

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

A5601529

APPLICATION

FOR PERC	OLATION	TESTING	AND SITE	EVALUATION

PROPERTY LOCATION						
PROPERTY ADDRESS 12851 Triadelphia Rd Ellicott City md 21042						
STREET TOWN ZIP						
TAX ACCOUNT # 295532 TAX MAP 22 GRID 11 PARCEL 208 LOT NO. PROPOSED LOT SIZE (ACRES) 1.33						
ZONING CATEGORY RR-DEO TIER						
PROPERTY OWNER(S) James & Christina Lazaris						
DAYTIME PHONE CELL EMAIL						
MAILING ADDRESS 12851 Triadelphia Rd Ellicott City md 21042						
APPLICANT Dan Shaffer CITY, STATE ZIP RELATIONSHIP TO OWNER: Contractor						
DAYTIME PHONE 301-662-8403 CELL EMAIL d.r.shaffer@hotmail.com						
MAILING ADDRESS 7839 Ridge Road Frederick Md 21702						
STREET CITY, STATE ZIP I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):						
PROPERTY: 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 <u>5</u> 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 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 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 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						



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APPLICATION

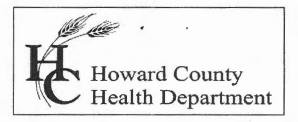
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY	LOCATION
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SUBDIVISION/PROPERTY NAME						
PROPERTY ADDRESS 12851 Triadelphia Rd Ellicott City md 21042						
STREET TOWN ZIP						
TAX ACCOUNT # 295532 TAX MAP 22 GRID 11 PARCEL 208 LOT NO. PROPOSED LOT SIZE (ACRES) 1.33						
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DAYTIME PHONE 301-662-8403 CELL EMAIL d.r.shaffer@hotmail.com						
MAILING ADDRESS 7839 Ridge Road Frederick Md 21702						
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: 1 SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS UVGRADE EXISTING OSDS BUILDING: RESIDENTIAL WITH 5_ 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.						
Danuel R. Shaffer 9/14/2017						
SIGNATURE OF APPLICANT DATE						

SIGNATURE OF APPLICANT

Triadelphia Road 100 A/P ISBK 40-73-696 OK 102 Mica K.brn Cure . ALGEN. 2 Cobk, PAILA 1 lest h SS Dale ted-brucl 02 brnl Csbk 3csbk, 55 #12.957 common mica 07 rn L 25 ZMS Common mica brn ! thin platy ss ommon mica 1.1 red brist 10 appox 102 (00) Ø 2 msbk, common 0 5-10% channers el-rec COMMON EX Trench-28 yel-r ed STONES 30-35 10 MCK platy ownon mico 4. 5 Stake 4,5 red les ed thin platy common mica Carage fine platy many mica m2p(yellow) C Nom wo yellow streaks red ! +hinplaty hru horizon many yellow'streaks ewehannes DEPTH TEST # TIME OF START BREAK STOP P/F/H 1" DROP 2" DROP 2ND INCH Sideweg 4.5 for drawners 102 15 isua 15 10 a 2 5,5 10.1 101 14 10:47 10;50 11:48:30 352. 10 NAV 6 dkbm P :34 10 1:29 11:31 5 vesbk 100 13 A MAS 07 24 ornl mica 11brn Av erred thin placty COM non which id-vel 5 thin platy common mica many mich REMARKS #102 is rear and existing 0 trens Cler many Vellou BANITARIAN ker BACKHOE Streak S Thratest Holes USED IN SDA Peteavg. PERC TIME_ SQ. FT/BR horizon INLET DEPTH MAX. BOT DEPTH EFFECTIVE S/W TRENCH WIDTH Ho-73-1296, gap betw. conduit & 2-pe. cap metal, "15" above grade



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

October 20, 2017

TO: Dan Shaffer, Applicant

RE: Percolation Test Results, 12851 Triadelphia Road, A561529

Dear Mr. Shaffer,

Percolation testing was conducted on October 17 at 12851 Triadelphia Road for the purpose of describing and defining a sewage disposal area (SDA) in support of a proposal to construct an addition that increases the number of bedrooms in the existing home. Locations that PASS represent areas that may be included in a proposed sewage disposal area (SDA).

Overall three (3) locations were dug and tested, and/or the soil profile described and judged. Locations 100, 101, and 102 were dug at or near locations where stakes were set prior to the date of testing. Location 101 was dug about 17 feet uphill from the stake location. Location 102 was near the end of the existing trench and dug to 15 feet depth. Each of the three locations tested and/or observed PASS.

A Percolation Certification Plan must be submitted that meets state and county requirements, including sizing and location of drainfield systems. Signature of the Percolation Certification Plan by the Director, Bureau of Environmental Health (the Approving Authority) certifies the percolation test results and area approvable for wastewater discharge. When the Percolation Certification Plan is approved, Health Department staff may release a permit to replace septic system components.

Content of the Percolation Certification Plan must include the locations of the existing septic system components. The Health Department's installation record may be used as a reference for illustrating the locations on a plan. The initial percolation test locations must also be illustrated on the Percolation Certification Plan. The Health Department 1972 record of percolation tests may be used to reference the test locations. The existing asphalt, fences, and proposed footprint of the residence are to be illustrated on the Percolation Certification Plan.

The septic tank was found to be under a lined depression containing a shallow pool of water. The existing (1000-gallon) septic tank is undersized for the proposed number of bedrooms (5) in the residence. It may be abandoned and replaced. Another option would be to install a second tank in series with the existing septic tank, however, there likely is not enough space to fit a tank between the existing components. Either way, the pond can no longer exist over top of the existing septic tank.

The existing 82-foot long trench was installed in 1975 and at that time had an estimated 574 sq. ft. of absorption area. At the loading rate of 1.2 gallons per day per sq.ft., 17 linear feet of 3-foot width trench is needed for each bedroom in the finished residence. At least for a limited period of time, there appears to be enough existing trench absorption area to support

the proposed residence. The existing trench has been in service for over 40 years. Therefore, if a five-bedroom residence is utilized at its full capacity, the trench may soon fail.

After the Percolation Certification Plan is approved, the Health Department may release permits for septic system upgrade, and after that is complete, the building permit approval.

Respectfully,

Robert Bricker, CPSS, REHS/R.S., L.E.H.S. Environmental Sanitarian II Well and Septic Program, Bureau of Environmental Health Howard County Health Department 8930 Stanford Boulevard Columbia, MD 21045

Enclosures (7 pages): 2017 Percolation Test Application and field worksheet; photocopy of markup of Percolation Test Plan, Sewage Disposal System Permit (1975) and as-built, and 1972 Percolation Test Application and field worksheet

Copy: Aldo Vitucci, P.E. Fisher, Collins & Carter, Inc. Tony Fertitta, Fisher, Collins & Carter, Inc. File

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Maura J. Rossman, M.D.,	Health Officer
SEWAGE DISPOSAL SYSTEM S	PECIFICATIONS WORKSHEET
Address: 12851 Triadelphi	a Road
Subdivision: Other than existing to	ench
#100 Initial system: Application rate: 12- Effective ar	ea beginning depth: $\underbrace{4}_{}$ Bottom maximum depth: $\underbrace{8}_{}$
#1011 st Replacement: Application rate: 1,2- Effective are	ea beginning depth: $\frac{4}{2}$ Bottom maximum depth: $\underline{8}$
101, 2nd Replacement: Application rate: <u>1</u> 2 Effective are Design Flow = 150 gallons per day per bedroom	ea beginning depth: <u>4</u> . Bottom maximum depth: <u>8</u> .
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: W+2 W+1+2D × 100 = Percent of length of standard tree effective area beginning depth ar	nch where W=trench width and D= depth between nd trench bottom.
 Standard design requirements: All trenches must be equal length unless low All trenches must be on contour Minimum trench spacing: 10' for all trenches Additional spacing may be necessary for an In those cases, the spacing formula is 2D +V 	s utilizing sidewall reduction credit. y trench using over 3.5' of effective sidewall. V up to a maximum spacing of 18'.
 Minimum trench spacing for trenches with no a 2' wide trench and 9' for a 3' wide trench (s Maximum trench length is 100' Maximum pipe depth is 4' 	
Additional requirements:	
Approved: Robert Bricker	Date: 10/20/2017

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