



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
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165
160
330

568853

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 14020 Celbridge Court Glenwood, MD 21738
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 0022 GRID 0006 PARCEL 0110 LOT NO. 7 PROPOSED LOT SIZE (ACRES) 1.2700 AC

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) John Stommel

DAYTIME PHONE 410-489-7955 CELL 301-385-2341 EMAIL _____

MAILING ADDRESS 14020 Celbridge Court Glenwood Md. 21738
STREET CITY, STATE ZIP

APPLICANT R & E Chief Septic, LLC RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 410-635-3237 CELL _____ EMAIL chiefsepa@gmail.com

MAILING ADDRESS P.O. Box 199 MT. Airy, MD 21771
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 3 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

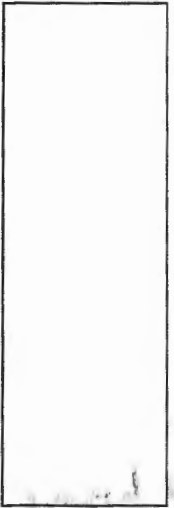
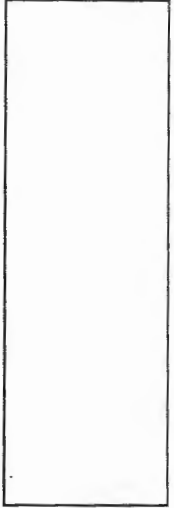
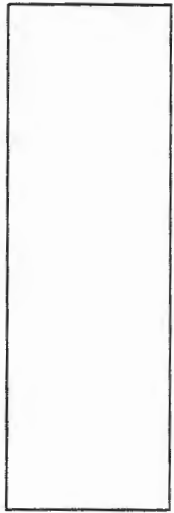
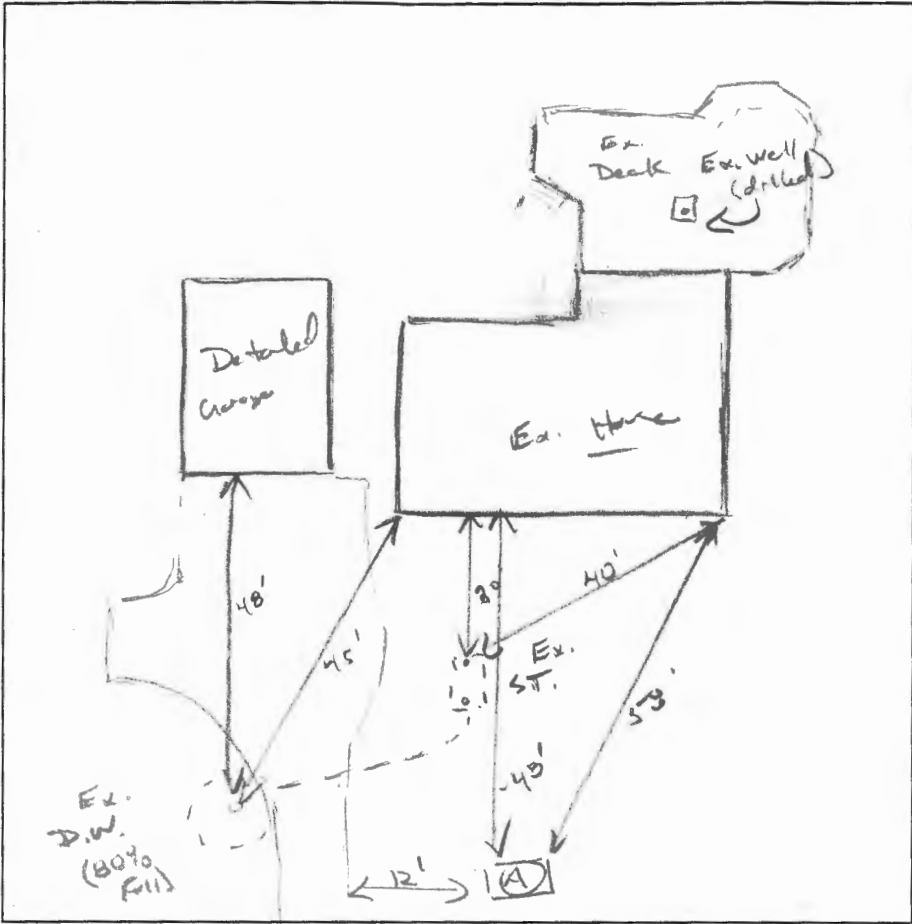
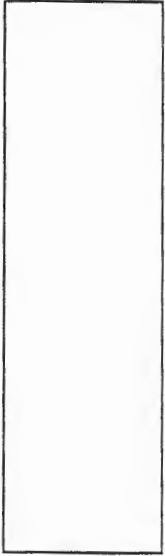
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

3-30-21

SIGNATURE OF APPLICANT

DATE



- (A)
- 0' 11" Fill Modern
- 2' WK BR L
- 5' M60K, Frickle
- 5' BR/R/L SL
- WK 60K, Frickle, Root channels
- 11R-Y SL
- WK PL, Frickle, 15% channels
- 9' BR/R/Y FSL
- WK FSLK, Frickle, 10% channels
- 14' 14% channels

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/11/21	(A)	5' 8" / 14"	00:59	00:04	00:17	13	P
		H2O passed @ 14"				10mpg	P

REMARKS No surface discharge present, well under ex. deck. one system in front yard.

SANITARIAN K. Wolf BACKHOE Juan = chief OTHERS owner @ time

TEST HOLES USED IN SDA 1 AVG. PERC TIME 11.5 SQ. FT/BR 0.8

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 10' EFFECTIVE SW 5-10 (.36)

$$3BR = \frac{450 \text{ SPD}}{0.8} = 562.5 \div 3 = 187.5 (136) = \underline{\underline{67 \text{ LF}}}$$



HOWARD COUNTY HEALTH DEPARTMENT

68853

DATE 4/12/27

Received From

R.E.F. Chief Septic

PHONE #

410-489-1955

For

Septic Repair Fee
14020 Colbridge
CT

CASH

CHECK

NO. 7339

Three hundred thirty Dollars

\$ 330.00

Received By

King