



# HOWARD COUNTY HEALTH DEPARTMENT

69616

DATE 17/20/21

Received From

Legacy Septic & Excav. PHONE # 301 370 1121

For

Peric / Repair - 14396  
1010 Frederick Rd.

CASH

CHECK

NO.

10415

Three hundred thirty \_\_\_\_\_ Dollars

\$ 330.00

Received By

J King



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

\*08/03/2021  
OBS HOLE DUG  
TO CONFIRM TREATMENT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 14396 Old Frederick Rd, Sykesville, MD 21784  
STREET TOWN ZIP

TAX ACCOUNT # TAX MAP 0008 GRID 0011 PARCEL 0036 LOT NO. PROPOSED LOT SIZE (ACRES) 3.79

ZONING CATEGORY TIER

PROPERTY OWNER(S) Edward Krusten Stack

DAYTIME PHONE CELL 716-969-2334 EMAIL Krustestack90@gmail.com

MAILING ADDRESS 14396 Old Frederick Rd, Sykesville, MD 21784  
STREET CITY, STATE ZIP

APPLICANT Legacy Septic RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-840-8766 CELL 301-370-4121 EMAIL info@legacyseptic.com

MAILING ADDRESS 1538 Manchester Rd, Westminster, MD 21157  
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 5 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

7-13-21

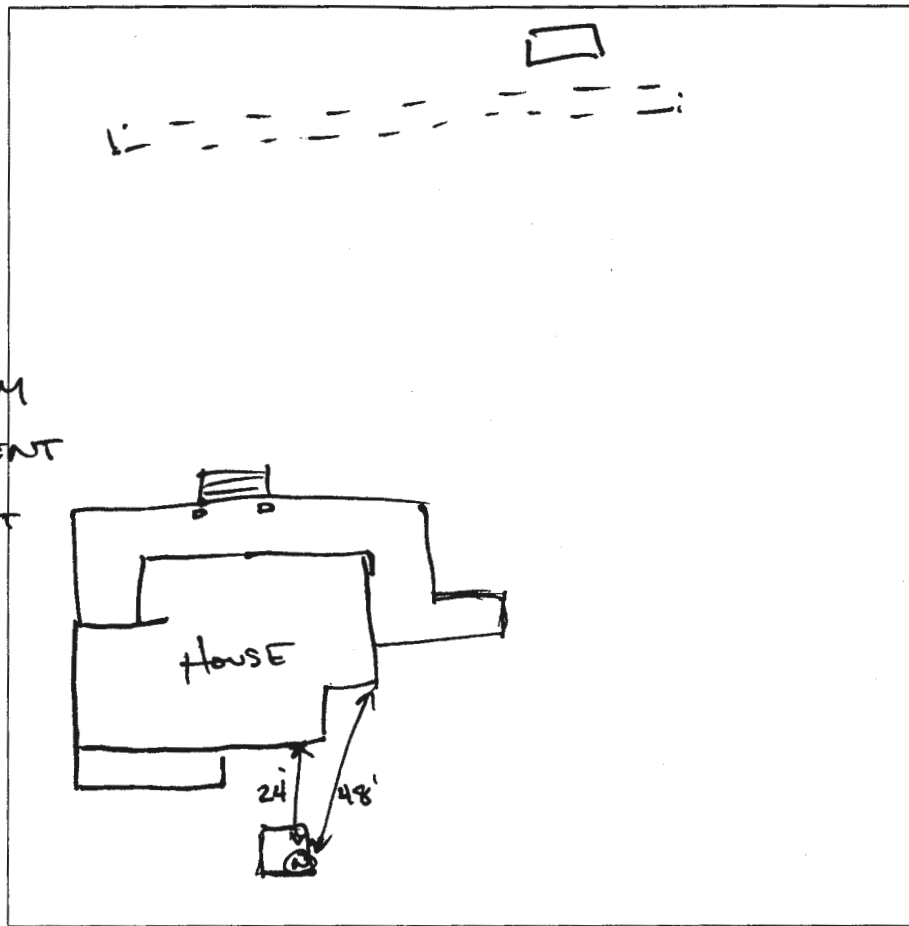
A/P 569616

A

VISUAL TO CONFIRM 4' TREATMENT

DOES NOT EXIST

HARD BOTTOM



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

REMARKS NO TREATMENT ZONE BELOW TRENCH. TRENCH DESTROYED AT 93'  
 SANITARIAN CABANUE 1999 BACKHOE LEGACY OTHERS HOME OWNER  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR 5  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_  
EXISTING 2' 5' 10.5' 5.5'