Howard County Health Department

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME: Waterford Farms

PROPERTY ADDRESS: 3163 Lorenzo Lane (STREET) Woodbine (TOWN) 21797 (ZIP)

TAX ACCOUNT # 3617723 TAX MAP 20 GRID 12 PARCEL 139 LOT NO. 9 PROPOSED LOT SIZE (ACRES) 1.146 AC

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S): Jeff Baehr

DAYTIME PHONE 410-596-1970 CELL _____ EMAIL Jeff.baehr1@gmail.com

MAILING ADDRESS 3163 Lorenzo Lane (STREET) Woodbine (CITY, STATE) 21797 (ZIP)

APPLICANT: Fogle's Septic RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL Kim@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd (STREET) Sykesville (CITY, STATE) 21784 (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.

Kimberly A. Fogle — 4/16/22

SIGNATURE OF APPLICANT — DATE

JW 10/29/15

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- [X] Failing System
- [ ] System relocation for proposed addition
- [ ] System upgrade for proposed addition
- [ ] Inadequate treatment zone
- [ ] Collapsed septic tank
- [ ] Collapsed drywell

Has the septic tank been pumped within the last month?

X Yes Date pumped: 4/1/22
___ No

Was a visual inspection of the septic tank and/or drain fields conducted?

X Yes Explain observation: full trenches
___ No

Existing system design

- [ ] Drywell
- [X] Trench
- [ ] Mound
- [ ] Unknown
- [ ] Other: _____

Was a visual inspection of the sewage line conducted?

X Yes
___ No

Blockage Leading to the field

___ Yes Explain _____
X No

Is discharge surfacing on the ground?

X Yes
___ No

Additional Comments:

_____

_____

_____

*For REPAIRS, are the owners proposing, or do they plan to add in the future any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulations.

Septic Contractor: Eagle's Septic Contractor's Phone: 410.795.5670

Contractor's Address: 580 Obrecht Rd Sykesville 21784

Property Address: 3163 Lorenzo Lane County File: 367723

Subdivision: Waterford Farms Lot: 9 Year Built: 2005

Owner's Name: Jeff Baehr Existing bedrooms: 4

Name of previous owners: _____ Existing bedrooms: _____

_____ Proposed bedrooms: _____

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website_____Indexed file found_____

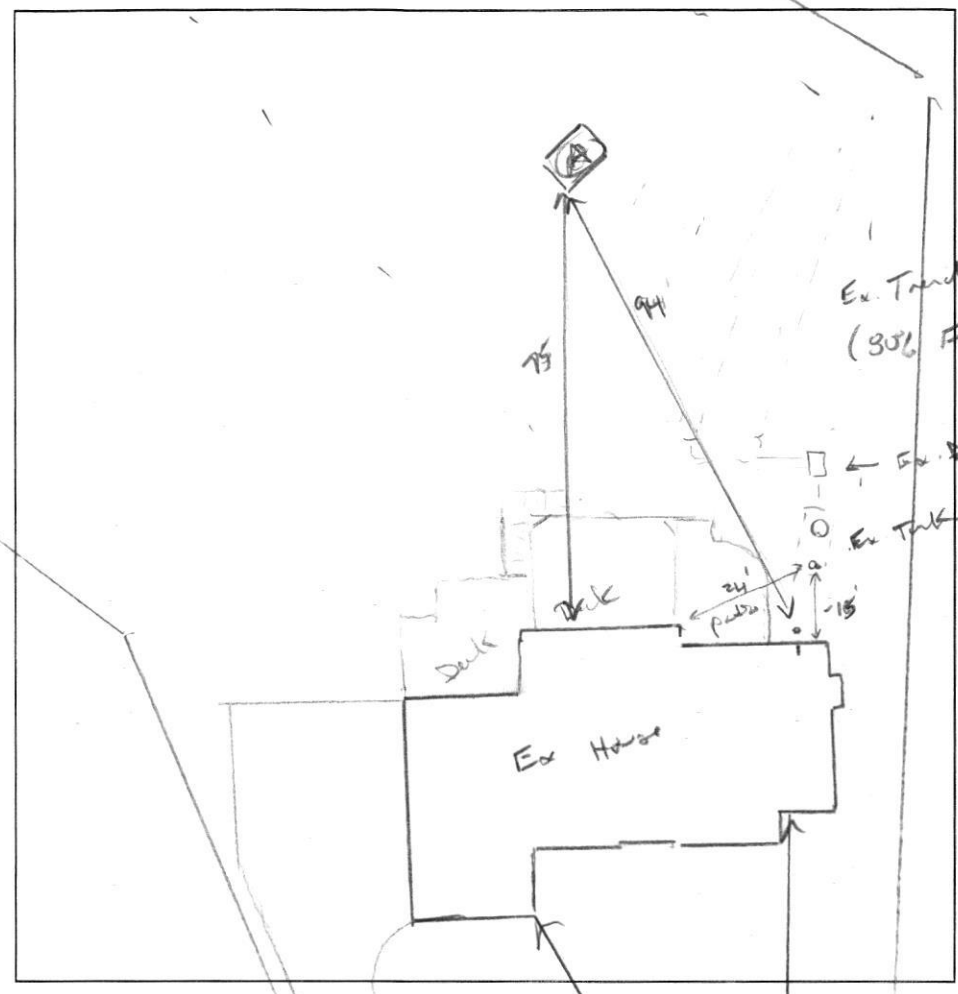
If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency exists.

The contractor is to notify the office of the emergency as soon as possible.

2/2020

A/P_____



(A)

1: Br/Rd L
WK Co SBK,
Friable

2'

1: Br/Rd C
M CoSBK
10% rx.
15% sand

5'

1: Br/Y FSL
WK f SBK,
micaceous

9'

Br/R/Y FSL
WK f PL,
Highly micaceous
10% sand

14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
						HO-94-3533	
4/27/22	(A)	5'/14'3"	00:10	00:17	00:30	13	P
		H_2O poured		@ 14'	—	~10 mi	

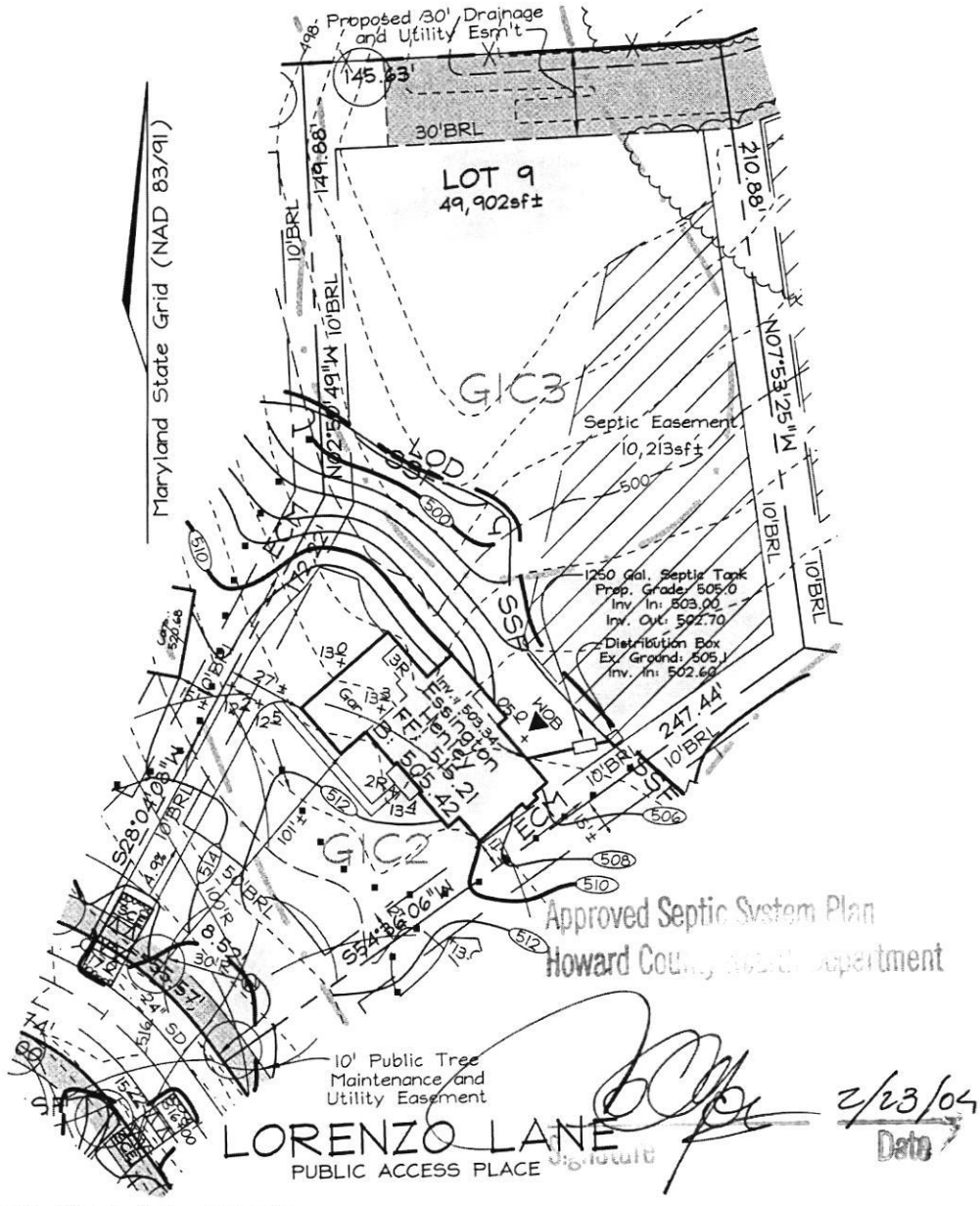
REMARKS Ex. trenches exposed

SANITARIAN K. Wolf BACKHOE Smiley-Fyles OTHERS home owners

TEST HOLES USED IN SDA 1 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 8 EFFECTIVE S/W 5-8' (.5)

5BR = $\frac{750}{0.8}$ - 937.5 ÷ 3 = 312 (.50) = 156.25



OWNER/DEVELOPER

Toll MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.872.9185

FSH Associates
Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel:410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3533) has been field located by C. B. Miller professional surveyor and is accurately shown.
3. For driveway culvert calculations see sheet 1 of 21, Road construction plans F-03-122

DESIGN BY:	PS
DRAWN BY:	Slim
CHECKED BY:	ZYF
SCALE:	1"=50'
DATE:	Feb. 21, 2004
W.O. No.:	3217
SHEET No.:	1 OF 1

LOT RESITE
LOT 9
CATTAIL TRACE

TAX MAPS 13, 14, 20 & 21
GRIDS 7, 12, 19 & 24
4TH ELECTION DISTRICT

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND

GP-04-39

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-PT-22-01140
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 3163 Lorenze LN,

Receipt No. 3630

Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	75496	$165.00	04/21/2022	JUKING		Perc/Repair 3163 Lorenze Lane

Work Description: Perc/Repair 3163 Lorenze Lane

APPLICATION

PERCOLATION TESTING

A 514952

P _____

DISTRICT _____

DATE 2/28/01

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Waterford Farm Joint Venture

ADDRESS 4003 Jennings Chapel Rd Brookeville MD 20833 PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Waterford Property LOT NO. 9

ROAD AND DESCRIPTION Daisy Road

TAX MAP 13, 14, 20, 21 PARCEL # 20

SIZE OF LOT _____ TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

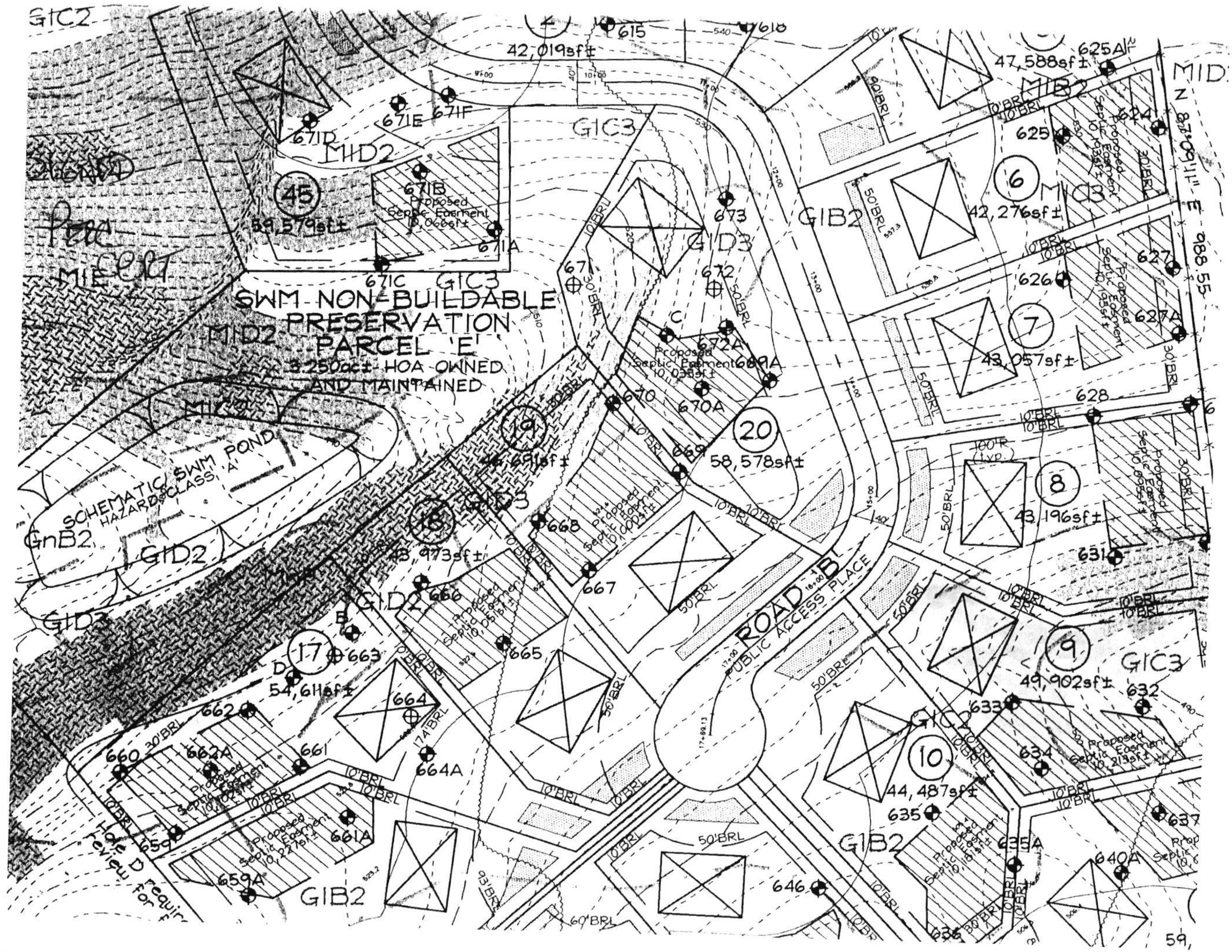
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)


SWM NON-BUILDABLE
PRESERVATION
PARCEL 'E'
3.250ac± HOA OWNED
AND MAINTAINED
SCHEMATIC SWM POND
HAZARD CLASS 'A'
ROAD 'B'
PUBLIC ACCESS PLACE
45
59,579sf±
42,019sf±
47,588sf±
6
42,276sf±
7
43,057sf±
8
43,196sf±
9
49,902sf±
10
44,487sf±
17
54,611sf±
18
48,973sf±
19
46,691sf±
20
58,578sf±
Proposed
Septic Easement
10,068sf±
Proposed
Septic Easement
10,038sf±
Proposed
Septic Easement
10,003sf±
Proposed
Septic Easement
10,051sf±
Proposed
Septic Easement
10,227sf±
Proposed
Septic Easement
10,213sf±
50'BRL
10'BRL
30'BRL
174'BRL
60'BRL
93'BRL
100'R
(typ.)
G1C2
G1C3
G1D2
G1D3
G1B2
GnB2
M1D2
M1B2
M1C3
N 87°09'11" E
988.55
615
618
625A
625
624
626
627
627A
628
631
632
633
634
635
635A
637
640A
646
659
659A
660
661
661A
662
662A
663
664
664A
665
666
667
668
669
669A
670
670A
671
671A
671B
671C
671D
671E
671F
672
672A
673
59,

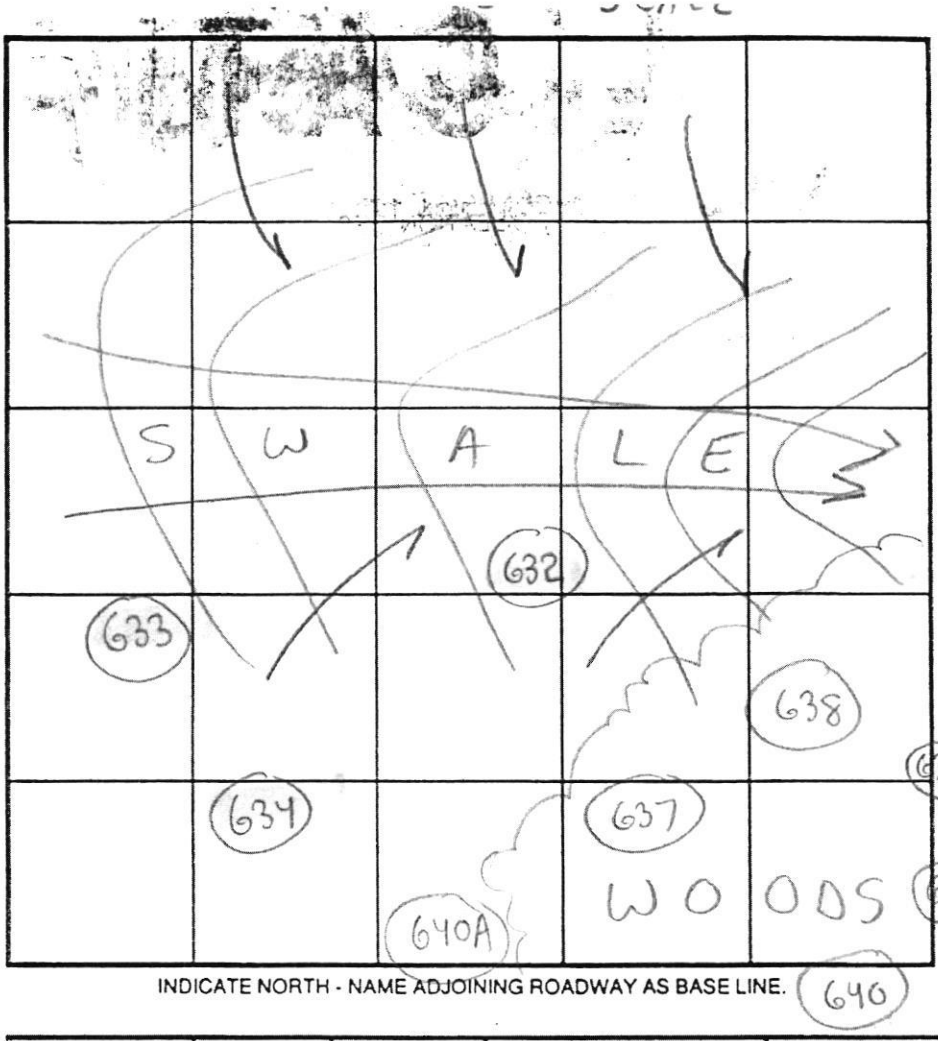
M0152 2+ H
COUNTY #

Lot 9

SOIL PROFILE
0' 632/633/634
red-brown clay loam
4'6"
tan-fine sandy loam
20-30% mica schist
13'

638
6"-1'
brown topsoil
red-brown clay loam
2'
tan fine-sandy loam
0-5% MICA SCHIST
12'

639/640
red-brown clay loam
4'
orange-brown silty clay loam
35-45% frags
13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
0' 637
red-brown clay loam
3'
tan fine-sandy loam
0-5% MICA SCHIST
12'

639A/640A
orange-brown clay loam
4½'
tan-orange silt loam
20-30% Rx
14'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
6/4/01	632	5'T / 12'V	3:42pm	3:44pm	3:44pm	3:54pm	10min	OK
	633	13'V	(VISUAL OK		SEE	SOIL PROFILE)		OK
	634	3'5"T / 13'V	4:09pm	4:13pm	4:13pm	4:25pm	12min	OK
	638	12'V	(VISUAL OK		SEE	SOIL PROFILE)		OK
	639	3'T / 12'V	3:52am	4:07am	4:07am	4:20am	13min	HOLD
	(HOLD FOR RE-EVALUATION OF ROCK CONTENT)							
	640	3'T / 12'V	4:23am	4:35am	4:35am	4:51am	16min	HOLD
	637	12'V	(VISUAL OK		SEE	SOIL PROFILE)		OK
8/6/01	639A	14'V	(VISUAL	OK	SEE	SOIL PROFILE)		OK
	640A	4'T / 14'V	12:38pm	12:41pm	12:41pm	12:44pm	3min	OK

REMARKS Potential Adjustment of SDA for proposed Lot 16 may be necessary

TYPE OF SOIL Glenelg

TESTED BY SRK Jeff Allen = Backhoe Chuck Sharp ALSO PRESENT Francois

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3min TRENCH WIDTH 3'

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ FT/BEDROOM 180-210

F-03-122 SIGNED 8/26/03