



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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 11380 Fredenc Rd Elliott City 21042
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 0010 GRID 0015 PARCEL 0092 LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Avtar Singh

DAYTIME PHONE _____ CELL 410-342-1787 EMAIL _____

MAILING ADDRESS 11380 Fredenc Rd Elliott City, MD 21042
STREET CITY, STATE ZIP

APPLICANT Freedom Septic RELATIONSHIP TO OWNER: installer

DAYTIME PHONE 410-735-2947 CELL _____ EMAIL Christy@freedomseptic.com

MAILING ADDRESS 2809 Liberty Rd Jylleville, 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 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.

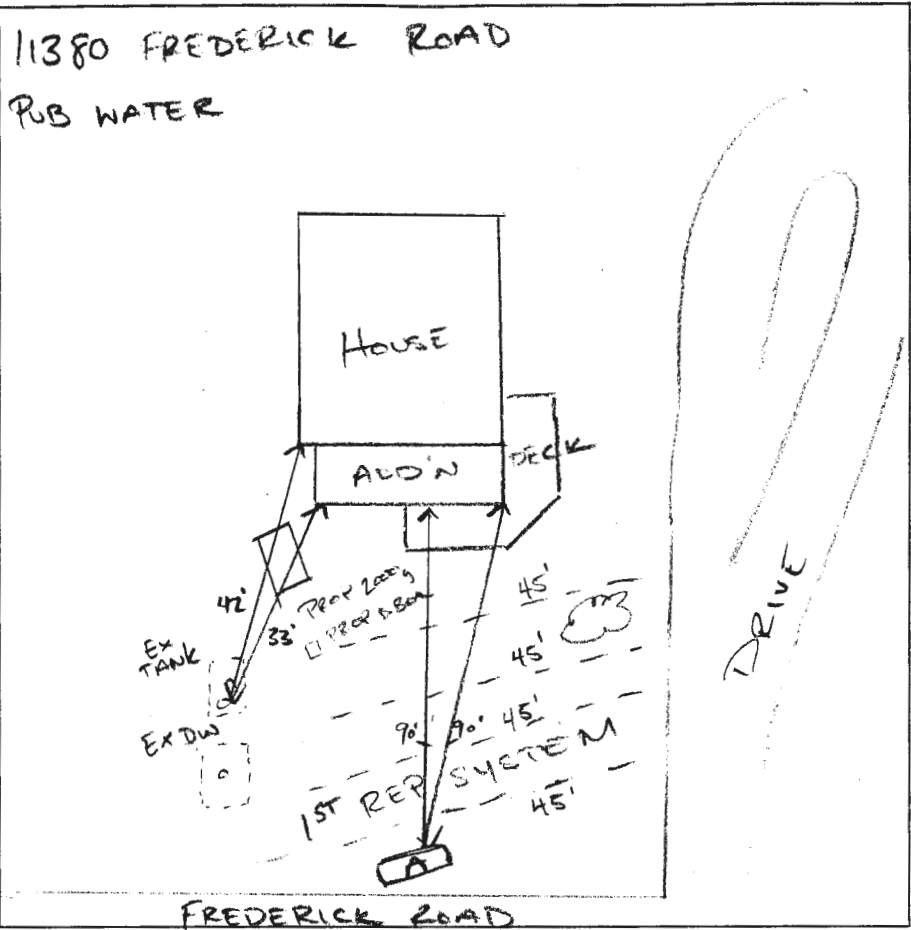
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

Avtar Singh

DATE

6/3/21



- 12" BRN SCL CR
- 4 BRN SISEL SBK FEW ROOT
- 22" RED BRN SISEL SBK
- 32" WK FR
- RED BRN SISEL MASS WK FR
- 6.5' RED BRN SISEL SBK MICACEOUS FR
- 10' RED BRN SISEL SBK MICACEOUS FR
- 14.5' W/SAP.

SHELF/BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
06/15/2021	A	4.5 / 14.5	0:00	4:00	9:00	5m	P
	A	14.5	6:09	Par		~ 2m	

REMARKS Report only!

SANITARIAN CABAHUG 001997 BACKHOE FREEDOM OTHERS HOMEOWNER

TEST HOLES USED IN SDA _____ AVG. PERC TIME 5m SQ. FT/BR 6

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 10.5 EFFECTIVE SW 5'

5' SIDE WALL

$$\frac{150 \cdot 6BR}{1.2} = 750 / 3' \text{ WIDE} = 250' \cdot .36 = 90'$$



HOWARD COUNTY HEALTH DEPARTMENT

69552

DATE 6/18/21

Received From

Frederick Spine Services Inc

PHONE # 410-775-0941

CASH
 CHECK

For

Per C App / 11380 Frederick Rd

NO.

49179

One hundred and seventy-five

Dollars

\$

165.00

Received By

Glenn



HOWARD COUNTY HEALTH DEPARTMENT

69553