

A572876

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Indian Hill
 PROPERTY ADDRESS 12531 Howard Lodge Dr. Sykesville 21784
STREET TOWN ZIP
 TAX ACCOUNT # 279804 TAX MAP _____ GRID _____ PARCEL _____ LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Ballantyne Betty Jane Trustee
 DAYTIME PHONE 410-236-3365 CELL _____ EMAIL _____
 MAILING ADDRESS 12531 Howard Lodge Dr. Sykesville, MD 21784
STREET CITY, STATE ZIP

APPLICANT Freedom Septic RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 410-795-2947 CELL _____ EMAIL margaret@freedomseptic.com
 MAILING ADDRESS 2809 Liberty Rd Sykesville, 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.

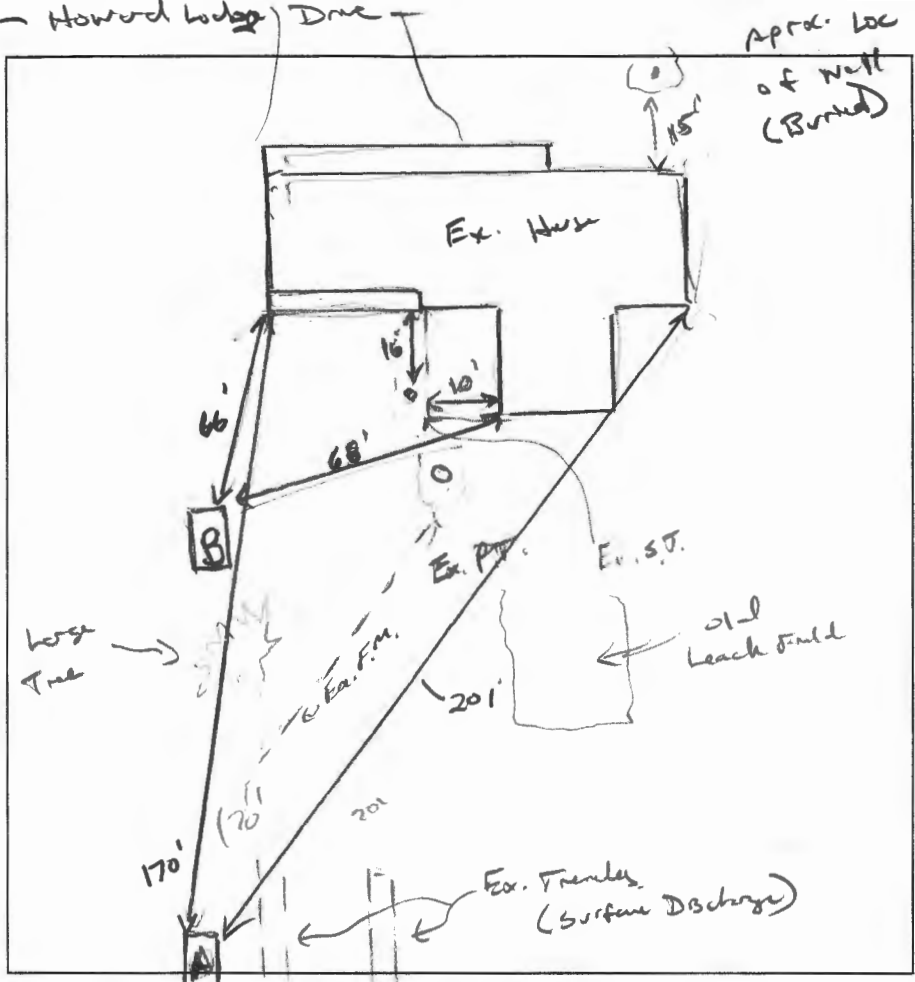
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE

Sharonda called
this application
didn't get signed.
Sharonda said she
would process just
put in dropbox or
give to one of
the guys in the
field

Nov 8 07 2003



- (A)
 - 12" Br L, WK 25 BK, roots
 - 1.1 Br L, WK 60 SBK, Fracks, cu 10% rd
 - 4" 1.1 Br/Y Sil, WK FSK, F idk, cu 10% micaceous
 - 7" 1.1 O/Y F Sil, WK Fpl, Fracks, micaceous
 - 14" H₂O seep
- (B)
 - 12" Br-Pale BK, 25 BK, Frack
 - 1.1 Br/Y Sil, WK 60 SBK, micaceous, mch
 - 3'-4" 1.1 Br/Y rd Sil, WK FSK, Fracks, micaceous
 - 7" 1.1 Br/Y rd Sil, Fracks, WK Fpl, highly micaceous

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/15/2020	(A)	5' 14"	00:43	00:48	00:55	7	P
	(B)	4' 6" / 15'	00:08	00:10	00:14	4	P

REMARKS _____
 SANITARIAN K. Wolf BACKHOE Don = Frack OTHERS over
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 2' INLET DEPTH 2' MAX. BOT DEPTH 17' EFFECTIVE SW 4'

$$4BR = \frac{600 \text{ gal}}{1.2} = 500 \div 2 = 250 (.50) \approx 125$$

2 x 68



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

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SIGNATURE OF APPLICANT _____

DATE _____

11/16/71
11/19/72
10-1030
Ready

app. 1-19-72
P. 11452

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 11/12/71

P 16464

A

Herwan Sirk

IS PERMITTED TO INSTALL ALTER

ADDRESS Woodbine, Maryland PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Howard Lodge Drive ROAD _____ LOT 39

PROPERTY OWNER Harry Ballantyne

ADDRESS 12531 Howard Lodge Drive, Sykesville, Maryland

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR - call for inspection when ground is opened up and

Sanitarian will recommend repair system.

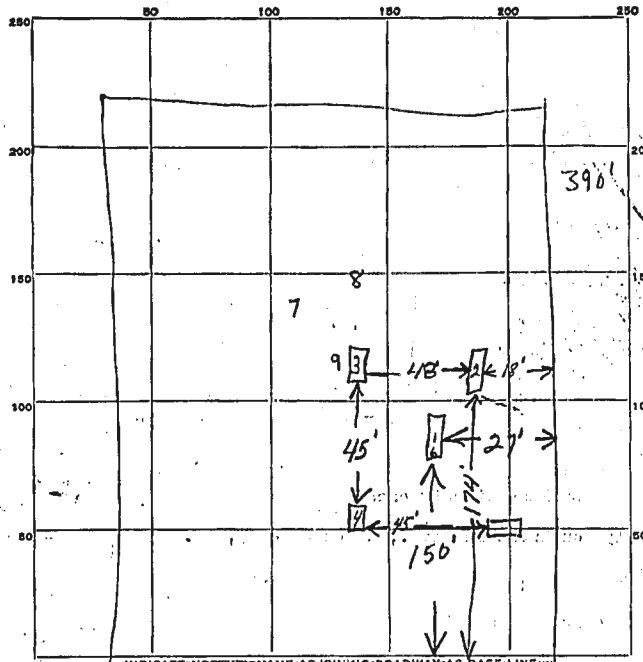
11/16/71 - trench 5ft wide 7ft deep - 100 ft long - minimum 5 ft
gravel under pipe. Septic Tank to be raised to about ground level
2 inches, 50ft or more cable, left gravel - high back right side of property.

PLANS APPROVED BY Palmer F. Wine DATE 11/12/71

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

16464



Howard Lodge Drive 125'

174
45
129

18
48
66

27

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/2/64	1	12'	10:17		SLOW PERC. STOP TEST SOIL VERY WET.		
	2	4 1/2'	10:28	10:31	10:31	10:35	4 MIN.
	3	4'	10:36	10:40	10:40	10:50	10 MIN.
	4	4'	10:38	10:40	10:40	10:43	3 MIN.
	5	4'	10:41	10:43	10:43	10:46	3 MIN.
	6	8 1/2'	10:45	10:48	10:48	11:00	12 MIN.
A 09303 9/64	7	6	5 min.		RTF		
	8	8	6 min.				
	9	7	5 min.				

SOIL AUGER FINDING Soil very wet at 12 feet.

TESTED BY UDF-TJA-7/2/64

REMARKS _____

ALSO PRESENT [Signature] LOT NO. 39