



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 6/8/04 TEST TIME 9:00 A/P 520392
 AGENCY REVIEW: SDA to support #1 BR tenant house to replace ex. trailer. 5000 ± req'd DATE 6/1/04
 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:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

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

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 1 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) SHAWN and KATHY CONLEY

DAYTIME PHONE 301-854-5279 CELL 301-221-8090 FAX _____

MAILING ADDRESS 16362 Newport Rd Mt Airy MD 21771
STREET CITY/TOWN STATE ZIP

APPLICANT SHAWN CONLEY (same)

DAYTIME PHONE 301-854-5279 CELL 301-221-8090 FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Tax map 2 Grid-17 Parcel 29 LOT NO. _____

PROPERTY ADDRESS 16362 Newport Rd (Access from Camalo)
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 2 GRID 17 PARCEL(S) 29 PROPOSED LOT SIZE _____

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.

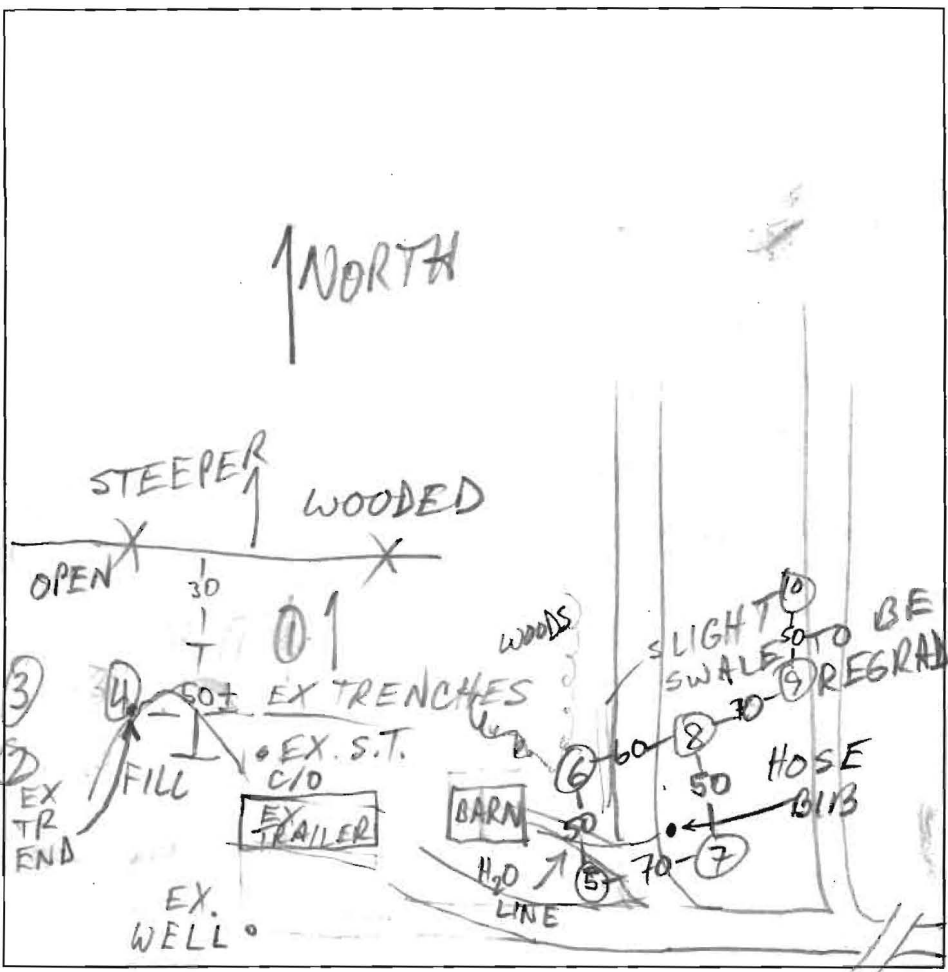
TEST RESULTS WILL BE MAILED TO APPLICANT. Shawn Conley 6-1-04
SIGNATURE OF APPLICANT

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

AP
 ① brn hvy salm 20% shale
 3
 tan gray red shale
 sand 30-60% shale
 1 w/depth
 6 1/2

②
 3
 brn hvy lm
 brn mi sand
 sand 30-40% shale
 40-50% shale
 7

③
 3
 brn hvy lm
 brn gray mi sand 30-40% shale
 52
 6 1/2
 W
 30-35% shale
 20-25% shale
 8



brn hvy lm
 3
 4
 brn gray mi sand 25-45% shale
 WORS WEST DOWN

5
 4-4 1/2
 6
 8 1/2
 oige brn hvy lm
 tan beige pink fine salm 15-20% shale
 tan brn salm 20-30% shale

6/7
 4
 6
 8 1/2
 oige brn hvy lm
 large tan fines salm 15% R
 15-25% R

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H	
6/8/04	1 V	6 1/2					F	
	2 V	7	MARGINAL					
	3 S	3'3" WEST		7sec	10sec	10sec		
	3 V	8	12:08:15	12:08:25	12:08:45	20sec		
	3 S	3'4" EAST	12:27:55	12:28:40	12:29:45	1 min		
	3 V	7	12:30:20	12:31:20	12:33:00	1 4/2		
	3 M	7	12:34:35	12:35:55	12:38:05	2 10		
	4 M	8	12:48:10	12:50:40	12:50:20	3 40		
	4 V	8	3:06:20	3:06:50	3:07:00	20sec		
			3:08:10	3:09:35	3:11:00	1 25		
			3:12:25	3:14:30	3:16:30	2 min		
6/28/04	5 S	4 1/2	10:23	10:31	10:41	10		
	5 V	8 1/2	10:08	10:12	5 GAL	4 DRY		
	6	4	11:07	11:12	11:18	6		

REMARKS
 SANITARIAN M. Ripkin BACKHOE owner OTHERS _____
 TEST HOLES USED IN SDA 5-8 AVG. PERC TIME 9 SQ. FT/BR 210
 TRENCH WIDTH 3 INLET DEPTH 2 1/2 MAX. BOT DEPTH 4 1/2 EFFECTIVE SW 0

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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

COUNTY #

SOIL PROFILE

0'

50

8

brn purp hvy lm

3 1/2

brn salm 25-35% shale

6 1/2

beige brn salm 20-25% Rx

1 1/2

9

SOIL PROFILE

0'

W113B
W75-T
W-110 LB
180

130, 120 (8)
71 61 6
71 81 5
142 143 7

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/28/04	7	8 1/2					
	8	5 1/2	11:39	11:41	11:41	11:52	11 EST
	9	7	40-70% shale				F
	10	8	30-40% shale below 5'				NOT PASSED

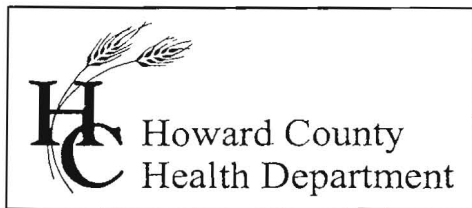
REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Ripkin ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____




3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 21, 2004

TO: George Beisser, Chief
Public Service and Zoning Administration

FROM: Mark Rifkin 
Well and Septic Program

RE: File Number: BA 04-22C
Title: Conley Property
16362 Newport Road

The Health Department would recommend postponing a decision on the referenced proposal, contingent on completion of percolation testing and suitable documentation of approval.

A site inspection in January, 2001 indicated marginal to failing soils in the vicinity of the septic system serving the existing dwelling. Available information suggests the soils in the vicinity of the existing trailer are similar. More importantly, no information is known about the septic system serving the trailer.

The applicant is requested to contact the Health Department for further guidance or to start the percolation application process, if desired.

MR
cc: File

Department of Planning and Zoning
Howard County, Maryland
Recommendations/Comments

Date: 5/12/04

Hearing Examiner 6/28/04
Planning Board _____ Board of Appeals _____ Zoning Board _____

Petition No. BA 04-022C Map No. 2 Block 17 Parcel 29 Lot _____

Return Comments by 6/7/04 to Public Service and Zoning Administration

Location of Property: Northern terminus of Camalo Drive

Applicant: Shawn and Kathy Conley

Applicant's Address: 16362 Newport Road, Mt. Airy, MD 21771

Owner: (if other than applicant) _____

Owner's Address: _____

Petition: Conditional use for a farm tenant house.


- To:
- _____ Department of Education
 - _____ Bureau of Environmental Health
 - _____ Development Engineering Division
 - _____ Department of Inspections, Licenses and Permits
 - _____ Department of Recreation and Parks
 - _____ Department of Fire and Rescue Services
 - _____ State Highway Administration
 - _____ Sgt. Karen Shinham, Howard County Police Dept.
 - _____ James Irvin, Department of Public Works
 - _____ MD Dept. of Human Resources, Janice Burris
(Child Day Care)
 - _____ Office on Aging, Betty Totaro (senior assisted living)
 - _____ Police Dept., Animal Control, Brenda Purvis, (kennels)
 - _____ Susan Fitzpatrick, Health Dept. (Nursing & Res. Care)
 - _____ Land Development - (Religious Facility & Age-Restricted
Adult Housing)

COMMENTS: _____

NO FLOODPLAIN EXISTS ON SITE

PRIVATE WATER AND PRIVATE SEWERAGE WILL BE UTILIZED. 1 bedroom in Proposed tenanthouse

TO THE BEST OF OUR KNOWLEDGE, NO WELLS OR SEPTIC AREAS EXIST WITHIN 100 FEET OF THE LOT.

 THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS INTO THE PRIVATE SEWERAGE EASEMENT, RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.

Penny Boruta M.D. 6-28-04
Ho. Co. Health Officer HR DATE

16362 Newport Road
Conley Residence
Tax Map 2
Parcel 29

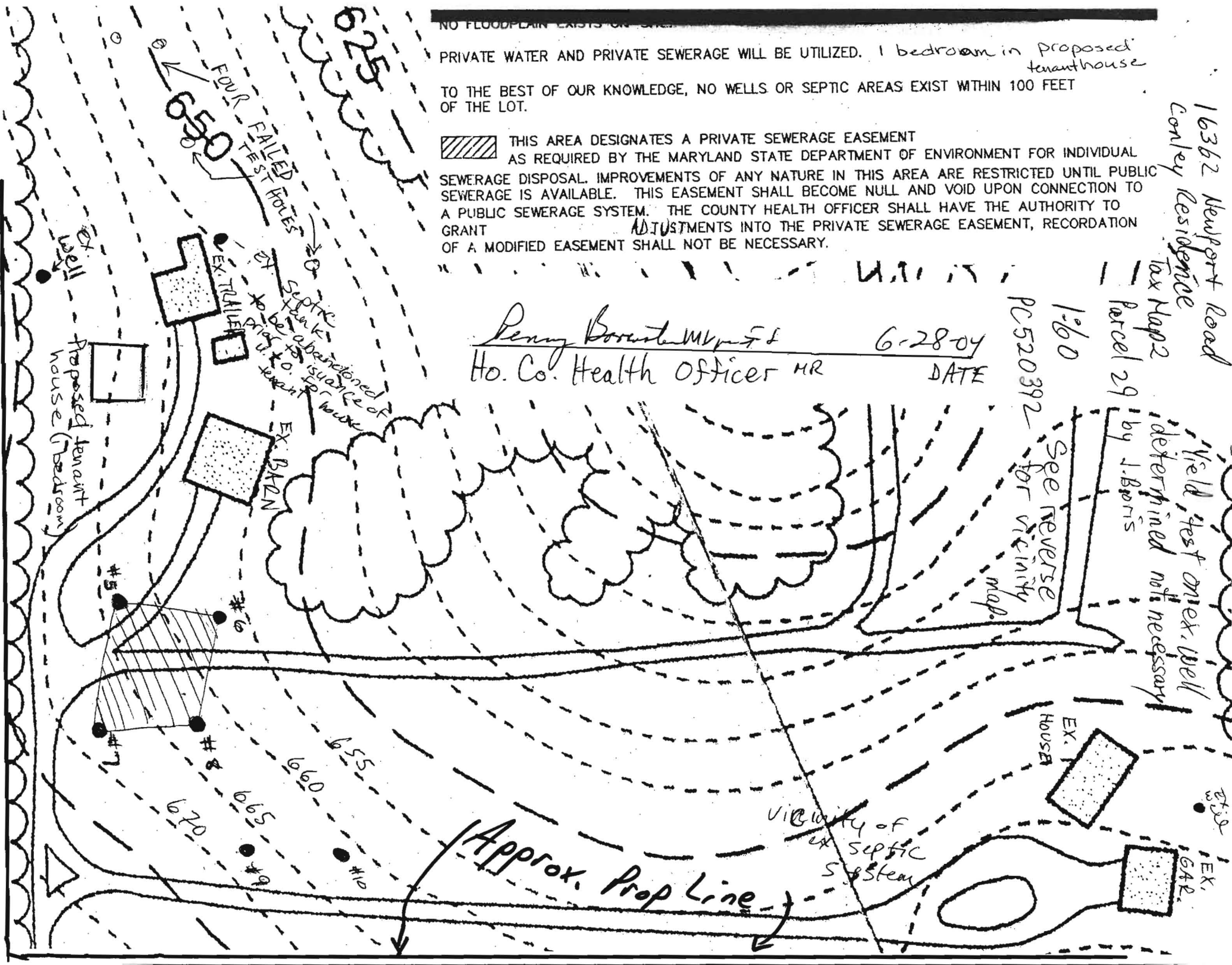
1/60
PC520392

Field test on ex. well
determined not necessary
by J. Boris

See REVERSE
for vicinity
map.

vicinity of
ex septic
system

Approx. Prop Line



FILE INQUIRY FORM

Property Address: 16362 Newport Rd

T/C W/ OWNERS RE: BA04-022 COMMENTS

SUGGESTED THEY PREPARE SITE PLAN SHOWING
PROP. HOUSE, EX. WELL & PROP SDA (~5000 ~~sq~~)
IN VICINITY OF TOP^{OF} HILL WHERE Y/W SPLITS
SUBMIT W/ APP & \$225

MR 5/28/04
6/1/04 PLAN PREPARED W/SAN'S ASSISTANCE;
EX. SYSTEM @ TRAILER UNKNOWN, BUT SLOPES
INDICATE LITTLE POTENTIAL FOR SUITABLE SOILS MR

6/1/04 #2 LATER T/C: FILE FOUND FOR ORIG SYS (1982)
AT TRAILER W/ 30-60 SEC PERCS IN MOST
HOLES PERC'D AT TIME OF SYSTEM INSTALLATION;
~~OWNER~~ OWNER OBJECTS TO REQUEST FOR PERC,
GIVEN PREVIOUS 1982 TESTS
I ADVISED HIM THAT 1982 TESTS ARE MARGINAL
TO CLEARLY FAILING, AND NEW PERC FOR NEW
CONST. ENTIRELY APPROPRIATE IN KNOWN MARGINAL
SOILS; APPEAL AVAIL, BUT LIKELY WOULD REQUIRE
MORE TIME THAN OWNER'S SCHEDULE ALLOWS (MR)