



HOWARD COUNTY HEALTH DEPARTMENT

62353

DATE
12/11/17

Received From

PHONE #

South Carroll Backhoe AS
875-4897

For

CASH

CHECK

Rece. App/ R562 Folly
Quarters Rd.

NO.

52631

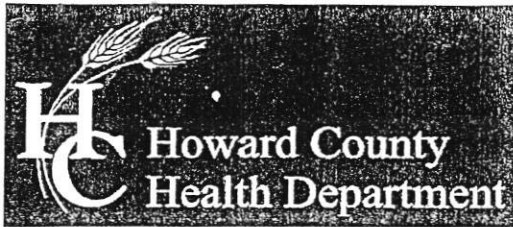
Five hundred six _____ Dollars

\$

506 | 00

Received By

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 12562 Folly Quarter Rd E. City 21042

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Mike Potts

DAYTIME PHONE 410-279-6855 CELL EMAIL

MAILING ADDRESS 12562 Folly Quarter Rd 21042

APPLICANT Southcarrow Backhoe RELATIONSHIP TO OWNER:

DAYTIME PHONE 410-875-4197 CELL 410-596-3618 EMAIL

MAILING ADDRESS 4410 Salem Bottom Rd Westminster 21157

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- 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:

- BUILDING: RESIDENTIAL WITH 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. Kenneth J. Achisil 12-11-17 SIGNATURE OF APPLICANT DATE



HOWARD COUNTY HEALTH DEPARTMENT

62338

DATE
11/17/17

AS

Received From

Michael & Donna Potts PHONE # 410-279-6855

For

Perc Testing

12562^{Foillm} Quarter Road

Ellicott City

Five hundred & 00/100

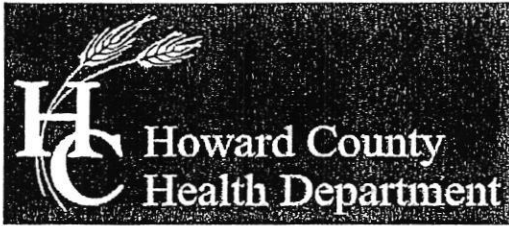
Dollars

CASH
 CHECK

NO. 6449

\$ 506.00

Received By Vicki DeKroey



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION LOT 1 3.176 A 12562 FOLLY QUARTER RD DONALD BERILLA

SUBDIVISION/PROPERTY NAME 03309363 0022 0017 0110 1 4

PROPERTY ADDRESS 12562 Folly Quarter Road Ellicott City 21042

TAX ACCOUNT # 94390 TAX MAP 0022 GRID 0017 PARCEL 0110 LOT NO. 1 PROPOSED LOT SIZE (ACRES) 3.176

ZONING CATEGORY RR-DEO TIER III

PROPERTY OWNER(S) Michael and Dana Potts

DAYTIME PHONE 410 279 6855 CELL same EMAIL michael.potts@verizon.net

MAILING ADDRESS 12562 Folly Quarter Road Ellicott City 21042

APPLICANT Michael Potts RELATIONSHIP TO OWNER: Self

DAYTIME PHONE 410 279 6855 CELL same EMAIL michael.potts@verizon.net

MAILING ADDRESS 12562 Folly Quarter Rd Ellicott City 21042

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.

Signature of Michael Potts

Date 11/09/17

SIGNATURE OF APPLICANT

DATE

RECEIVED

NOV 17 2017

HOWARD COUNTY HEALTH DEPT. BUREAU OF ENVIRONMENTAL HEALTH

North

25

DB Loam
2 FTSK
Reddish Yellow,
Sandy Loam,
Thick Platy,
↓
Fine sandy
Loam, Thin Platy
7'
Yellow, Compact
Sand, OM
10'
- 20-30% RX

22
DB, Loamy,
Thick Platy
1.5'
Yellowish Red,
Sandy Loam,
Thin Platy
5'
Very Pale Yellow,
Loamy sand,
Thin Platy
15'

19 3/20
See
Second
Sheet

AP

23

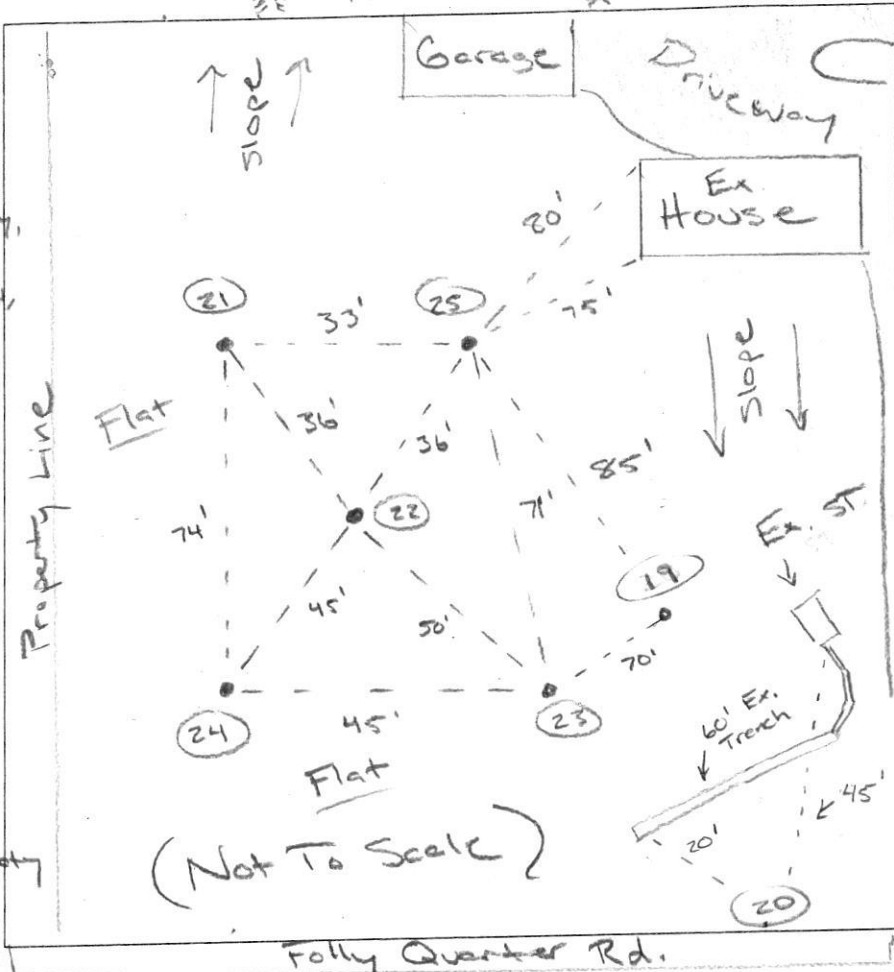
DB Loam
Yellowish Red,
SCL, Thick Platy,
Clay skins
5.5'
Reddish Yellow,
Sandy Loam,
Thin Platy
↓
Loamy sand
8'
White, coarse
sand, Quartz
sand
10.5'
Dark grey,
Dark greyish
Brown, white,
sand
14'

24

DB Loam
Yellowish Red,
Strong Brown,
SCL, Thick Platy
4.7'
Reddish Yellow,
Yellowish Red,
Sandy Loam,
Thick Platy
6.5'
Very Pale
Yellow,
Loamy sand,
Thin Platy
↓
15'

21

DB Loam
Yellowish Red,
SCL, Thick
Platy, Clay skins
5.5'
Reddish, Yellow,
Pinkish white,
Course sandy
Loam, OM
↓
15'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/2/18	23	5 14	12:20 46	12:50 40	SLOW	No Movement	F
	24	6 15	12:35 50	12:41 50	12:43 20	Fast 1:40	F
	24	RP 15	12:46 0	12:49 15	12:53 15	4	P
	21	6 15	11:05 0	11:08 40	11:13 40	16	P
	25	4 15	11:27 0	11:40 40	2:11 20	21	P
	22	5 15	2:14 45	2:16 50	2:22 50	6	P
✓	23	6 RS	2:30 0	2:44 15	3:00 30	16	P
12/15/17	19	4' 14.8	11:07 00	11:11 20	11:17	6	P
↓	20	5 14.8	10:32	10:34	10:38	4	P

REMARKS _____

SANITARIAN RSF BACKHOE South Carroll OTHERS Michael Potts (owner)

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

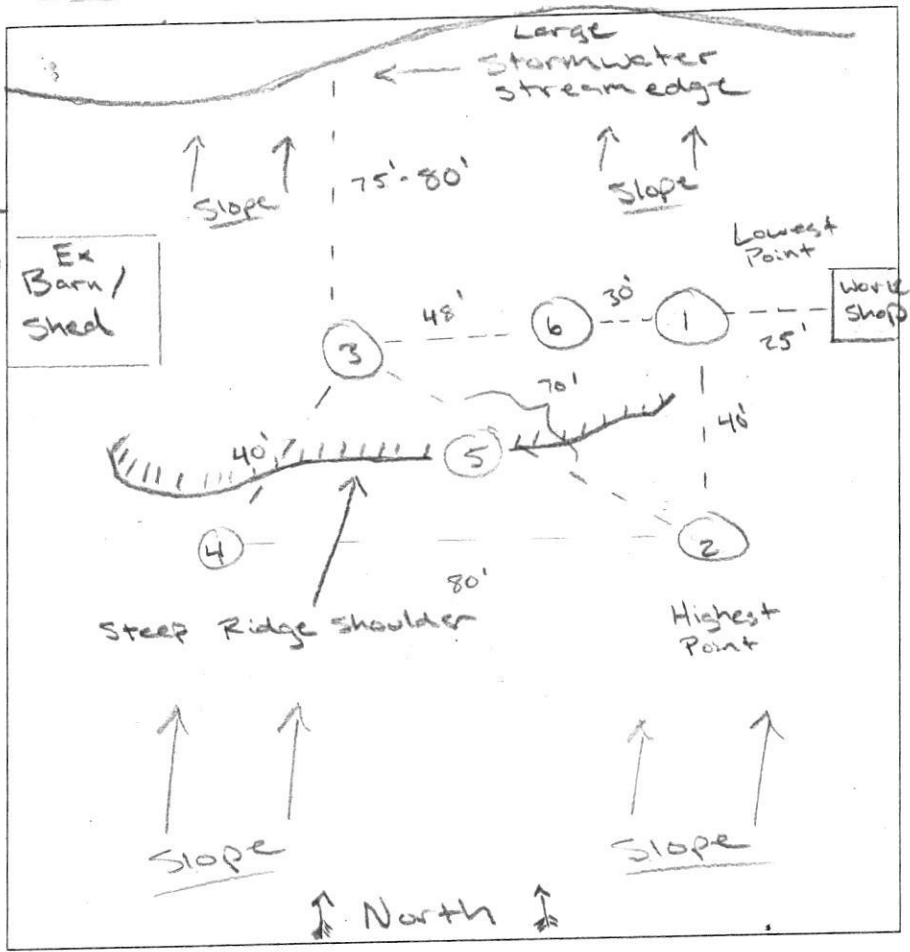
A/P

Some Fill to 3'

3'
PB Loam
Strong Brown, Loam, ZMSBTK
2.5'
Reddish Yellow, Sandy Loam, Thin Platy, Few Sand pockets, Common Mica,
14'
Water
15'

4'
Very DB Loam
Reddish Yellow, Sandy Loam, 20-30% Slate
Stone
6'
Hard Bottom

1'
PB Loam
Sandy Loam, Common Thick Thin Roots to 4'
6'
Hard Bottom



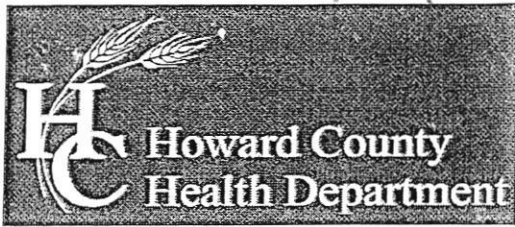
2'
DB Loam
Yellowish Red, Reddish Yellow, Sandy Loam, Platy
10'
Hard Bottom

6'
Same As 3'
11'9"
Hard Bottom

5'
Did Not Dig

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/2/18	3	4' 15"	10:07	10:08	10:10	2	P
	4	6'	Hard Bottom				F
	1	6'	Hard Bottom				F
	6	11.9'	Observation				P

REMARKS Rock Uter seems to run through proposed SDA
 SANITARIAN RSF BACKHOE South Carroll OTHERS Michael Potts (owner)
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 12562 Folly Quarter Rd Ellicott City 21042

Subdivision: Donald Berilla Lot: 1

Table with 4 columns: Replacement type, Application rate, Effective area beginning depth, Bottom maximum depth. Values include 1.2, 0.8, 4, 4.5, and 8.

Design Flow = 150 gallons per day per bedroom
Design flow ÷ application rate = square footage of drainfield required
Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

(W + 2) / (W + 1 + 2D) x 100 = Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

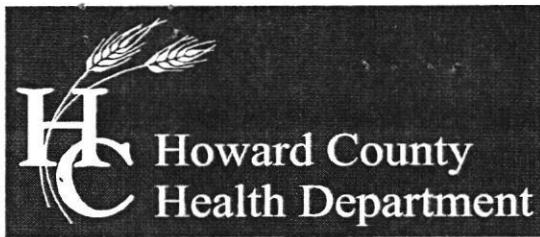
Standard design requirements:

- Trenches must be located to provide room for 3 systems in the disposal area
All trenches must be equal length unless low pressure dosed
All trenches must be on contour
Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit.
Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench
Maximum trench length is 100'
Maximum pipe depth is 4'

Additional requirements:

- Initial System Between Holes 19 3/4, 20
- 1st Replacement Between Holes 21, 25 1/2, 22
- 2nd Replacement Between Holes 22, 24 1/2, 23

Approved: [Signature] Date: 1/5/18



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

Date: January 8, 2017

To: Michael and Dana Potts
12562 Folly Quarter Rd.
Ellicott City, MD 21042

Re: Percolation Test Report
12562 Folly Quarter Rd.
Ellicott City, MD 21042

Percolation tests were conducted at 12562 Folly Quarter Rd. (Tax Map 22, Parcel 110) on December 15th and January 1st. Tests and profile descriptions were documented for locations 1, 3, 4, 6, 19, 20, 21, 22, 23, 24, and 25. Nine of the eleven test holes passed (3, 6, 19, 20, 21, 22, 23, 24, and 25). All holes must be field located and accurately represented on the perc certification plan.

All percolation tests conducted were standard tests, measuring rate of fall for a pre-wet period followed by measurement and recordation of the time required for the water level to drop 1 inch. Areas that may be included in the septic reserve area are represented by test locations having satisfactory soil condition. Please note test holes 2 and 5 were not tested due to failed percs and the limited area available for two replacement systems. The septic reserve area must be large enough to accommodate 3 systems (initial & two replacements) or two systems (initial & one replacement) using Best Available Technology (BAT).

The next step in the process is to have an engineer/consultant submit a percolation certification plan to confirm the design of the sewage disposal area.

Should you have any questions regarding this evaluation, please contact me. I may be reached at (410) 313-6357 or by email rffreemon@howardcountymd.gov

Respectfully,

Robert Freemon
Bureau of Environmental Health
Well & Septic Program

Attachment: Percolation Field Notes