



HOWARD COUNTY HEALTH DEPARTMENT

69645

DATE 8/19/21

Received From

Freedom Septic

PHONE #

410 795-2447

☐ CASH

☐ CHECK

NO.

4497

For

Perc Repair - 129/6
Triadelphia Rd.

One hundred sixty five

Dollars

\$

165.00

Received By

JKP

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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Rose Mary Estates
PROPERTY ADDRESS 12916 Triadelphia Rd Ellicott City 21042
STREET TOWN ZIP
TAX ACCOUNT # _____ TAX MAP 22 GRID 0004 PARCEL 499 LOT NO. 24B PROPOSED LOT SIZE (ACRES) _____
ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Diane Skeberdis
DAYTIME PHONE _____ CELL 410-707-8500 EMAIL _____
MAILING ADDRESS 12916 Triadelphia Rd Ellicott City 21042
STREET CITY, STATE ZIP
APPLICANT Freedom Septic RELATIONSHIP TO OWNER: Installer
DAYTIME PHONE 410-75-2947 CELL _____ EMAIL chrissy@freedomseptic.com
MAILING ADDRESS 2809 Liberty Rd Sylkesville, 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 _____ 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.

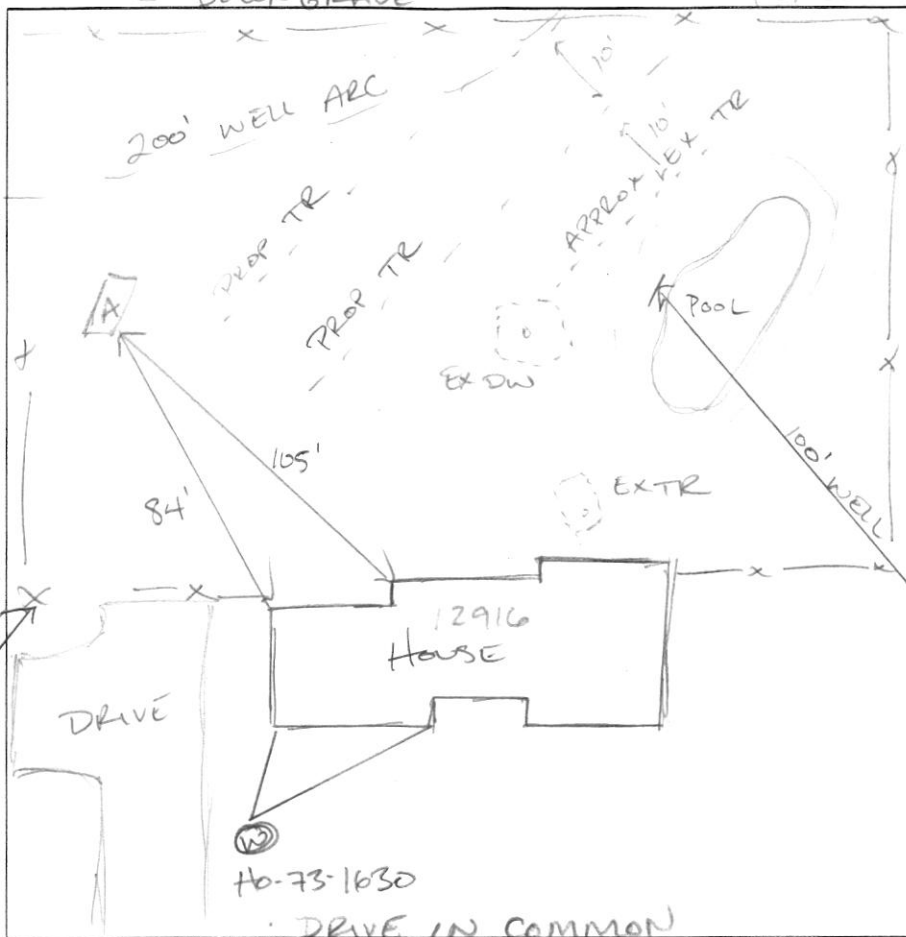
SIGNATURE OF APPLICANT

DATE

AP 569645

12904 TRIADAPHA
DOWNGRADE

FENCE



0
11"
30"
RED BRN
SCL SBL
YEL BRN
SCL SBL
RED
LS MICACEOUS
SBL
+ SAP
FEW BOULDER
13'
HARD BOTTOM
100' WELL

12920

HO-73-1630

DRIVE IN COMMON

SHELF/BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
08/26/2021	A	25' 13'	0:00	0:55	3:00	1:05	
	2nd POUR		0:00	2:20	5:20	3:00	P
	BUCKET FOR @ BOTTOM				123-5 m		

REMARKS BACK UP INTO HOUSE 2x IN 3wk; LIQUID IN TRENCHES; LIQUID OBS
SANITARIAN CABALUG 08/1997 BACKHOE FREEDOM OTHERS HOME OWNER FLOWING INTO DN

TEST HOLES USED IN SDA _____ AVG. PERC TIME 3 SQ. FT/BR 3
TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 7' EFFECTIVE SW 4'

150.3 / 1.2 = 375 / 3' WIDE = 125 LINEAR * .42 = 53 F 1x 53'