



# HOWARD COUNTY HEALTH DEPARTMENT

65553

DATE 7/10/19

Received From

True Contractors

PHONE #

795-440

For

Plum Repair 11/9/16  
Fradon de W.C.

CASH

CHECK

NO.

01937

Price included hourly

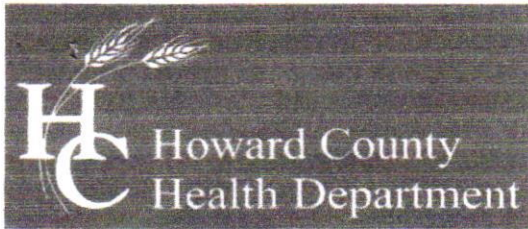
Dollars

\$

330

Received By

*[Handwritten Signature]*



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 11944 STREET Frederick Road Ellicott City TOWN 21042 ZIP

TAX ACCOUNT # 281906 TAX MAP 10 GRID 19 PARCEL 34 LOT NO. PROPOSED LOT SIZE (ACRES) 1.33 acres

ZONING CATEGORY TIER

PROPERTY OWNER(S) Shawn + Stephanie Stewart

DAYTIME PHONE CELL 808-225-7952 EMAIL

MAILING ADDRESS 11946 Frederick Rd Ellicott City, MD 21043 STREET CITY, STATE ZIP

APPLICANT Freedom Septic RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-2947 CELL 410-984-6863 EMAIL

MAILING ADDRESS 2809 Liberty Road 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

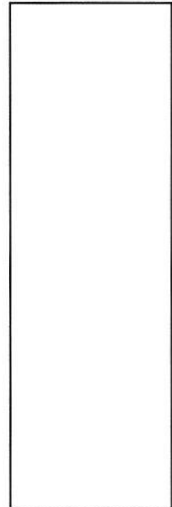
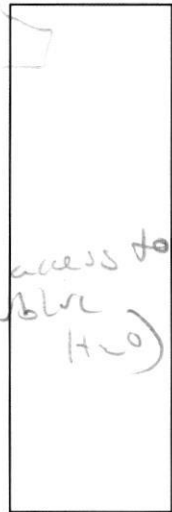
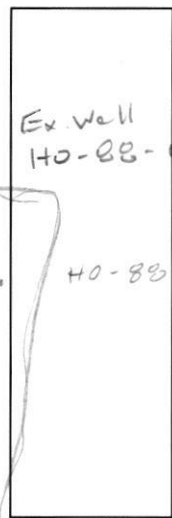
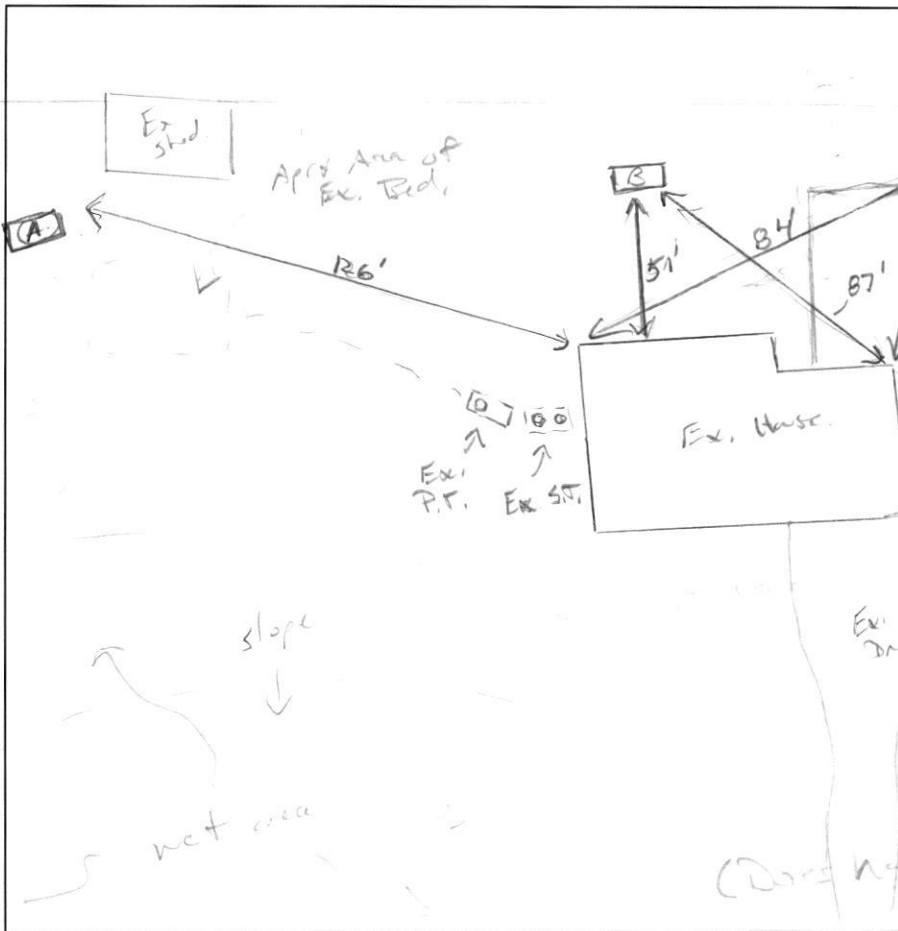
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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: [Handwritten Signature] DATE: 7/15/19

SIGNATURE OF APPLICANT

DATE



(A)

12" Birch, Dry mSOK, roots Frangible

30' 1. Br/Y L, mCosOK, Frangible, cu roots, → Gray BR. SIL

H2O seep. cavity.

gray/Br/Red. SIL, mCosOK.

4' wet.

(B)

12" BrCL root 2mSOK

3' Br/Y Cl, mCosOK, 25% rd. gravel

5' 1. Br/Y L, mCosOK, Frangible, cu roots, 15% brick

6' gray/Br/Red SIL wet.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/11/19	(A)	18"	00:53	01:22	02:32	70+	
		* Prominent redox @ 30"					

REMARKS Property located in broad swale. low flat site. Drainage very poor.

SANITARIAN K. Wolf BACKHOE Bruce = Friedman OTHERS Homeowner

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_