

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

13430 Chris Mar Court Highland MD 20777

TAX ACCOUNT # 05 378796

TAX MAP 0034

GRID 0009

PARCEL 0360

LOT NO. 1

PROPOSED LOT

SIZE (ACRES)

4.1304c

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Cara Roberts

DAYTIME PHONE

CELL

EMAIL

MAILING ADDRESS

13430 Chris Mar Court Highland MD 20777

APPLICANT

Hatfield's Equipment

RELATIONSHIP TO OWNER:

DAYTIME PHONE

301 490 4289

CELL

410 984 0001

EMAIL

Khatfield@hatfields-equipment.com

MAILING ADDRESS

P.O. Box 519 Annapolis Junction MD 20701

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.

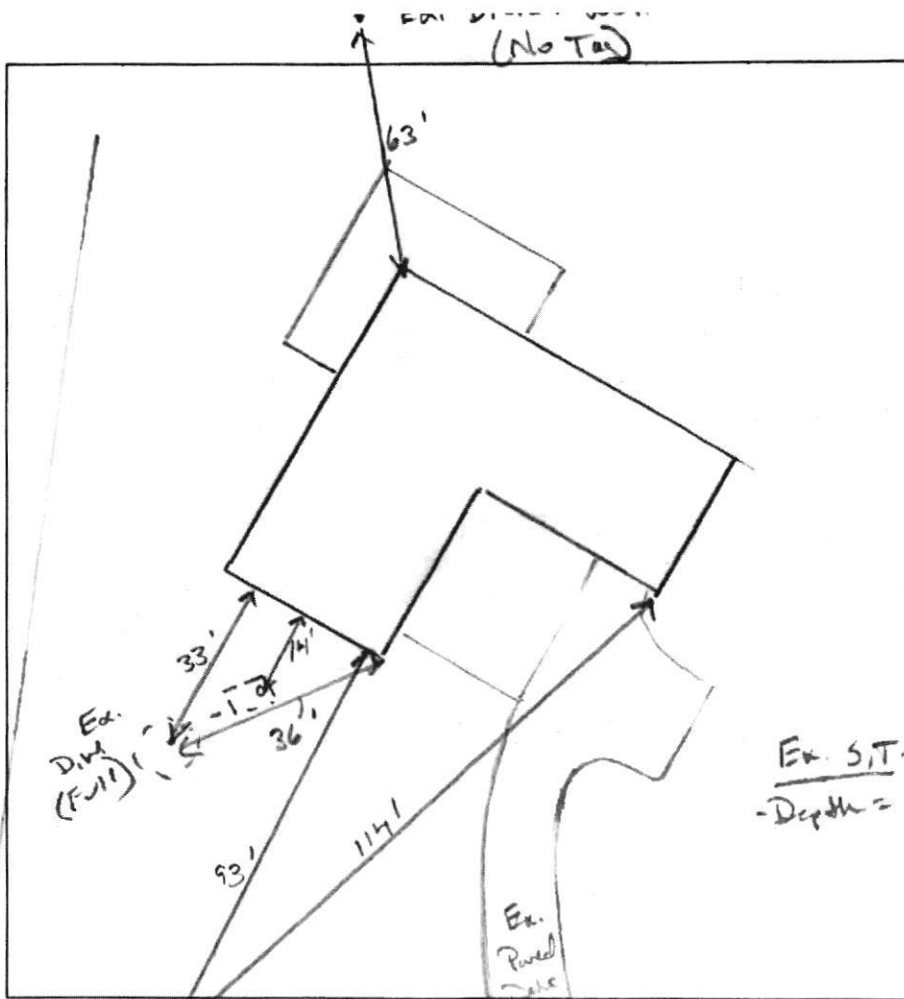
[Signature]

7/16/18

SIGNATURE OF APPLICANT

DATE

AVP



- 2' Prk Br L, WK Co SBK roots
- 4' Br-Y/Br CL, MF SBK CW, sticky Frable
- 6' li Br L, WK F SBK - WK PL, Frable
- 15' 16 Br Y FS L WK F PL, Frable Abscesses, Flat Rock 5% Day ↓

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/26/18	(A)	6' 15"	00:03	00:06	00:11	5	P
		15'	H ₂ O appeared @		≈ 8-10 mph		P

REMARKS Drumwell fall
 SANITARIAN K. Wolf BACKHOE Dannie OTHERS Todd
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 1.2 SQ. FT/BR
 TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 9' EFFECTIVE SW 6-9'

$$3BR = \frac{4150}{1.2} = 3458.33$$

$$3458.33 \times \frac{1}{2} = 1729.165 \text{ (44)} = 82LF$$
54'
46'

63959



DATE 7/16/18

P5

Received from

Watfield's Equip. 301 490-7255

PHONE #

For

one paper / 13130 Chin
Mer Cant.

CASH

CHECK

NO

39109

One hundred sixty nine Dollars

\$ 165 00

Received By

D King



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

1570913

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

13434 Chris Mar Ct Highland 20777

TAX ACCOUNT #

379571

TAX MAP

34

GRID

9

PARCEL

367

LOT NO.

2

PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Nick Wooters

DAYTIME PHONE

240-676-3842

CELL

EMAIL

clairewooters@gmail.com

MAILING ADDRESS

6559 River Clyde

Highland

20777

APPLICANT

Fogles Septic Clean

RELATIONSHIP TO OWNER

Contractor

DAYTIME PHONE

410-795-5670

CELL

EMAIL

Kim@foglesinc.com

MAILING ADDRESS

580 Obrecht Rd

Sykesville

21784

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

PROPERTY:

- Subdivision: Number of lots including residue... Major/Minor... Construct new OSDs... Repair or replace failing OSDs... Upgrade existing OSDs

BUILDING:

- Residential with 4 existing or proposed bedrooms... Commercial (provide detail of type of use and numbers of employees/customers)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

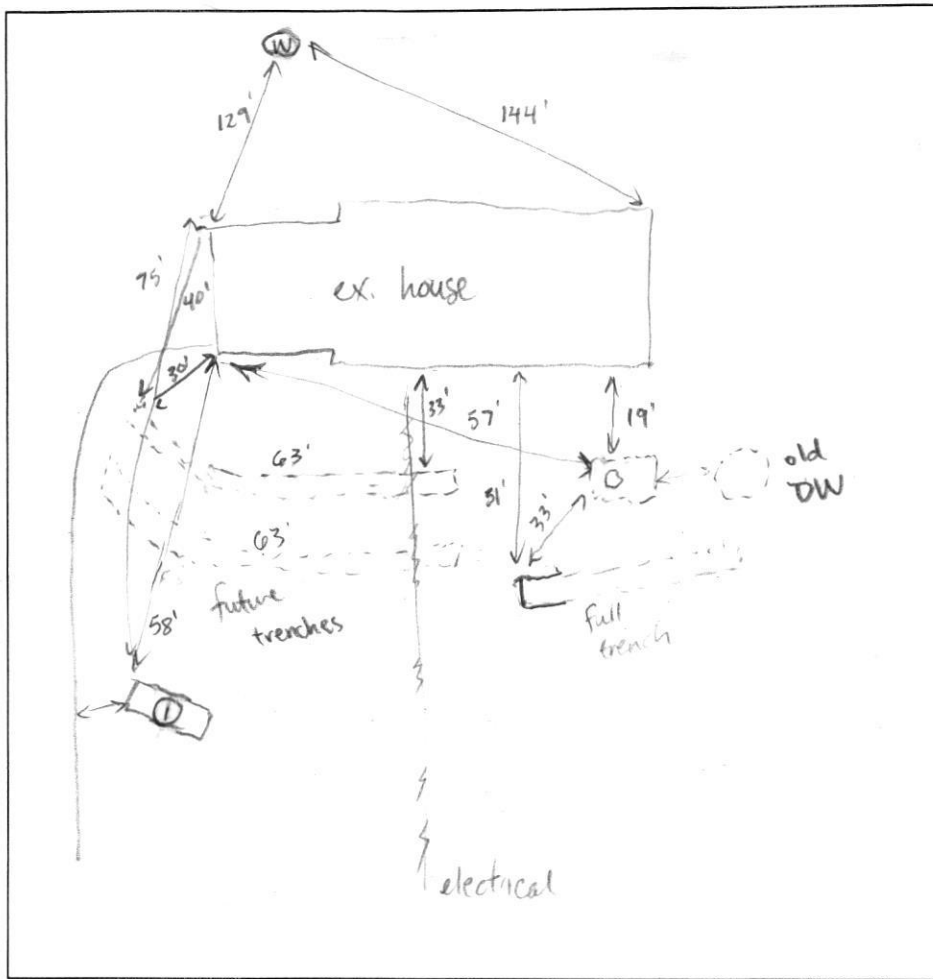
- Yes/No

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- This application is valid for two (2) years from date of fee payment... Application fee is non-refundable... This application must be accompanied by all applicable fees... This is a public document

I declare and affirm that to the best of my knowledge, the information contained herein is correct... Signature of applicant: Kim Fogles, Date: 11/8/15

- ①
- 1' top soil, D.L.Br., L1 SBK
- 3' Br. Y, CL, MF SBK, plastic
- 7' Br-R CL, VF, SBK, plastic
- 14' liy Br SL, weak, MF, friable, SBK, micaceous,



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/24/22	1A	6.5'	11:31	11:54	12:24	test stopped	F
1/24/22	1B	7.5'	12:35	12:47	1:02	15min	P 0.8
1/24/22	1C	bottom part 14'	11:32	11:46		14min	P

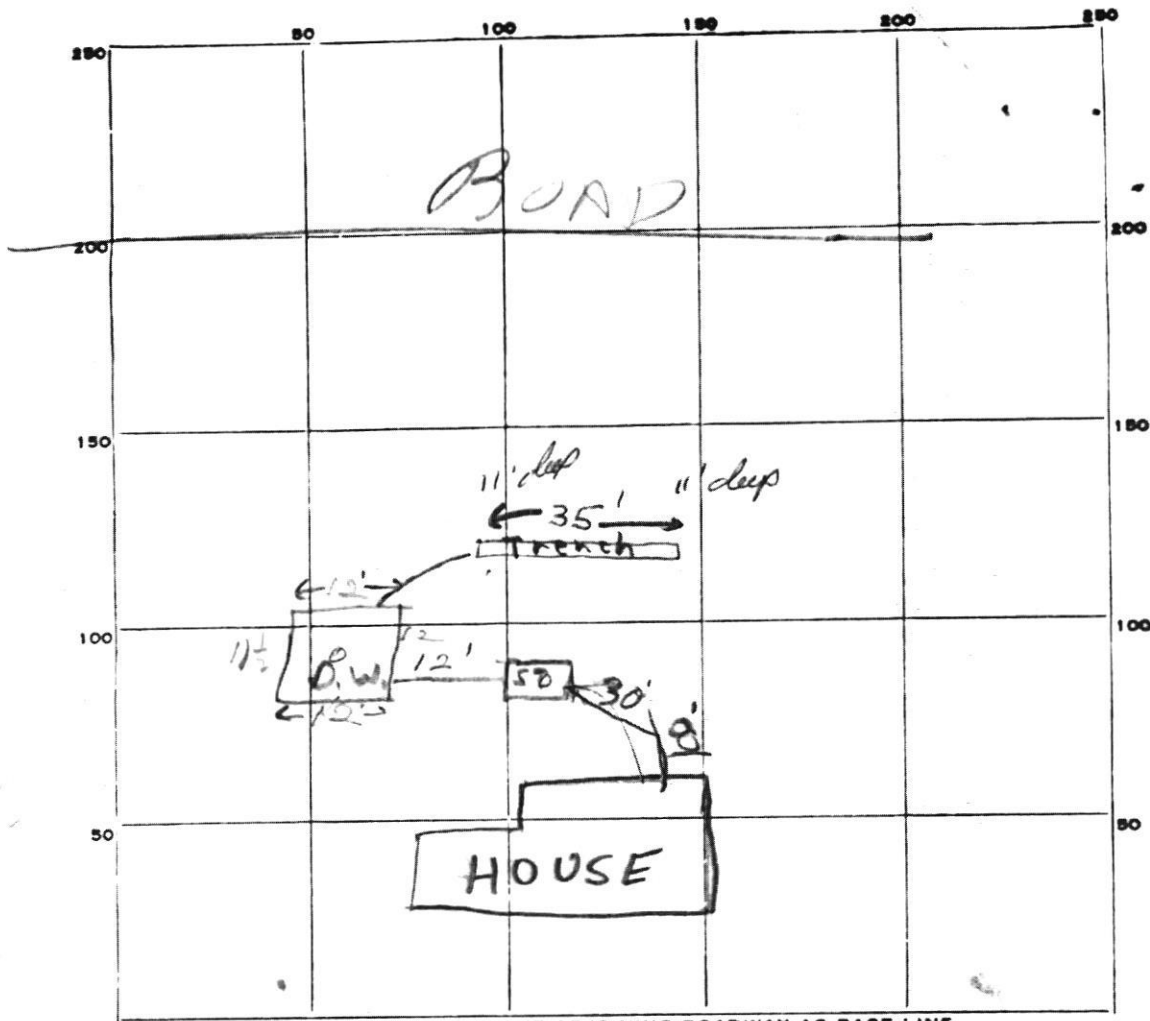
REMARKS slow drain in house, dry well and trench full

SANITARIAN Susan Thomas BACKHOE John OTHERS Connor

TEST HOLES USED IN SDA ① AVG. PERC TIME 15min SQ. FT/BR _____

TRENCH WIDTH 3 INLET DEPTH 4.5' MAX. BOT DEPTH 10' EFFECTIVE SW 3'

$150 \text{ gal} \times 4 = 600 \text{ gal} / 0.8 = 750 / 3 = 250 \times 0.5 = 125'$ 2x63'



35
5
175
12

PERMIT CARD

SEPTIC TANK, LEVEL ✓ CLEANOUTS

DISTRIBUTION BOX, LEVEL 57 or 2 ft. below grade

7 HCH TILE FIELD DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 11 IN. TOTAL LENGTH 1 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 245

2 SEEPAGE PITS, INSIDE DIAMETER 47 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 336 SQ. FT.

REMARKS 9/22/78 - ADD GRAVEL & PIPE TO TRENCH

MANHOLE COVER ON SEPTIC IF LOWER THAN 3 FT. - JS

9/26/78 - DW INLET 6 FT below grade

336 DW + 245 TRENCH = 581.5 SPT

540 SPT REQUIRED

DATE SYSTEM APPROVED 9/26/78 INSPECTOR Raymond Dodge

APPLICATION

A 24201

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3B.R. DISTRICT 5
ENVIRONMENTAL HEALTH SERVICES 1000 gal. septical / 4B.R. 1250 gal. septical DATE 10/6/76

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Drivwell and/or trench system to have 135 SQ. FT. effective sidewall absorption area per bedroom to begin below the first 3 ft. of non-porous soil. Maximum depth permitted for drivwell or trench is 10 ft. below original grade. Place the drivwell 12.7 ft. from the front lot line and 20 ft. from the right side line as seen when facing the property from Chris Mar Road. Start the trench after a 5 foot earth buffer with the drivwell and proceed to dig the trench on level ground the necessary distance. If trenches only are used they must contain at least 200 SQ. FT. effective sidewall absorption area per bedroom, connected in series, and be no longer than 100 ft. apiece. NOTE: Call for inspection of trench before gravel is installed.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Paul G. Kottis

ADDRESS P. O. Box 28, Highland, Maryland 20777 PHONE _____

PROPERTY LOCATION: Chris Mar Estates
SUBDIVISION ~~Brimton Dam Limited Partnership~~ LOT NO. 11 new 10

ROAD AND DESCRIPTION Court A off Highland Road

SIZE OF LOT 1 acre m/1 TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS
IF NOT SINGLE RESIDENCE DESCRIBE _____ (Single Fmly. Dwllg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Paul G. Kottis

APPROVED BY Frank Skinner FOR Drivwell + trench DATE 8/30/77
(KIND OF SYSTEM)

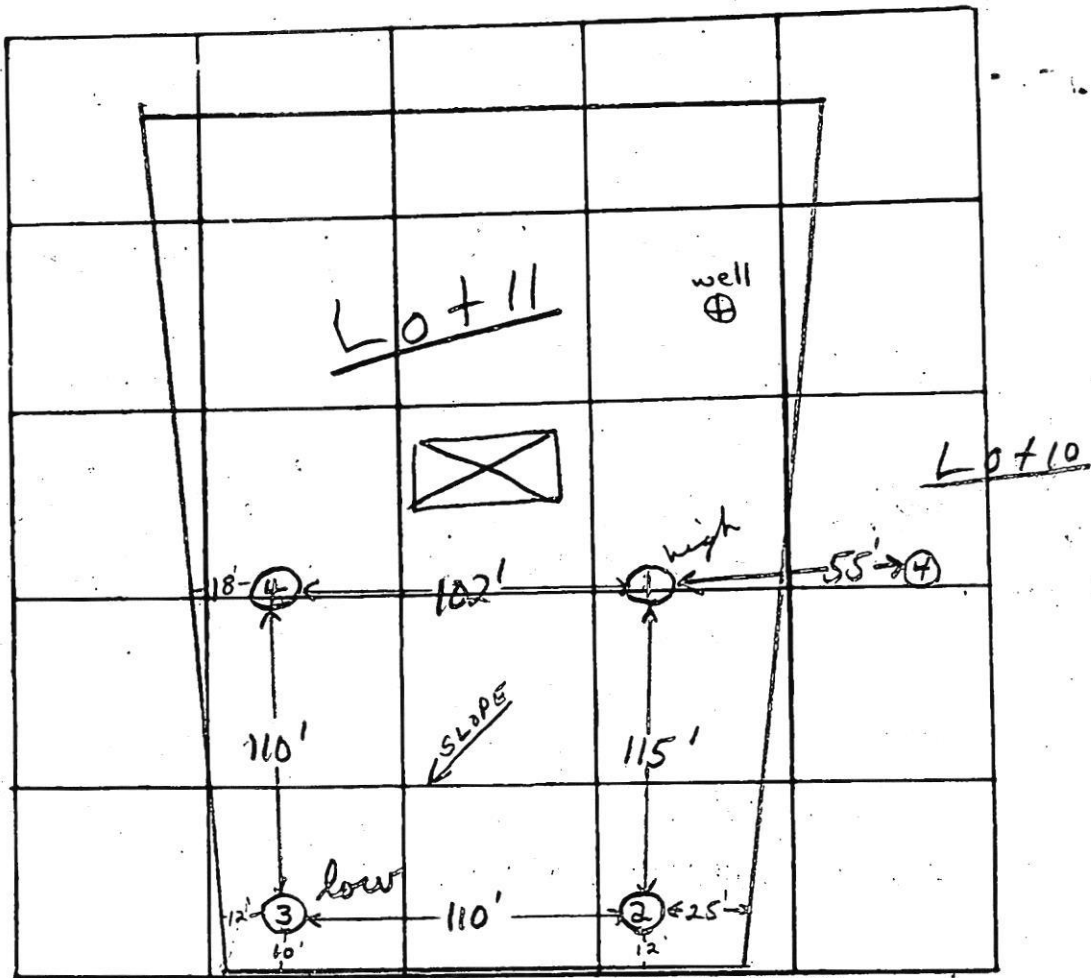
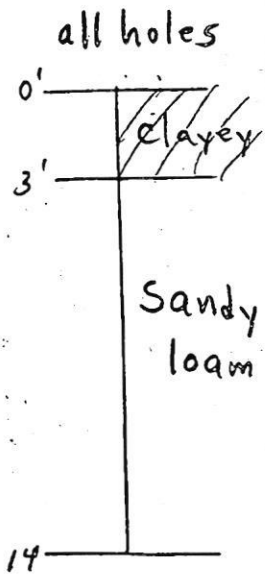
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 9/6/77
serial no. 33518

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

COURT "A"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/28/76	1 high	3'	2:03	2:05	2:05	2:08	3 min	
	1A	14'	2:04	2:06	2:06	2:09	3 min	
	2	4'	2:15	2:17	2:17	2:21	4 min	
	2A	14'	2:19	2:21	2:21	2:24	3 min	
	3 low	4 1/2'	2:40	2:42	2:42	2:44	2 min	
	3A	13 1/2'	2:45	2:48	2:48	2:52	4 min	
	4	13'	Clayey top 5'; sandy loam below					

sandy loam at 3'

REMARKS

TYPE OF SOIL sandy loam below top 3' clayey soil

TESTED BY FS. ALSO PRESENT: P. Kottis