



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

MAP 520790

AGENCY REVIEW: Estab 10,000 # for existing

DATE 7/21/04

lot TAXED # 04-321839

DO NOT WRITE ABOVE THIS LINE

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

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Timothy & Regina Rigler

DAYTIME PHONE 301-829 8098 CELL _____ FAX _____

MAILING ADDRESS 879 Long Corner Rd
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 879 LONG CORNER ROAD
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



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Ⓜ/P 520 790

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PROPERTY OWNER(S) Timothy L. Rigler Regina W. Rigler

DAYTIME PHONE 301 829 8098 CELL 240 674 4237 FAX 301 829 9193

MAILING ADDRESS 879 Long Corner Rd MT. Airy md 21771
STREET CITY/TOWN STATE ZIP

APPLICANT Timothy + Regina Rigler

DAYTIME PHONE 301 829 8098 CELL 240 674 4237 FAX 301 829 9193

MAILING ADDRESS 879 Long Corner Rd MT. Airy md 21771
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 879 Long Corner Rd MT. Airy
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 6 GRID _____ PARCEL(S) 138 PROPOSED LOT SIZE 3 Acres

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Plans

440 20" 8:36 8:57 (9:26 1/8" to go)
 → 9:35 done
 38min

brn
many roots
2 pgs
1 brn
3 psbk
Cobbles 10%
Loam
@ 5' flagstone

8' Refusal

443 5' 9:08 9:11 9:26 15min

9' Refusal water @ bottom

① 5' 444 8:40 9:26 not 2nd pg - almost 1/8" to go

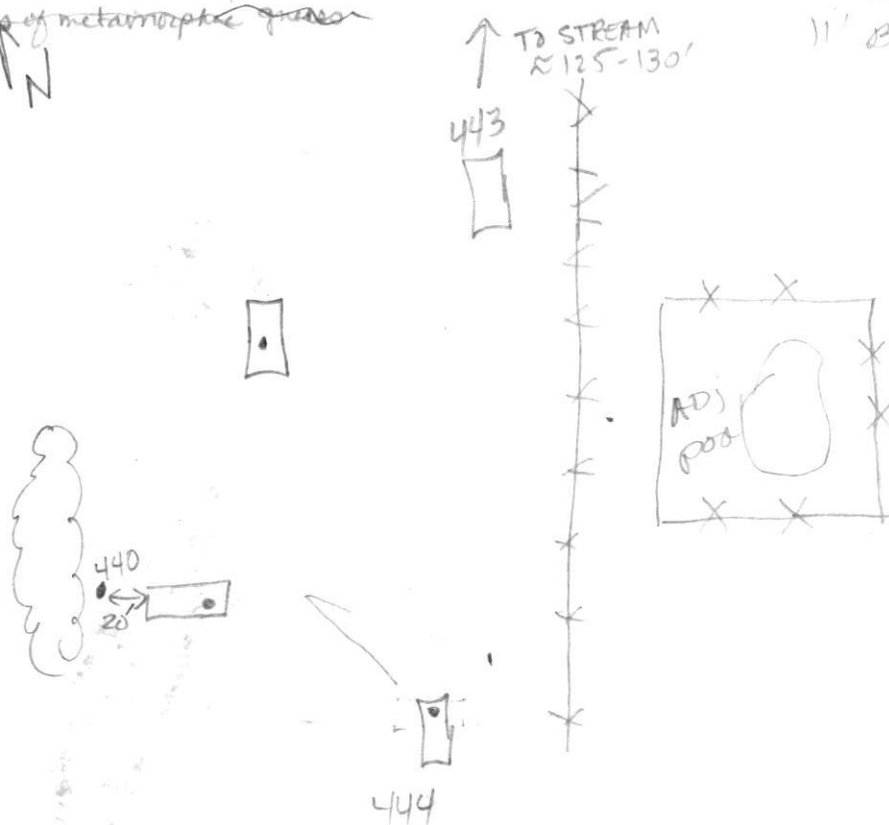
E wall Brn 10yr 3/4
 2 dgr Loam
 11" 10yr 5/6
 hyl-cll
 Ribbons 2"
 low plasticity
 Spots-prismatic breaks into lg sbk struct
 MOSTLY MASSIVE

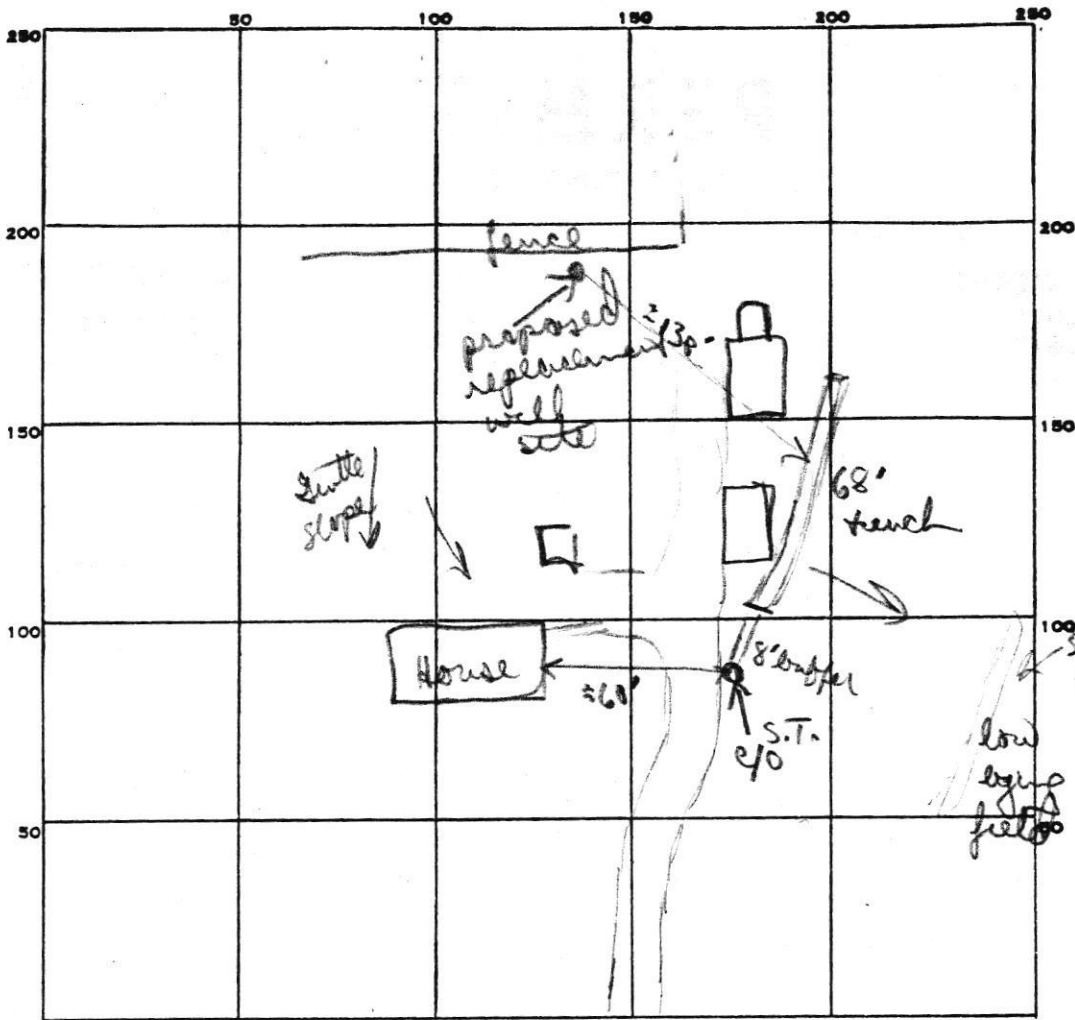
STONES } 2 early stages of metamorphic process
 & Marble

442

3 pgs, 1 d sbk roots
 Loam top soil
 11" 4 brn, wk org
 CL L MASSIVE
 10' water wet rock
 hard flagstone
 E chert 25-30%
 11' Bottom

441 massive clay
 2 1/2' mottles
 water @ 5'





INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LONG CORNER RD

PERMIT CARD _____

SEPTIC TANK, LEVEL old concrete block tank

CLEANOUTS 1 S.T. (NEW)

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 68 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/5/86 Repair of old existing system. New S.T. c/o installed.

Existing block tank thought to be still usable.

OK to add stone pipe paper to trench. Soil typical not airy. (30%) = 20% structured saprolite mixed with clay loam to sandy/clay lo.

3/10/86 Stone pipe + paper in. Hook up to block tank in & looks OK. OK to cover trench + all work

DATE SYSTEM APPROVED

3/10/86

R 10/1-

120
3
360
68
6
408

AP

(A)

Topsoil
Grass 4 1/2'

1 org brn
1 wpl CL
Cobbles 15% 5'

transitional
layer w/
SMOOTH
Boundary 6'

org brn
brn
V. gritty
SL
Rock - cherty
Frag's
~60% in SL
Bottom 11 1/2'

(B)

org hvy
L, almost
CL
Cobbles
25%+
fw sbr - 1/2 gr
5

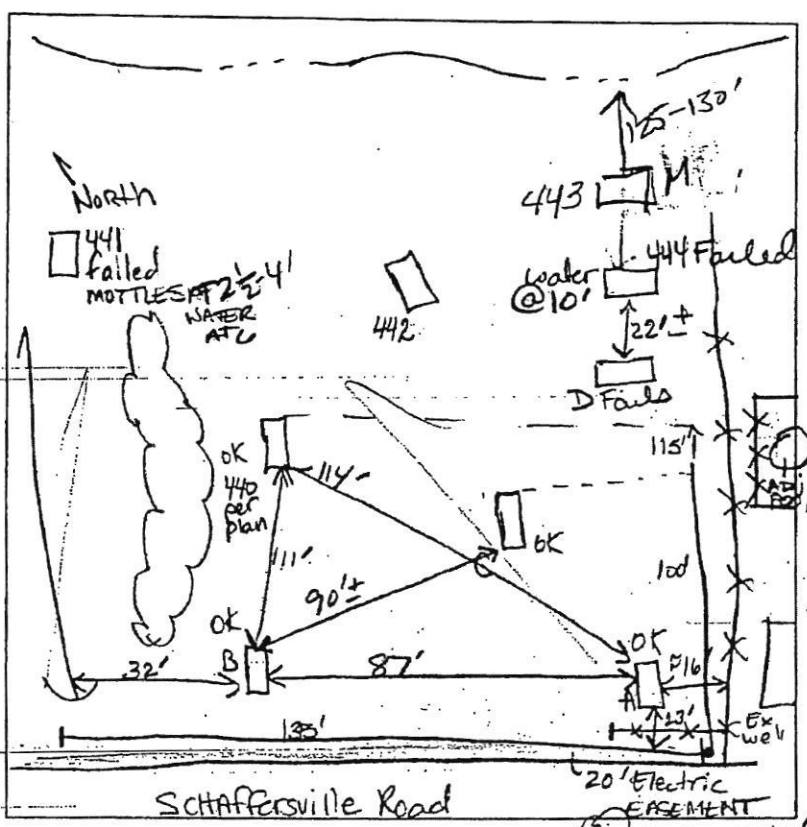
cherty (2" - 4")
Frag's 45%
Loam
2 p pl / 3 d pl 8'?

Slam
Dry
Bottom 11'

(440) (C)

brn
2p gr
Many roots 10"

Ybrn
3p sbr
Cobbles 10%
@ 5'
flagstone
frags
~45-55%
Hole 440 ~ 30%
8' Refusal



(442)

3gr / 1d sbr
Loam
topsoil 11"

ybrn, wkyrg
CL - hvy
massive structure

Cherty
R. frags
24%
25-35%

10'

water
wet rock
hard flagstone
cherty
25-30%
H. 60' from

(441)

SEE
ATTRACHED
SHEET

DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2ND INCH	P/F/H	
8/20/04	(A)	7' 4"	10:14	10:16	10:19	3	OK	
		6-8" post hole digger size						
	(B)	6'	10:32	10:47		5 gallons poured	OK	
	(440)	20" S	8:36	8:57	9:35	38	Refusal	
		5 1/2' M.	V shape groove 10:25	10:17		5 gallons	OK	
			TESTED IN ROCK					
	(C)	Visual	SEE HOLE 440					
			w/ bottom at 10'					
Rock types incurred: Marble, quartz, talc schists								

REMARKS Holes A thru D NOT per plan Field Locate

SANITARIAN Kaci BACKHOE J. Brendel OTHERS Mr. Rigler

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

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

Hole 443 - wet season
testing reg'd. 4' tx zone ok
but further testing reg'd

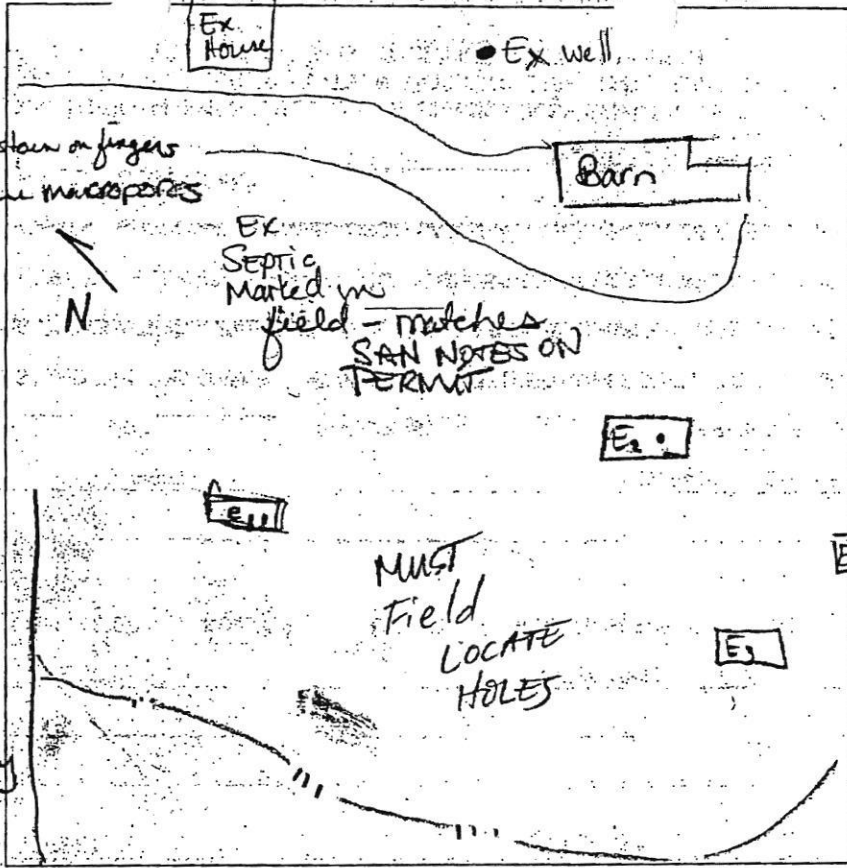
AP

E1
 non rocks to 4"
 1p ssk
 organic leaves
 layer - manure
 Loam
 org. running
 30"
 cobbles
 org loam
 Si % ↑
 ribbon sat 1 1/2"
 w.c. sg
 Cherty
 shale

Refusal
E2
 2p ssk / 2pgr
 Loam
 s. L velvet
 irreg boundary
 org loam
 loam
 Frags 15-20

Refusal
E3
 4" root mat
 4" root mat
 5 sil

Refusal
E4
 2p ssk
 L w/pack
 5 sil
 L
 20% cherty
 frags



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/20	E1	5' M	11:34	11:54	12:21	25	P
	E2	4 1/2 S'	1:58	2:08	2:21	13	P
	E3	5'	2:30	2:36	2:45	9	P
	E4	Fail Refusal @ 6'					F
significant flagstone frags @ 4'							
Holes to be field located by survey or I/D 10,00071							

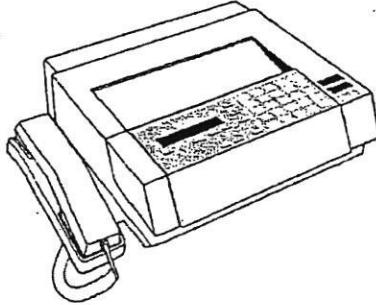
REMARKS Proposed SDA too low - relocated SDA in field
 SANITARIAN Kacie BACKHOE J. Brendel OTHERS Mr. Rigler
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

F A X



Date 8/23/04
To S. Munchie
Department _____
FAX # 301-831-5603

From Kacie
Telephone 410-~~313~~-1775 FAX (410) 313-2648

Of Pages 4 (including cover page)

Comments Right property INCLUDE EX SEPTIC IN
10,000 Area.

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✓ COPY TO S.M.
RECEIVED AUG 24 2004

Carroll Co.

(440) 20" 8:36 8:57 (9:26 1/8" to go)
 → 9:35 done 38min
 10"
 Ben many roots
 2 pgs
 1/4" 3pSbk
 Cobble 10%
 Loam
 @ 5' Flagstone

Refusal

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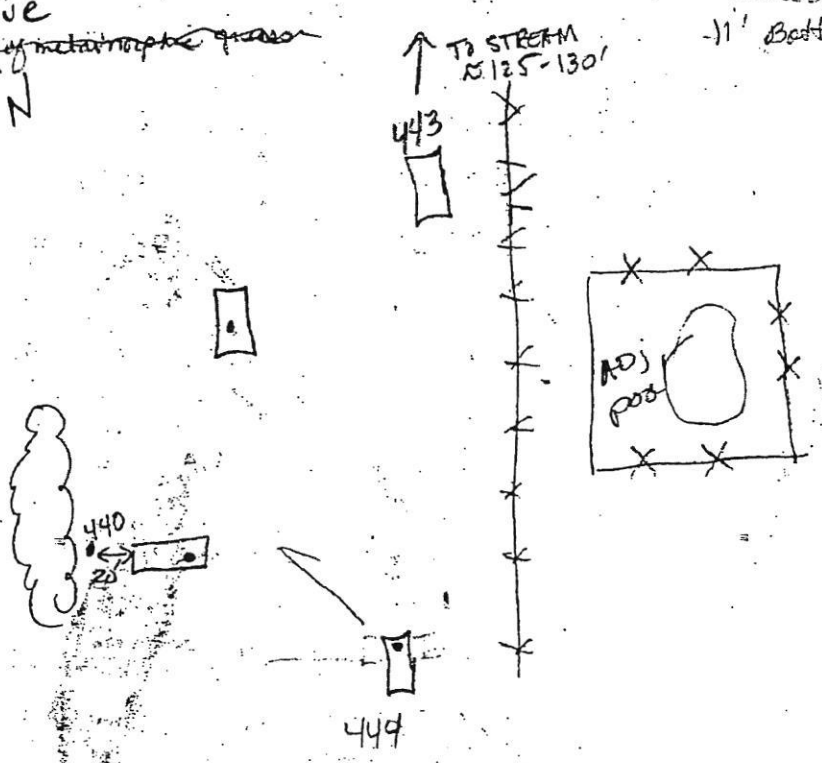
9' Refusal water @ bottom

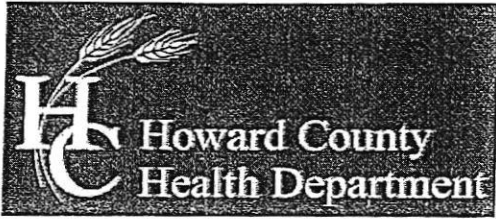
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(441) MASSIVE CLAY
 2 1/2' mottles
 water @ 5'





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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 1101 Shaffersville Road

Subdivision: Rigler Property Lot: 1

Initial system: Application rate: _____ Effective area beginning depth: _____ Bottom maximum depth: _____
1st Replacement: Application rate: _____ Effective area beginning depth: _____ Bottom maximum depth: _____
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:

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

Standard design requirements:

- 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: _____ Date: _____