

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

A559789

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

03-307158

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 11777 Farside Rd Ellicott City MD 21042

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Michael Vaillancourt

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 11777 Farside Rd Ellicott City MD 21042

APPLICANT J. M. Contracting LLC RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443-277-7526 CELL EMAIL

MAILING ADDRESS 425 Obrecht Rd Sykesville MD 21784

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- Subdivision: Number of lots including residue: 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.

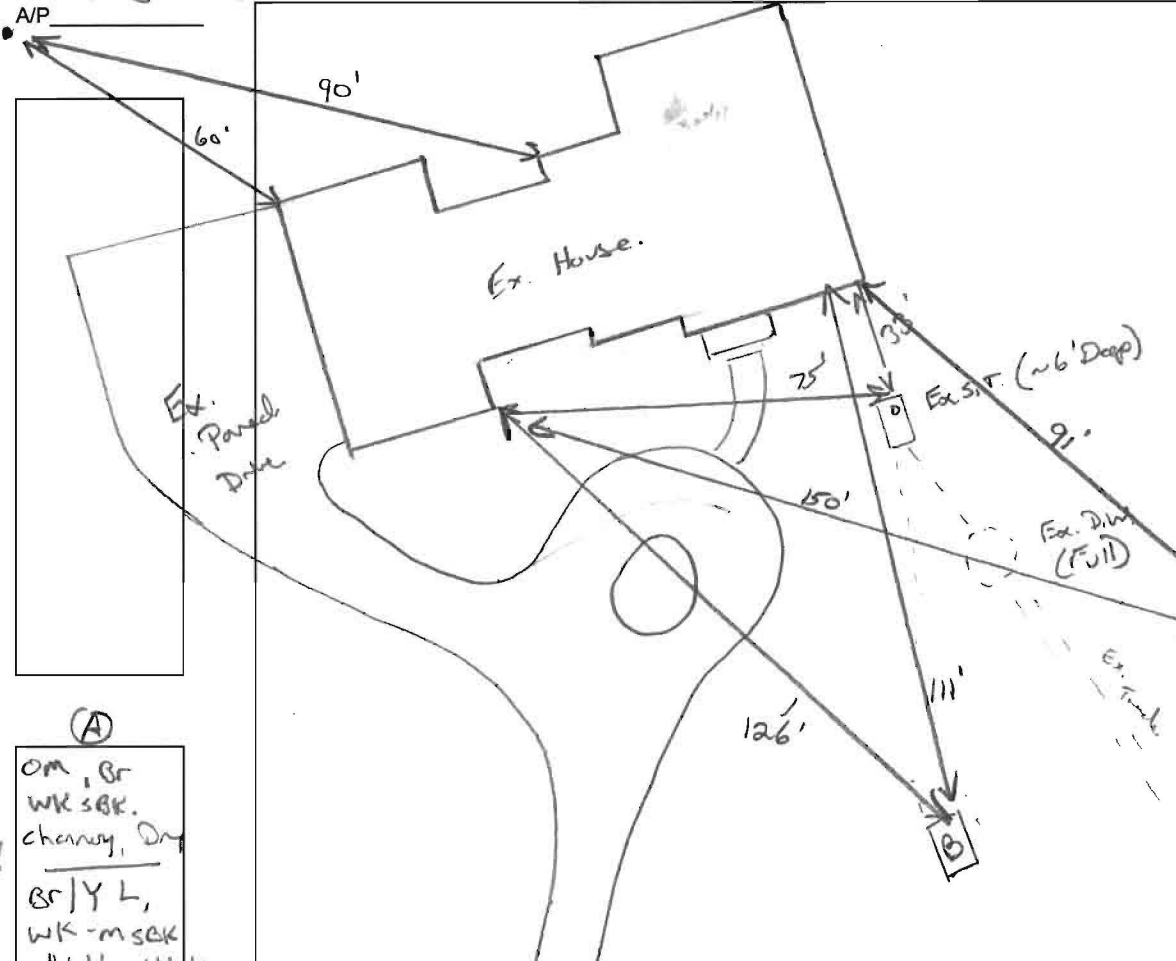
Signature of applicant

10-6-16

SIGNATURE OF APPLICANT

DATE

Ex well (Tag Buried)



(B)  
Br - Br/Y L  
- SL mica  
Friable, wk mSBK  
Dry, roots  
5% ca, GW  
5'  
similar  
to  
A  
Dry

(A)  
10'  
Om, Br  
WK SBK.  
chanoy, Dry  
Br/Y L,  
WK - mSBK  
slightly sticky,  
5% mica  
3'  
Br/Y/R L,  
WK SBK,  
Friable,  
5% ca / ssp.  
5'  
Br/Y/R FSL  
WK PI  
Highly meagre  
Friable.  
9'  
Br - Br/R  
VFSL,  
loose - WK PL  
Highly meagre  
moist  
16'  
1+20 ssp

Farside Drive

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/18/16	(A)	5' 1/16"	00:01	00:06	00:18	12	P
	(B)	7' 1/14"	00:32	00:34	00:38	4	P

REMARKS Very Broad shale in front yard, Plenty area for repair  
 SANITARIAN K. Wolf BACKHOE Ronnie Heppis OTHERS helped

TEST HOLES USED IN SDA 2 AVG. PERC TIME    SQ. FT/BR 0.8

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 9' EFFECTIVE SW 5'-9' (.36)

$$4BR = \frac{600 \text{ sfd}}{0.8} = 750 \div 2 = 375 (.36) = 135 LF$$