

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

1541591

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 3104

PROPERTY ADDRESS 12777 Folly Quarter Rd Ellicott City 21042

TAX ACCOUNT # TAX MAP 0028 GRID 0005 PARCEL 0230 LOT NO. 14-D PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Steven Lynchard

DAYTIME PHONE 443-315-6206 CELL EMAIL

MAILING ADDRESS 12777 Folly Quarter Rd Ellicott City, MD 21042

APPLICANT Freedom Septic Service RELATIONSHIP TO OWNER:

DAYTIME PHONE 410-735-2347 CELL EMAIL christy@freedomseptic.com

MAILING ADDRESS 2808 Liberty Rd Sykesville, MD 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: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR

CONSTRUCT NEW OSDS ON UNDEVELOPED LOT

X REPAIR OR REPLACE FAILING OSDS

UPGRADE EXISTING OSDS

BUILDING:

X RESIDENTIAL WITH 6 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

X 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

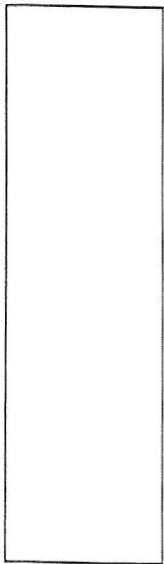
[Handwritten Signature]

DATE

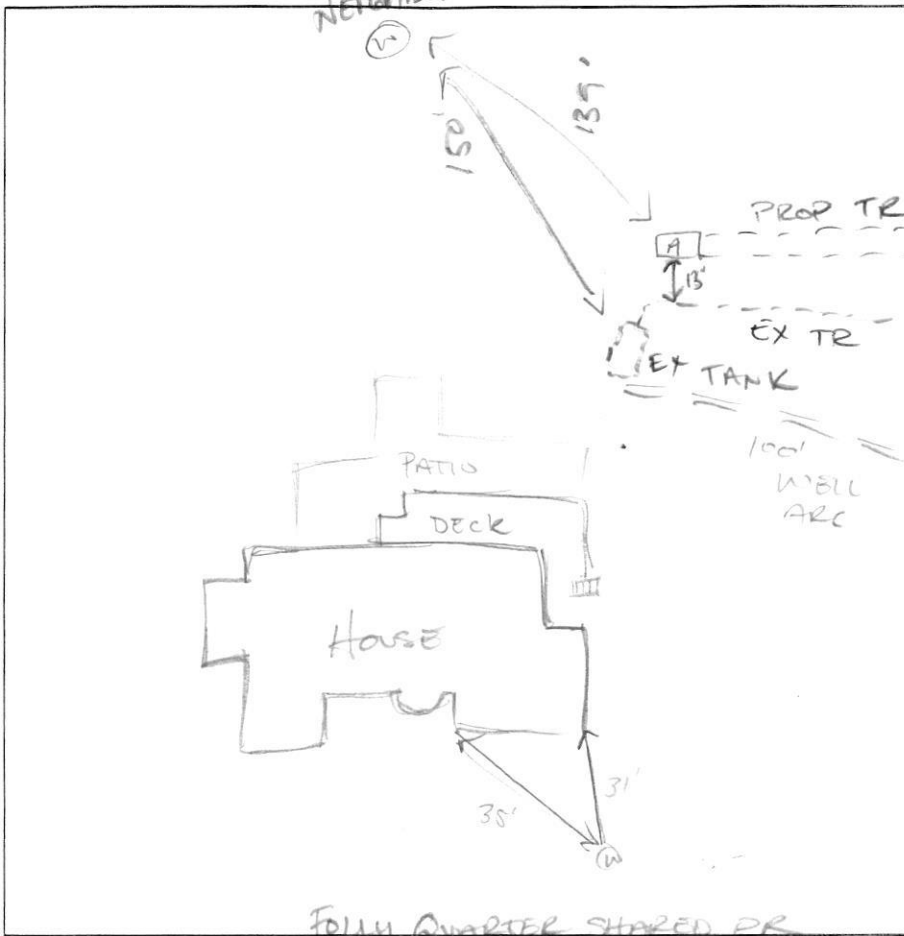
6/12/22

WSPT - 22-01987

A/P \_\_\_\_\_



DOWNGRADE NEIGHBOR WELL

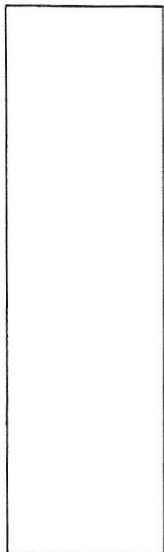


FULLY QUARTER SHARED PR

SHALE/BOTTOM

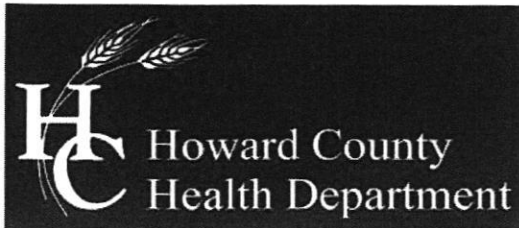
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
07/05/2022	A	4.5 / 15'	0:00	11:30			
	RESTHOLE	5.5 / 15.5	0:00	2:45	6:45	4m	P

A  
BRN SCL SBK  
G. HORIZON  
4' BRN YL LS SBK  
8' RED YEL LS SBK mvfr wpolso  
10' YEL SBK LS mvfr wpolso  
15.5'



REMARKS DOWNGRADE WELL / PROP WELL ARC  
 SANITARIAN CABAHUG 001997 BACKHOE FREEDOM OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA A AVG. PERC TIME \_\_\_\_\_ SQ. FT. 3  
 TRENCH WIDTH 2' INLET DEPTH 3' MAX. BOT DEPTH 10' 11" EFFECTIVE SW \_\_\_\_\_

$\frac{150 \cdot 3}{1.2} = 375$   $\frac{375}{2} = 187.5 \cdot .2 = 51$  LINEAR FEET



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

AS71591

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 12777 FOLLY QUARTER ROAD, ELLICOTT CITY, MD 2104

Subdivision: GLENELG MANOR Lot: 14D

Initial system: Application rate: Effective area beginning depth: Bottom maximum depth:
1st Replacement: Application rate: 1.2 Effective area beginning depth: 5.5 Bottom maximum depth: 11.5 6.5'
2nd Replacement: Application rate: Effective area beginning depth: Bottom maximum depth:

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:

- 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:

Handwritten calculation: 150 \* 3 / 1.2 = 375 sq ft / 2' w = 125 ft \* (.83) = 104'

INSTALL 2 x 52' TRS

Approved: [Signature] Date: 08/30/2022

PRELIMINARY

# APPLICATION

A 28234

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 6/21/78

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 Glenelg Manor Associates

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor LOT NO. 14D, Section 2

ROAD AND DESCRIPTION Folly Quarter Road

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT /s/ John Rettaliata

APPROVED BY Raymond Hodge FOR trench DATE 16 Feb 83  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

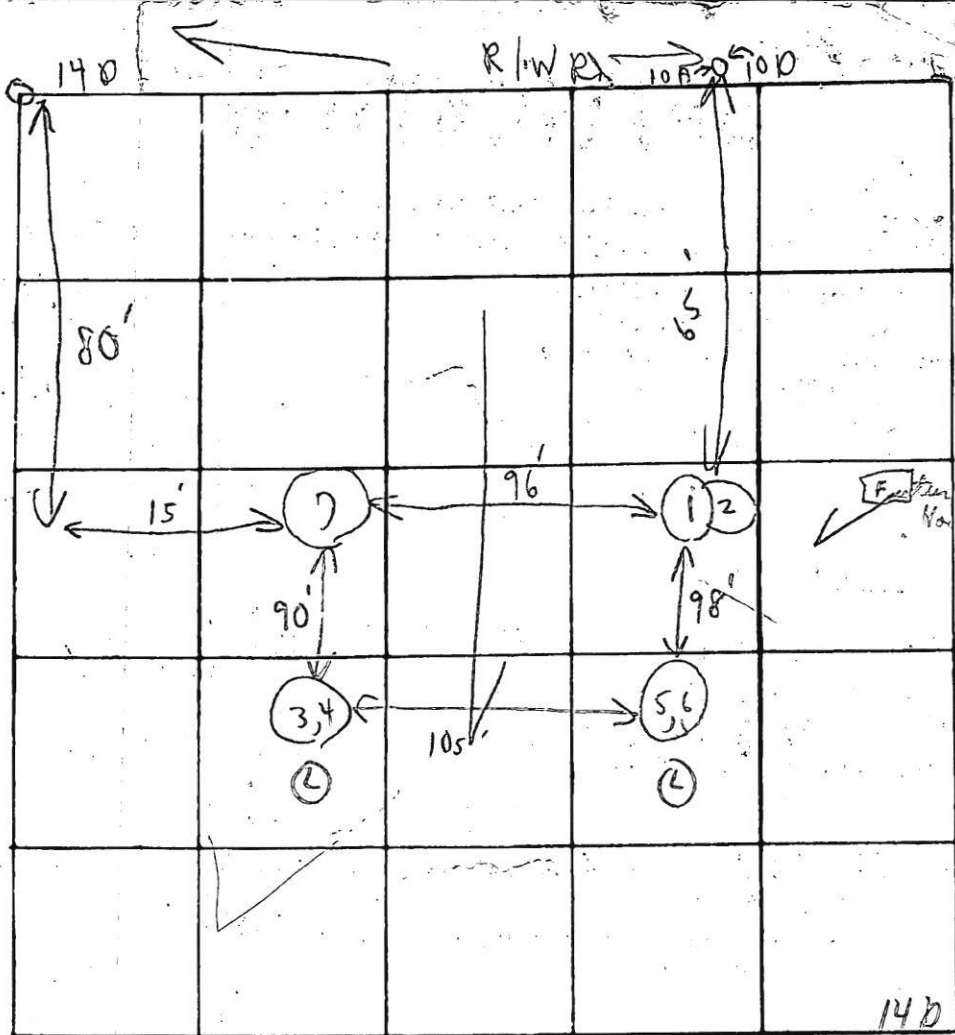
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

North  
A

13A



Future  
50' Well

Lot 14D

Future  
House

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Soil Profile  
Below  
ground

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/28/77	1	5'	1:45	1:49	1:49	1:57	8m
	2	13'	1:45	1:49	1:49	1:57	8m
	3	5'	1:37	1:39	1:39	1:41	2m
	(2) 4	13'	1:38	1:40	1:40	1:42	2m
	5	5'	1:39	1:43	1:43	1:49	6m
	(2) 6	14'	1:39	1:43	1:43	1:47	4m
	7	4'-14'	Room View				

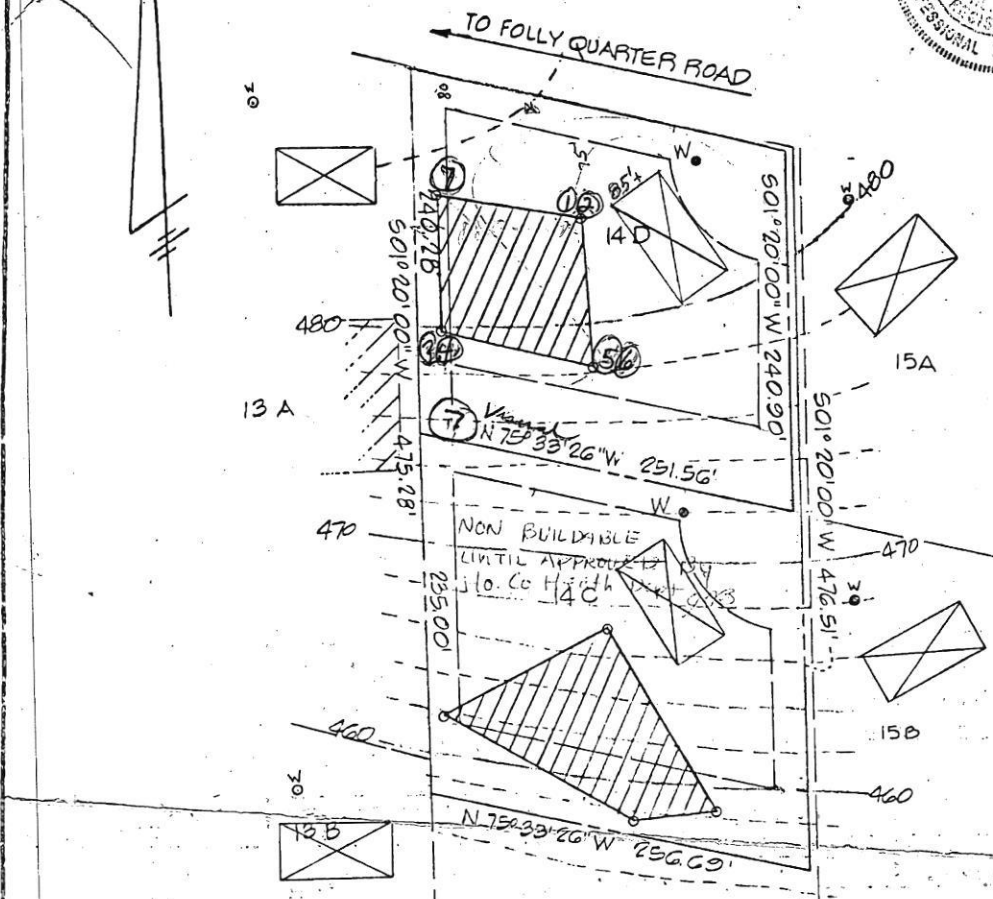
Test  
per  
stake

REMARKS: (Open field for tests)  
 TYPE OF SOIL: \_\_\_\_\_  
 TESTED BY: C. R. D. ALSO PRESENT: Billingham

14



BALTIMORE 10 318 ALPHEMENE E-17 MCJLM



THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

This area indicates a private sewage easement of approximately 10,000 sq. ft., as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed in this area. This easement shall become null and void upon connection to a public sewage system.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM

Percolation Holes shown hereon have been field located, AND ARE INDICATED BY 'O'.

*Joyan Brykus* 3-1-79  
HOWARD COUNTY HEALTH OFFICER DATE

TITLE PERCOLATION TEST PLAT			
PROJECT GLENELG MANOR - SECTION 2 - LOTS 14 C AND D			
LOCATION THIRD ELECTION DISTRICT - HOWARD COUNTY, MARYLAND			
DATE: DEC., 1977	DESIGN BY: ---	DRAWN BY: D'MR	CHECKED BY: D'MR
SCALE: 1"=100'	JOB NO.: 7778	DRAWING NO.: 1 OF 1	

boender associates

engineers  
surveyors  
planners

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

○ DENOTES FIELD LOCATION OF PERC TEST HOLE. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.

LEGEND

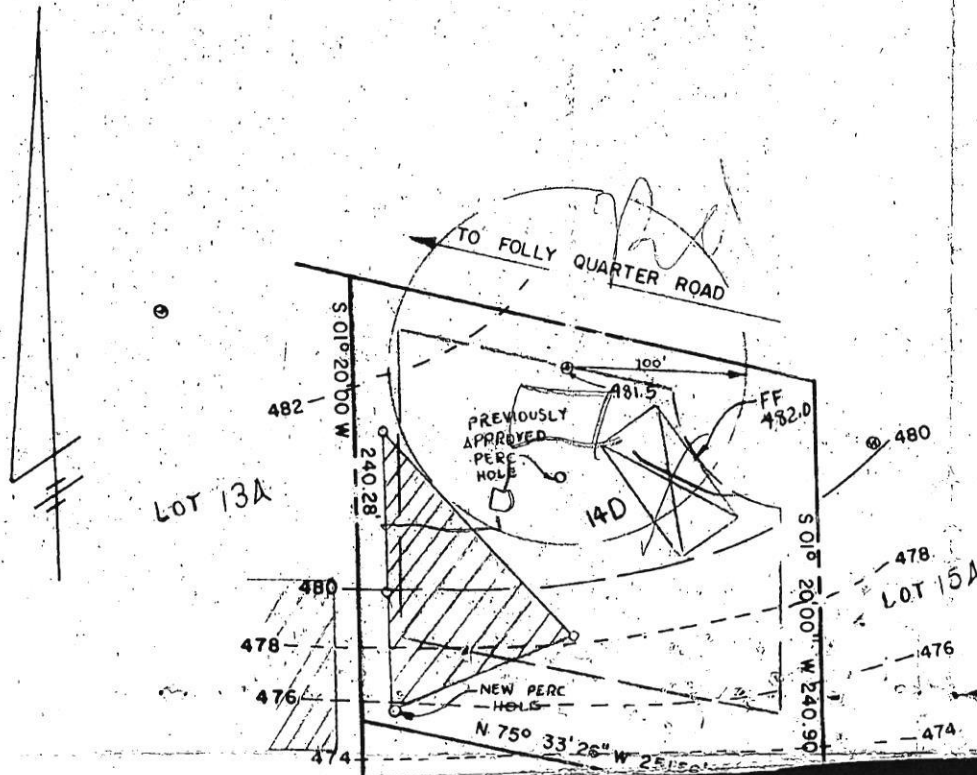
☒ DENOTES LOCATION OF DWELLING

⊙ DENOTES PROPOSED WELL

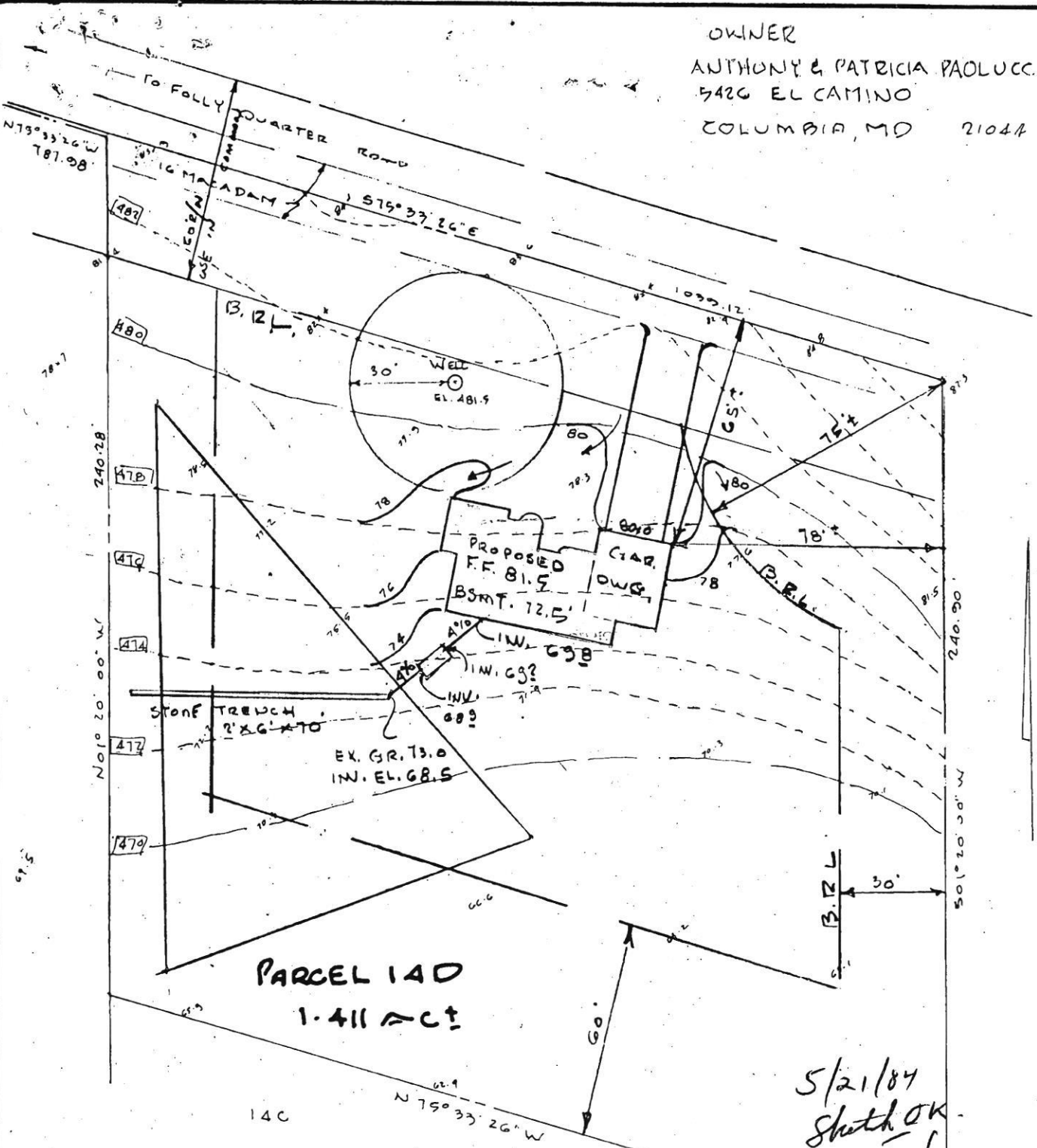
○ DENOTES FIELD LOCATION OF PERC HOLES

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

*Joyce M. Boyd*  
 COUNTY HEALTH OFFICER      8/26/83  
 DATE



OWNER  
ANTHONY & PATRICIA PAOLUCCI  
5426 EL CAMINO  
COLUMBIA, MD 21044



PARCEL 14D  
1.411 AC

5/21/84  
Sketch OK  
F.L.

B.R.L.: BUILDING RESTRICTION LINES  
TO BE APPROVED BY OFFICE OF  
PLANNING & ZONING.

*System per this plat*  
*10/17/84 R.H. [Signature]*  
SITE PLAN

HUDKINS ASSOCIATES, INC.  
SUITE 231, JOSEPH SQUARE  
5485 HARPERS FARM ROAD  
COLUMBIA, MD 21044

PARCEL 14D GLENELG MANOR  
SECTION TWO DEED 1191/654  
4th ELECTION DIST. HOWARD CO. MD  
SCALE 1" = 40' 5-14-1984

RETEST

# APPLICATION

8/12/83  
9:30 A.M.

SEWAGE DISPOSAL TESTING

A 33016

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DATE 8/4/83

Specs

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 Glenelg Manor Associates Anthony J. Paolucci

ADDRESS c/o Rhett Realty, 10194 Baltimore National Pike, Ellicott City, Md. 21043 5426 El Camino Columbia, Md 21044 PHONE 465-4920 997-1805

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. 14-D

ROAD AND DESCRIPTION 12777 Folly Quarter Road

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms  
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Michael Thomas  
(SIGNATURE OF APPLICANT)

APPROVED BY F. S. Skinner FOR traces DATE 8/26/83

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

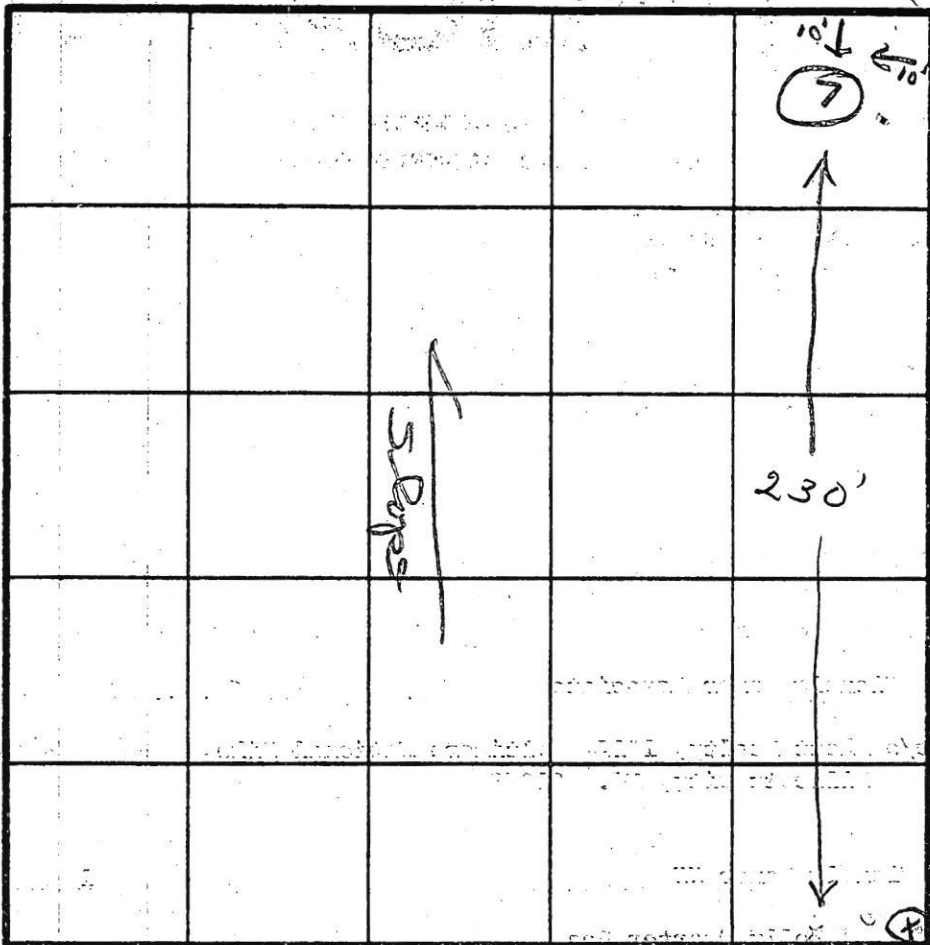
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 5/21/84  
Serial # 59057 SF-10

## THIS IS NOT A PERMIT

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

*unnamed Rd*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/12/83	7 ✓	13	clayish 2 1/2'		sandy brown to 13'		

REMARKS *Reperc to move well location to front center of lot.*

TYPE OF SOIL \_\_\_\_\_

TESTED BY *[Signature]* ALSO PRESENT *Ketterman*

EH-12-1079