



HOWARD COUNTY HEALTH DEPARTMENT

61456

7 / 17 / 17 DATE

AS

Received From

Care Builders LLC

PHONE #

443-829-0951

For

Rep/ App/ 671 S.E. York
Hallow Rd.

CASH

CHECK

NO.

1742

Five hundred six

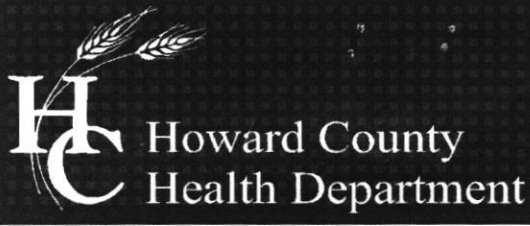
Dollars

\$

506.00

Received By

J King



Office of the Health Officer
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
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

TO: Joseph and Mary Ann Smith
6871 Mink Hollow Road
Highland, Maryland 20777

CC: M.A.F. & Associates LLC.
C/o Michael Werner and M. Forgen
Via E-mail: mforgen@aol.com

FROM: Dana Bernard, REHS/L.E.H.S.
Well and Septic Program

RE: 6871 Mink Hollow Road
Percolation Certification Plan

DATE: September 29, 2017

The following comments apply to the plan prepared by M.A.F. & Associates, LLC. Applicant is advised to revise and resubmit.

- ✚ Add a note stating the new system will be installed and existing system will be abandoned prior to building permit approval.
- ✚ Illustrate three proposed well sites or a 1500 square foot well box with an elliptical radius of 100 feet around each of the three well sites or well box.
- ✚ Length of trenches should be shown near trench.
- ✚ Topography note: All percolation certification plans must be field run and verified by the engineer and must state so in the general notes. Howard County Code requires the topography to be verified/field run at two-foot intervals and stated in the general notes certifying such. Howard county GIS is adequate in most cases for a test plan, however not for the percolation certification plan.

The next step in this process is to submit a Percolation Certification Plan to confirm the design of the septic reserve area. Your plan must contain all of the surrounding properties including the septic and well areas. If you have any questions regarding this evaluation or requirements for the Percolation Certification Plan, please contact me at the above e-mail address or by telephone at (410) 313-2775.

Sincerely,

Dana Bernard, REHS/RS
Environmental Specialist II
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

If you have any questions regarding this evaluation or requirements for the Percolation Certification Plan, please contact me at the above e-mail address or by telephone at (410) 313-2775.

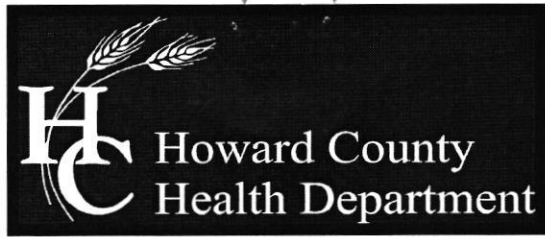
Sincerely,



Dana Bernard, REHS/RS
Environmental Specialist II

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 6871 Mink Hollow

Subdivision: _____ Lot: _____

<i>near holes A-D</i>	Initial system:	Application rate: <u>1.2</u>	Effective area beginning depth: <u>4</u>	Bottom maximum depth: <u>8</u>
<i>near hole E</i>	1 st Replacement:	Application rate: <u>1.2</u>	Effective area beginning depth: <u>4</u>	Bottom maximum depth: <u>8</u>
<i>near holes B-C</i>	2 nd Replacement:	Application rate: <u>0.8</u>	Effective area beginning depth: <u>4</u>	Bottom maximum depth: <u>8</u>

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:

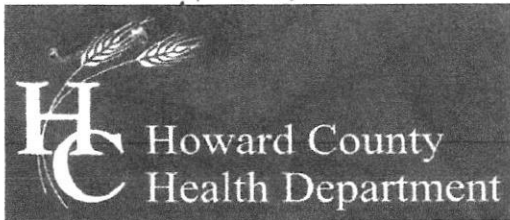
$$\frac{W + 2}{W + 1 + 2D} \times 100 = \text{Percent of length of standard trench where } W = \text{trench width and } D = \text{depth between effective area beginning depth and trench bottom.}$$

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. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D + W up to a maximum spacing of 18'.
- 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 (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

Approved: [Signature] Date: 12/18/17



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Mink Hollow, Lot 2

PROPERTY ADDRESS 6871 SE. Mink Hollow Rd. Hicksville 20777

TAX ACCOUNT # 367565 TAX MAP 40 GRID 02 PARCEL 231 LOT NO. 2 PROPOSED LOT SIZE (ACRES) 27.8515

ZONING CATEGORY BR-DEO TIER

PROPERTY OWNER(S) JOSEPH SMITH JR & MARY ANN SMITH

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 6871 SE. Mink Hollow Rd. Hicksville MD. 20777

APPLICANT JOSEPH SMITH JR RELATIONSHIP TO OWNER:

DAYTIME PHONE CELL 443-824-8589 EMAIL % mforjens@aol.com

MAILING ADDRESS 6871 SE. Mink Hollow Rd. Hicksville MD. 20777

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)
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: Joseph E. Smith Jr. Date: 7/5/17

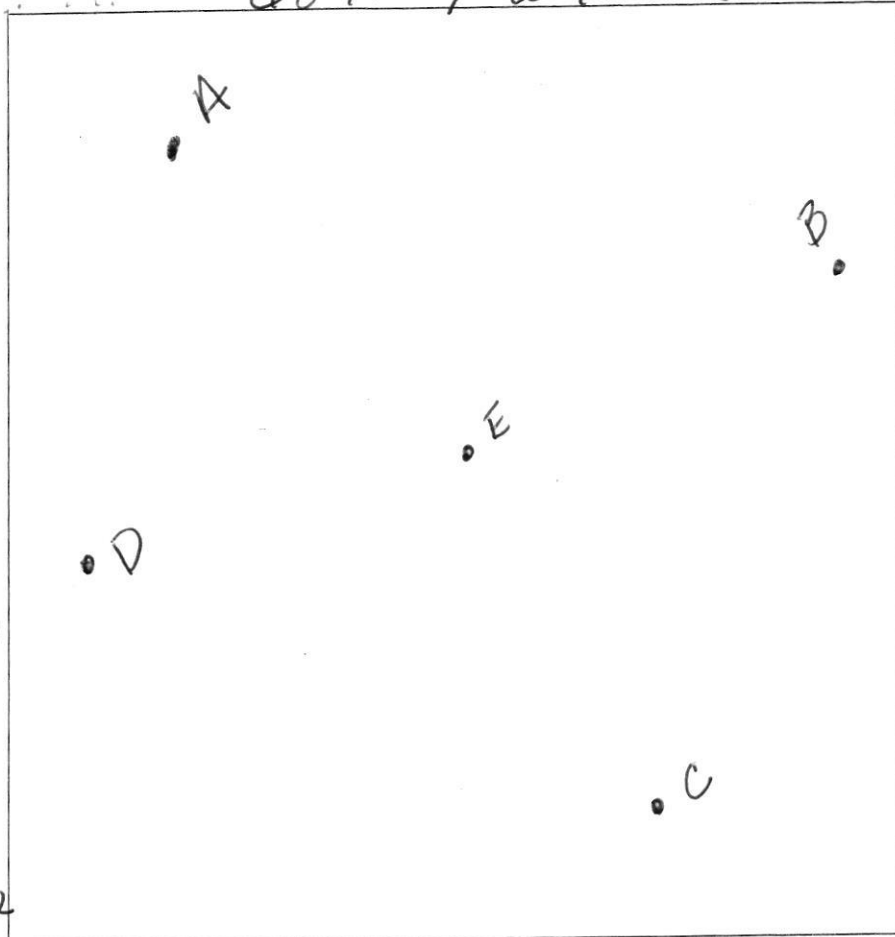
6871 Mink Hollow Rd D

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DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8-16-17	A	4/14	10:17	10:37	10:42	3min	P
8-16-17	B	3.8/14.5	10:47	10:52	10:59	7min	P
8-16-17	C	4.2/14	12:30	12:33	12:37	4min	P
8-16-17	D	4/14	12:19	12:22	12:27	5min	P
8-16-17	E	3.5/14	11:27	11:30	11:34	4min	P

REMARKS Good soils
 SANITARIAN D Bernard BACKHOE Chavis OTHERS _____
 TEST HOLES USED IN SDA 5 Backhoe AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____