8321
MAILING ADDRESS 492 E. WATERVIlle ROOF	d Mount Airy	Maryland 21771 ZIP
APPLICANT Frederick Ward Associate	s,inc	
DAYTIME PHONE 410-120-(900 CELL		FAX 410-720-6220
MAILING ADDRESS 1125 RIVEY WOOD Drive,	Columbia Ma	aryland 210410 ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER E	SUYER RELATIVE/FRIEND	REALTOR CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME Walls Property NAME	ty and NA	LOT NO. 9
PROPERTY ADDRESS 492 W. Watersv STREET	TOWN/P	OST OFFICE /
TAX MAP PAGE(S) 2 GRID 15 PARCI	EL(S) P	ROPOSED LOT SIZE 10C.
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYS	TEM INSTALLED SUBSEQUENT	TO THIS APPLICATION IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS	APPLICATION IS COMPLETE W	HEN ALL APPLICABLE FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT TH	E RESPONSIBILITY FOR COMPI	LIANCE WITH ALL M.O.S.H.A. AND
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPO	ON SATISFACTORY REVIEW OF	A PERC CERTIFICATION PLAN.
TEST RESULTS WILL BE MAILED TO APPLICANT.	SIGNATURE OF A	PPI ICANT

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

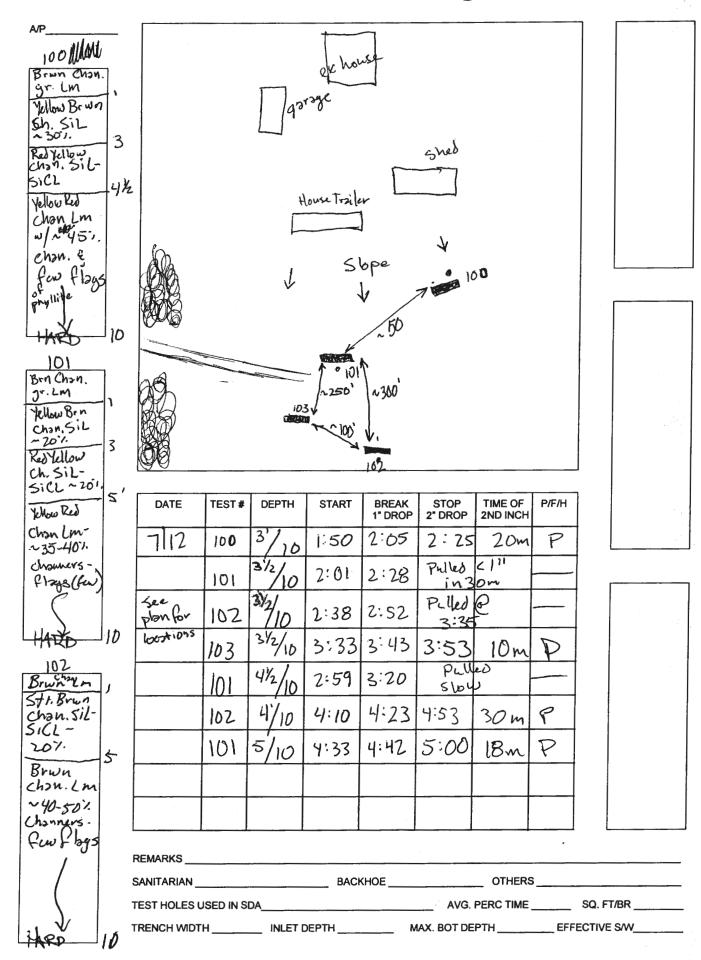


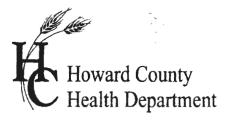


FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TE	EST TIME	A/P _	
AGENCY REVIEW:			DATE _	
	OO NOT WRITE ABO	VE THIS LINE		
I HEREBY APPLY FOR THE NECESSARY TESTING CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM	SYSTEM	SUANCE OF SEWAGE DISP CHECK AS NEEDED: NEW STRUCTURE ADDITION TO AN E REPLACE AN EXIS	(S) EXISTING STRUCTURE	S) TO:
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBD BUILD ON AN EXISTING PARCEL OF RE		IS THE PROPERTY WITH YES NO	HIN 2500' OF ANY RESEF	RVOIR?
☐ COMMERCIAL (PROVIDE D	ETAIL OF NUMBERS AND T	COMPLETED STRUCTURE YPES OF EMPLOYEES/ CU: AND TYPES OF EMPLOYEE	STOMERS ON ACCOMPA	NYING PLAN)
PROPERTY OWNER(S)				
DAYTIME PHONE	CELL		FAX	
MAILING ADDRESSSTREET		CITY/TOWN	STATE	ZIP
APPLICANT		·		
DAYTIME PHONE			FAX	
MAILING ADDRESSSTREET		CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE: DEVELOPER BU	ILDER BUYER	RELATIVE/FRIEND	REALTOR C	ONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME			LOT NO	Pres Parce ELot 7
PROPERTY ADDRESSSTREET				
TAX MAP PAGE(S) GRID	PARCEL(S)	PRO	OPOSED LOT SIZE	
AS APPLICANT, I UNDERSTAND THE FOLLOW	ING: THE SYSTEM INST	ALLED SUBSEQUENT TO	O THIS APPLICATION I	S ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVA	ILABLE. THIS APPLICA	TION IS COMPLETE WHE	EN ALL APPLICABLE F	EES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED.	I ACCEPT THE RESPO	NSIBILITY FOR COMPLIA	NCE WITH ALL M.O.S.	H.A. AND
MISS UTILITY" REQUIREMENTS. APPROVAL	IS BASED UPON SATISF	FACTORY REVIEW OF A	PERC CERTIFICATION	I PLAN.
EST RESULTS WILL BE MAILED TO APPLICA	NT	SIGNATURE OF APPL	ICANT	

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

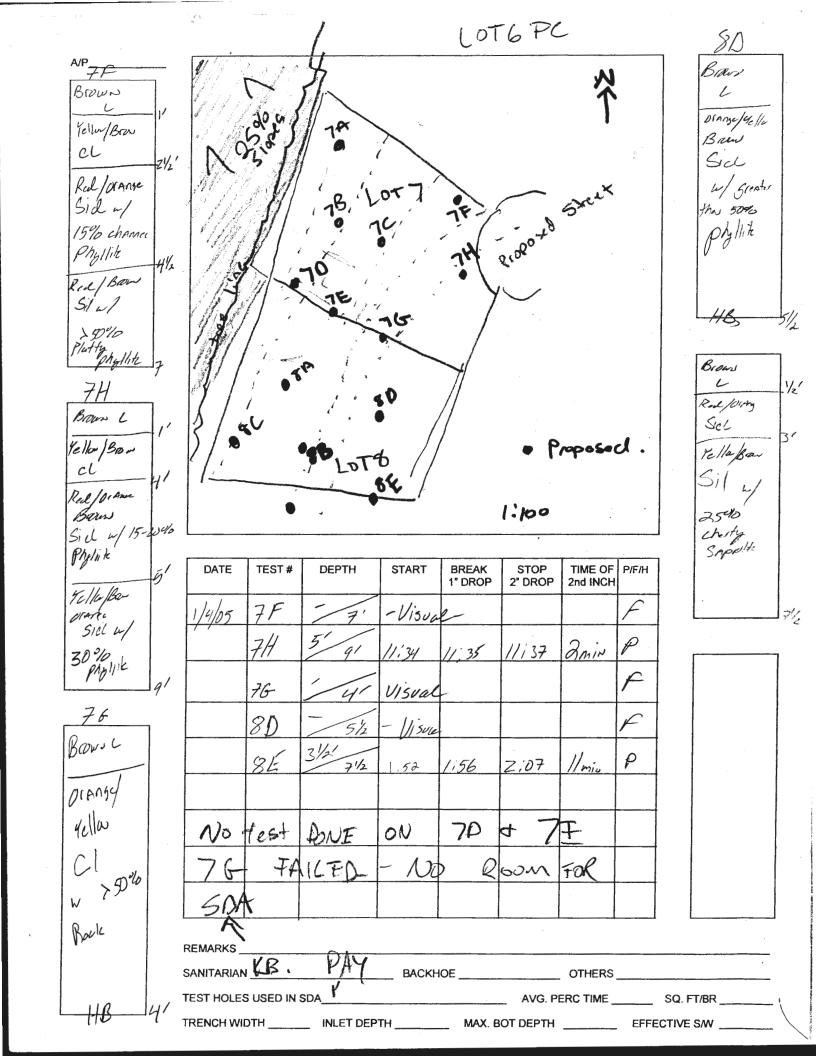


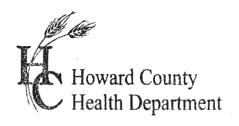


FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	-	TEST TIME	(Ā)F	521569
AGENCY REVIEW:			DAŢE	11/9/04
	j *1			
DO	NOT WRITE AB	OVE THIS LINE		
I HEREBY APPLY FOR THE NECESSARY TESTING/EVA CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM		CHECK AS NEEDED NEW STRUCT ADDITION TO):	
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDIVIS BUILD ON AN EXISTING PARCEL OF RECORD		IS THE PROPERTY	WITHIN 2500' OF ANY RE	SERVOIR?
☐ COMMERCIAL (PROVIDE DETA	IL OF NUMBERS AND	HE COMPLETED STRUCT TYPES OF EMPLOYEES RS AND TYPES OF EMPLO	/ CUSTOMERS ON ACCO	MPANYING PLAN)
PROPERTY OWNER(S) <u>KOBERT + KIMB</u>	ERY WALL	S C/O DORSE	Y BUILDERS	
DAYTIME PHONE 410-442-8200	CELL	•	FAX	
MAILING ADDRESS 492 E WATERS	VILLERD, 1	NOUNT AIRY CITY/TOWN	m) STATE	2111/ ZIP
APPLICANT ROBERT VOICEL I	ENGINERIN	6, INC	•	
DAYTIME PHONE	CELL		FAX	
MAILING ADDRESS STREET	REET	E.C. CITY/TOWN	MD STATE	21043 ZIP
APPLICANT'S ROLE: DEVELOPER BUILD	ER BUYER	RELATIVE/FRIEN	D REALTOR	CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME WALLS	PROPERT	1	LOT N	O
PROPERTY ADDRESS 492 W. WAT	EBVILLE K	D, Mount A/A	24 217 POST OFFICE	7/
TAX MAP PAGE(S) GRID S	PARCEL(S)	18	PROPOSED LOT SIZE	1AC
AS APPLICANT, I UNDERSTAND THE FOLLOWING	B: THE SYSTEM IN	STALLED SUBSEQUEN	IT TO THIS APPLICATION	ON IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILA	ABLE. THIS APPLIC	CATION IS COMPLETE	WHEN ALL APPLICABL	E FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. 1	ACCEPT THE RESP	PONSIBILITY FOR COM	PLIANCE WITH ALL M.	O.S.H.A. AND
MISS UTILITY" REQUIREMENTS. APPROVAL IS	BASED UPON SAT	ISFACTORY REVIEW O	F A PERC CERTIFICAT	TION 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

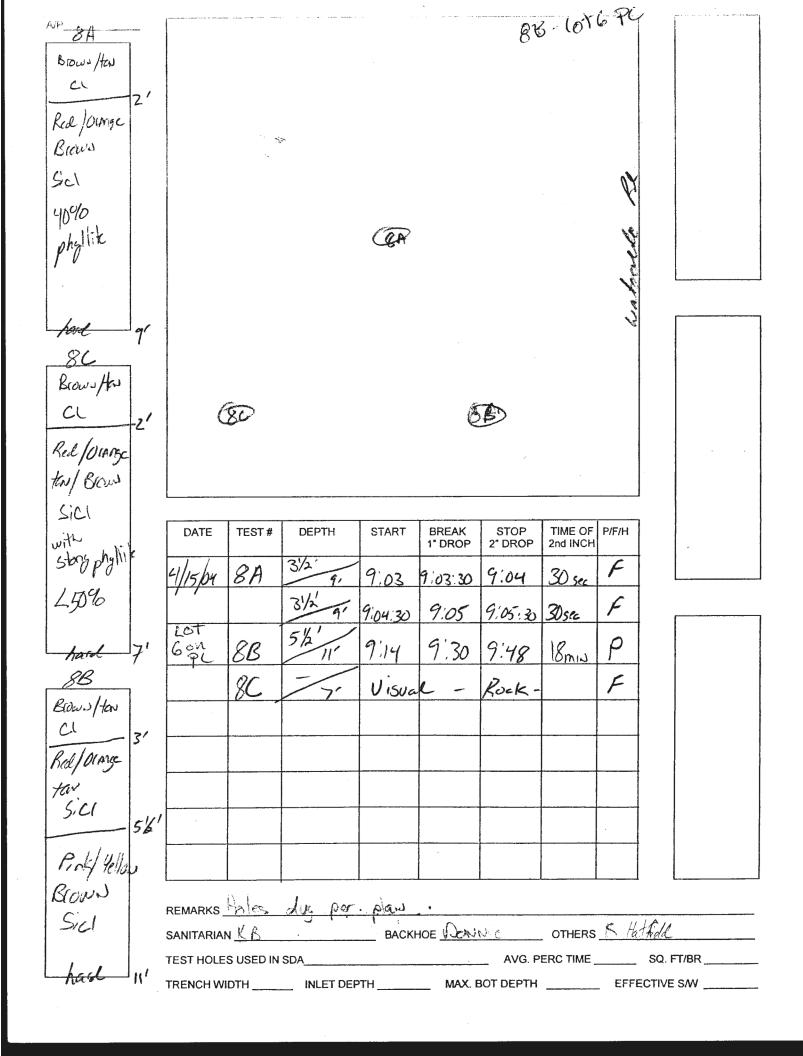


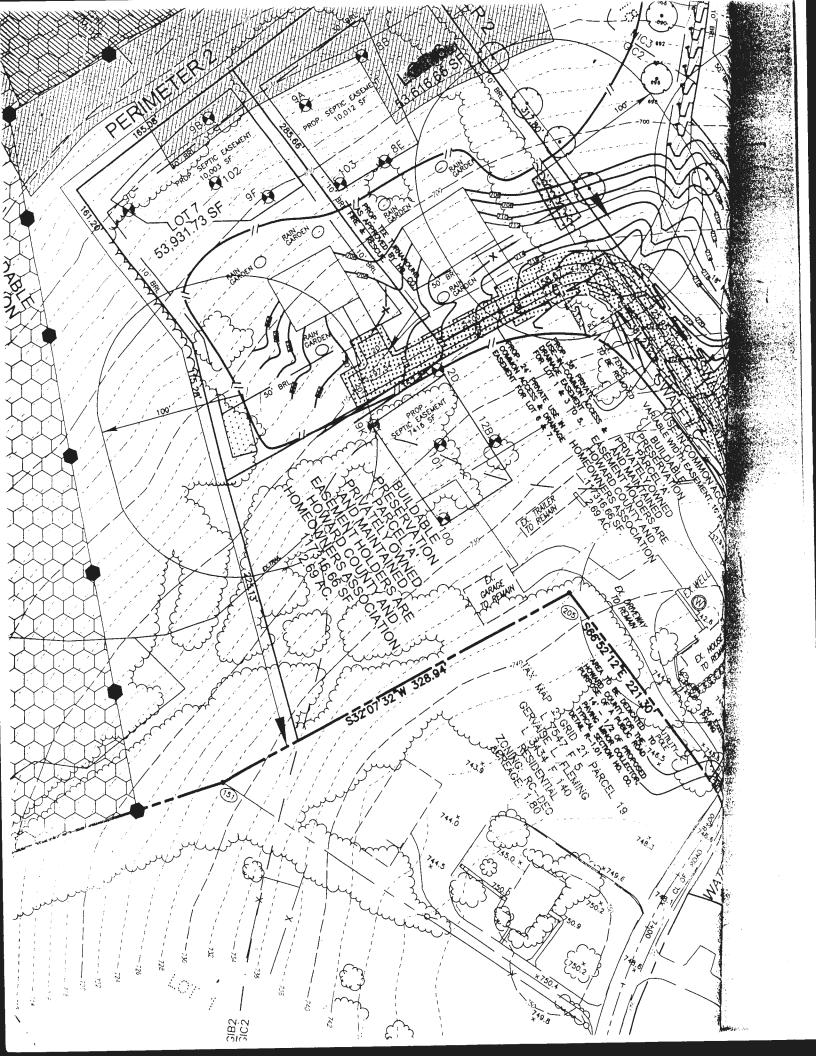


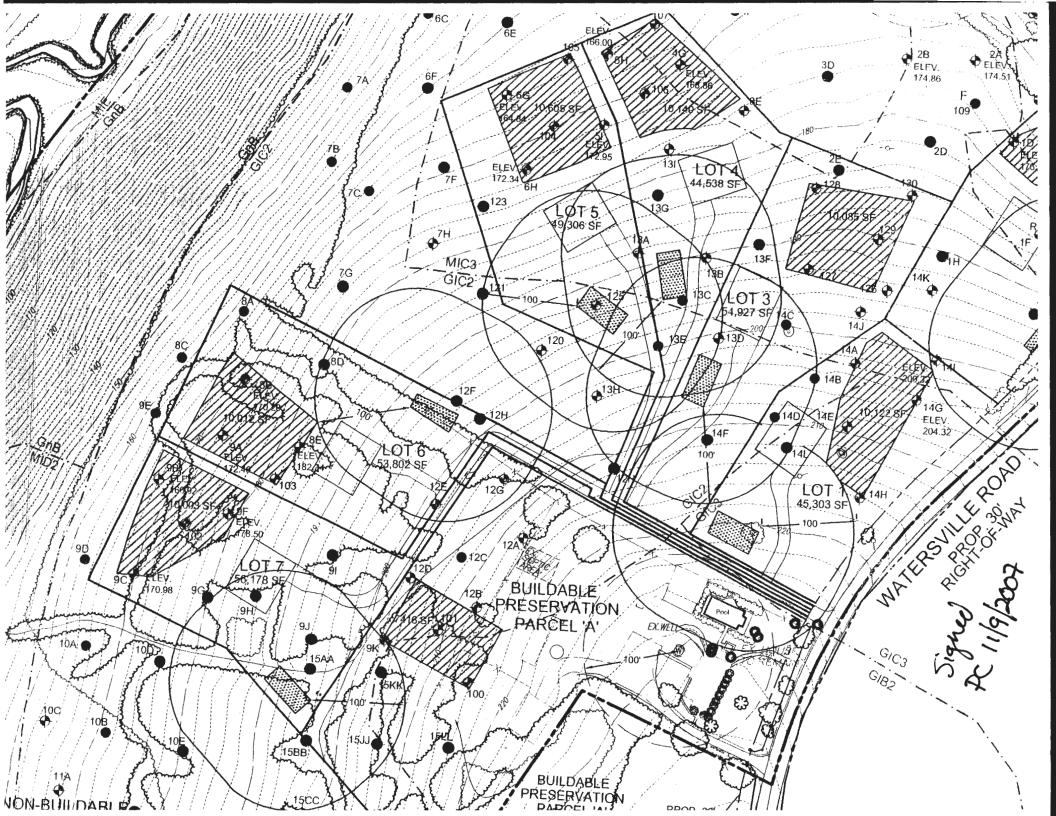
FOR PERCOLATION TESTING AND SITE EVALUATION

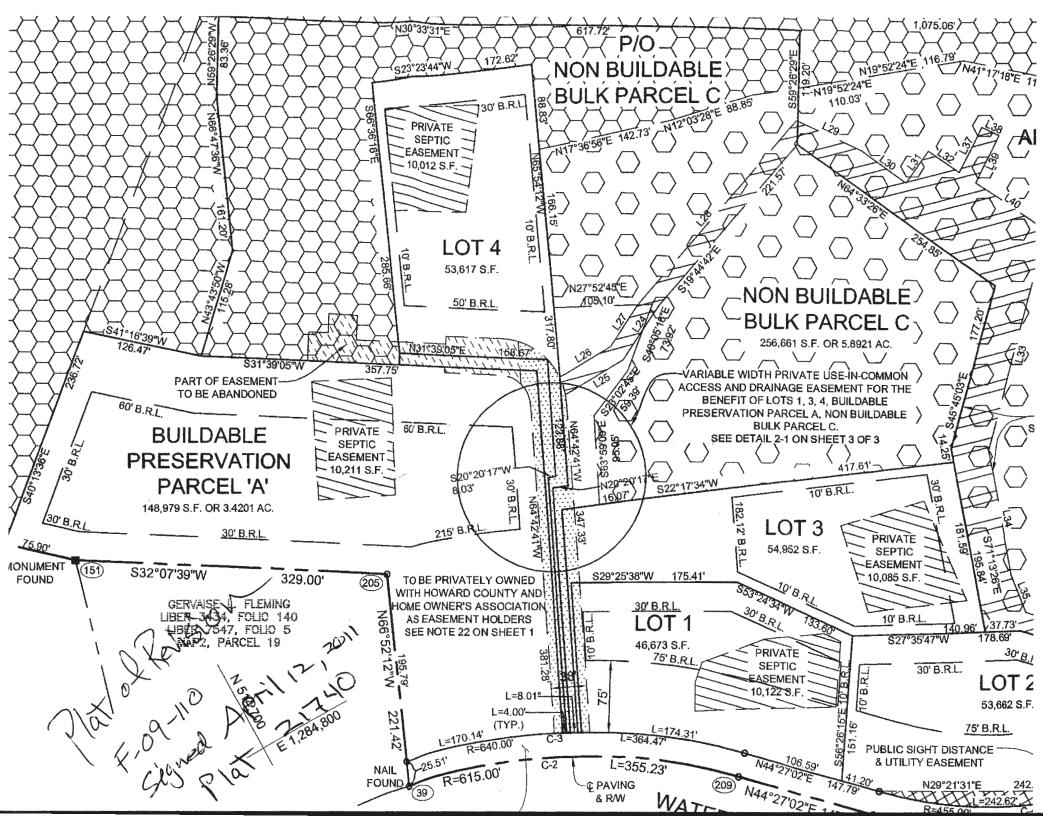
TEST DATE(S)	TEST TIME A/P
AGENCY REVIEW:	DATE
DO NOT WRITE	ABOVE THIS LINE
HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO: 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
COMMERCIAL (PROVIDE DETAIL OF NUMBERS OF INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS)	N THE COMPLETED STRUCTURE (NOTE <i>UNKNOWN</i> IF APPROPRIATE) AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN) IBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)
PROPERTY OWNER(S) BODERT & HIMBOLLY WO	1115 90 LOrsey Builders
DAYTIME PHONE 410-442-8200 CELL	FAX 410-442-8221
MAILING ADDRESS 492 E. WATERVILLE ROND	Mount Airy Maryland 21771 CITYTOWN STATE ZIP
APPLICANT Frederick Ward Associates,	inc
DAYTIME PHONE 410-120-(900 CELL	FAX 410-720-6022(D
MAILING ADDRESS 1125 RIVER WOOD DRIVE, C	Columbia Maryland 210410 ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER BUYE	ER RELATIVE/FRIEND REALTOR CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME Walls Property PROPERTY ADDRESS 492 W. Watersvill STREET	e Rad Mount-Airy 21771 TOWN/POST OFFICE
TAX MAP PAGE(S) 2 GRID 15 PARCEL(S	PROPOSED LOT SIZE 10C.
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM	INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPT-
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TEST RESULTS WILL BE MAILED TO APPLICANT.	SIGNATURE OF APPLICANT

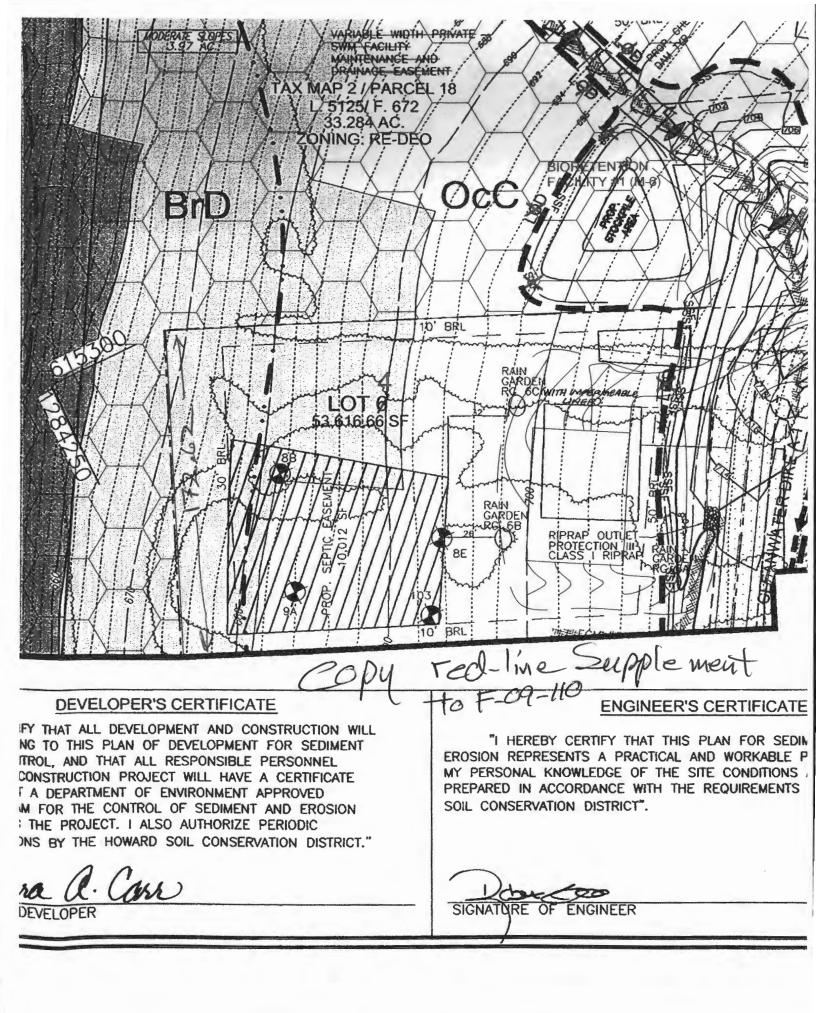
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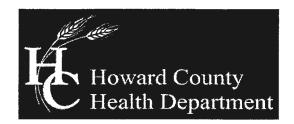












Bureau of Environmental Health

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: 572 Waters ville Road		
Subdivision: Hay Meadow Overlook Lot: 4		
Initial system: Application rate: 0 8 Effective area beginning depth: 3 8 Bottom maximum depth: 3 5		
1st Replacement: Application rate: 0.8 Effective area beginning depth: 3 Bottom maximum depth: 3.5		
2 nd Replacement: Application rate: 0.6 Effective area beginning depth: 3 Bottom maximum depth: 3.5		
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: $\frac{W+2}{W+1+2D} \times 100 = \begin{cases} Percent & \text{of length of standard trench where W=trench width and D= depth between} \\ effective area beginning depth and trench bottom. \end{cases}$		
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 1%.
- 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:	RBricker	Date: 2/6/2020
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JW 6/14/2018