

Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
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 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 0001
 PROPERTY ADDRESS 1188 Day Rd Sylkville 21784
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP 0005 GRID 0003 PARCEL 0205 LOT NO. 15 PROPOSED LOT SIZE (ACRES) 2.4100
TIER

PROPERTY OWNER(S) John Paul Riley
 DAYTIME PHONE _____ CELL 410-334-3019 EMAIL _____
 MAILING ADDRESS 1188 Day Rd Sylkville, MD 21784
STREET CITY, STATE ZIP

APPLICANT Freedom Septic Service RELATIONSHIP TO OWNER: _____
 DAYTIME PHONE 410-785-2945 CELL _____ EMAIL Christy@freedomseptic.com
 MAILING ADDRESS 2808 Liberty Rd Sylkville, MD 21784
STREET CITY, STATE ZIP

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] 10/4/23
 SIGNATURE OF APPLICANT DATE

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- Collapsed septic tank
- Collapsed drywell

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Is discharge surfacing on the ground?

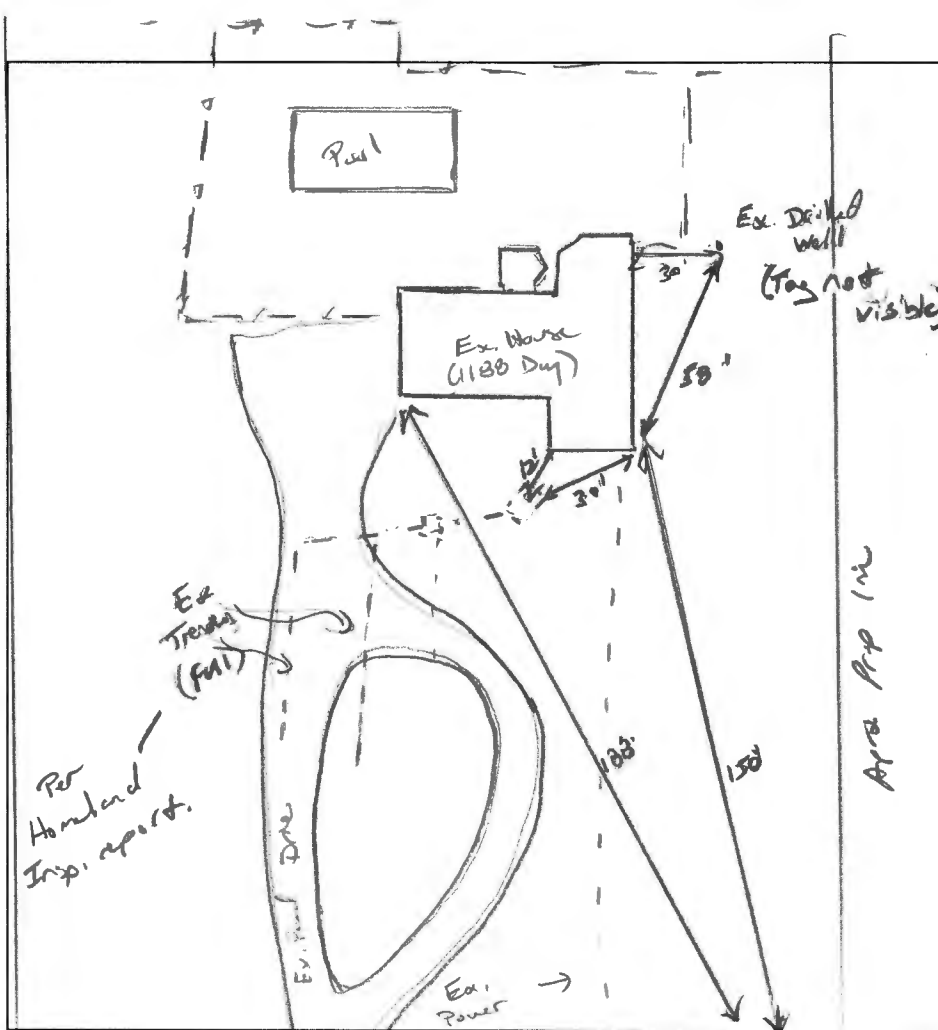
- Yes
- No

Additional Comments:

*For REPAIRS, are the owners proposing, or do they plan to add in the future any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulations.

Septic Contractor: Freedom Septic Contractor's Phone: 410.755.2047
 Contractor's Address: 2809 Liberty Rd Sykesville, MD 21784
 Property Address: 1188 Day Rd County File: _____
 Subdivision: 0001 Lot: 15 Year Built: 1978
 Owner's Name: John Riley Existing bedrooms: 4
 Name of previous owners: _____ Existing bedrooms: _____
 Proposed bedrooms: _____

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.
 Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.
 Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____
 If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.
 No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency exists.
 The contractor is to notify the office of the emergency as soon as possible.



- 1' **(A)**
Dk Dr OM
MK SBK out
WK Rd/Br CL
WK Co SBK
Friable, Ch
10%
- 5'
11 Br/Y SL
WK Co PL
Friable, Ch
medium
- 8'
11 Br/Y FSL
WK F PL
Friable, Ch
Highly porous
15% Rn/Sng sh
- 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 1/2" DROP	TIME OF 2ND INCH	P/F/H
11/7/2023	(A)	5' / 14V	00:58	01:00	01:05	5	(P)

REMARKS Ex. system over full. No surface discharge evident. Insp. report rec'd
 SANITARIAN K. Wolf BACKHOE Dan Ferrer OTHERS none

TEST HOLES USED IN SDA 1 AVG. PERC TIME 5 SQ. FT/BR 1.2

TRENCH WIDTH 2' INLET DEPTH 3 MAX. BOT DEPTH 8' EFFECTIVE S/W 5'-8' (.44)

$$SBR = \frac{450}{1.2} = 375 \div 2 = 187.5 \text{ (min)} = 82.5 \text{ (2x42)}$$

APPLICATION

A _____

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 211

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 Charles E. Weblan

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

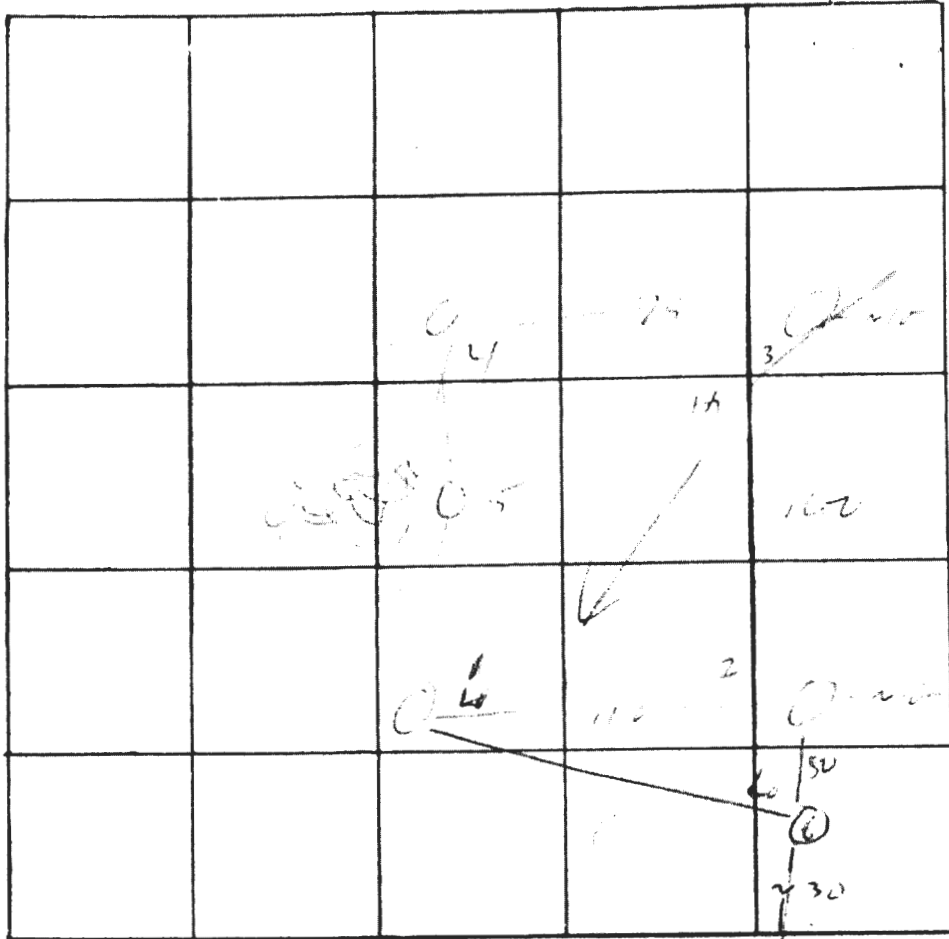
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/3/26	1	3 13	10 ⁴⁵	10 ⁵²	10 ⁵²	11 ⁰⁷	16
				10 ⁵⁰	10 ⁵²	10 ⁵⁸	5
	2	3 13	10 ⁵⁸	10 ⁵¹	10 ⁵¹	11 ⁰¹	10
			10 ⁵²	10 ⁵²	10 ⁵⁷	11 ⁰¹	10
	3	3 13	10 ⁵²	10 ⁵⁵	10 ⁵⁵	11 ⁰¹	6
				1"	dry	11 ⁵²	530
	4	13	v's	dry, no	rock		
	5	13	v's	dry, no	rock		
	3A	10 ^{1/2}	11 ⁴⁵	11 ⁵²	11 ⁵²	12 ¹³	17
	6	13 ^{1/2}	v's	dry			

REMARKS _____

TYPE OF SOIL _____

TESTED BY R M ALSO PRESENT: _____