



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 1001

PROPERTY ADDRESS 13870 Brighton Dam Rd Clarksville 21025

TAX ACCOUNT # TAX MAP 0034 GRID 00B PARCEL 0204 LOT NO. 27 PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) William + Debra Perry

DAYTIME PHONE CELL 443-850-802 EMAIL

MAILING ADDRESS 13870 Brighton Dam Rd Clarksville 21025

APPLICANT Freedom Septic Service RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-755-2547 CELL EMAIL chris@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

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

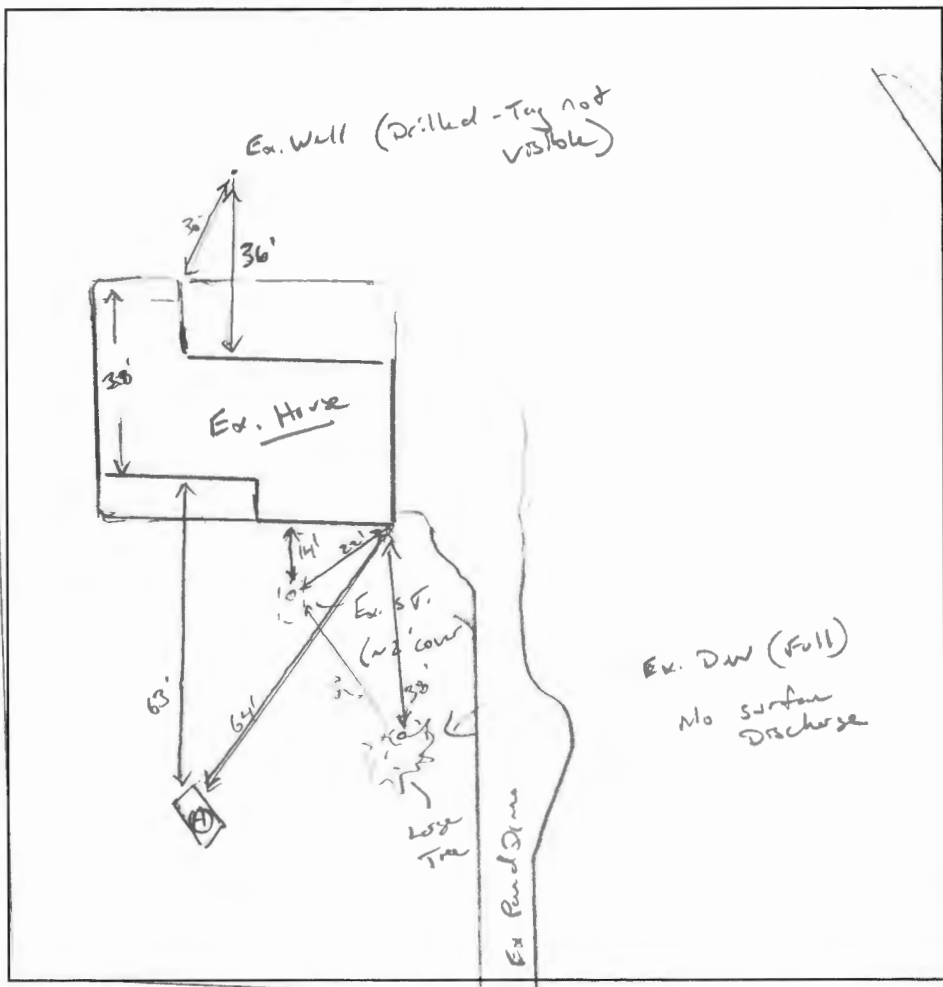
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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 OF APPLICANT

DATE

4/1/24



- ① 1' br CL, WK C, 20K, roots, Frable
- 1' br L, WK C, 20K, Frable roots, 15% R, dte, 15% Sp, rch
- 4' 11 Br/4 sil, WK C, 20K, Frable, WK S, 20K, 15% R, dte, 15% Sp, rch
- 7' Br - 11 Br/4 sil, WK Fpl, Frable, 20% R, 20% Sp, rch, 20% R, dte, 15% Sp, rch
- 13' 14' lighty weathers.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/8/2024	①	4' / 13' v	00:06	00:08	00:11	3	P
		H ₂ O found @ 13'				~5 min	P

REMARKS Ex. DW. Full. No signs of surface discharge. (2x50)
 SANITARIAN K. Wolf BACKHOE Don Furrow OTHERS Welp

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

TRENCH WIDTH 2 INLET DEPTH 3' MAX. BOT DEPTH 7' EFFECTIVE SW 4-7 (.44)

3BR = $\frac{450}{112} = 375 \div 2 = 187.5 (L.44) = 82.5$

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-SP-APP-24-00071

Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application

Address: 13870 BRIGHTON DAM RD, Clarksville, 21029

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
9280	1591	\$265.00	04/09/2024	SMARTIN		

Owner Info.: PERRY WILLIAM
13870 BRIGHTON DAM RD
CLARKSVILLE, MD 21029

Work Description:



HOWARD COUNTY HEALTH DEPARTMENT

86640

CODES

DATE
4/19/24

25

CASH
 CHECK
 NO. 1591

Received From

Freedom Septic

For

OSSS Repair 13870 Brighton Rd

Two hundred sixty five Dollars

\$ 2165.00

Received By

[Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

A 13919

P _____

DISTRICT 5

DATE 8/29/68

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Aintree Estates, Inc.

ADDRESS 301 Cedar St., N. W., Washington, D. C. PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 27, Sec. 2

ROAD AND DESCRIPTION Brighton Dam Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.1 acres (346' x 384' x 168' x 365') TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Lloyd Booth

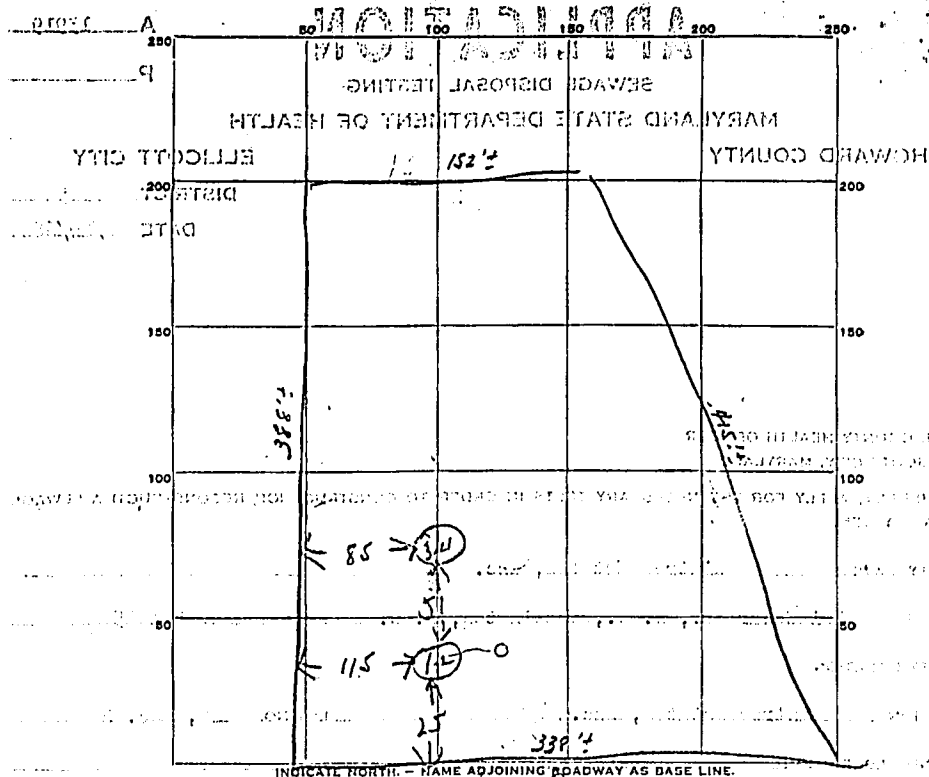
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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.

Brighton Dam Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/16/65	1	11ft	1 48	1 47	1 48	1 52	6 min
	2	4ft	1 47	1 50	1 50	1 54	11 min
	3	7.5ft	1 47	1 57	1 51	1 57	7 min
	4	4ft	1 47	1 50	1 50	1 54	4 min

SOIL AUGER FINDING _____

TESTED BY *JMM*

REMARKS

TERMINAL A TOW LIGHT

Retest
2/28/73
4:30

APPLICATION

A 17947

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 5th

DATE 2/16/73

*System must go in according
to previous perc. - inadequate perc
& water table on retos*

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 Aintree Estates, Inc.

ADDRESS 301 Cedar St., N.W., Washington, D.C. PHONE Ho 5-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates LOT NO. 27. Sect. 2

ROAD AND DESCRIPTION Brighton Dam Road

SIZE OF LOT 2.1 acres 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/ R. Norman Weller

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY [Signature] FOR Septic [KIND OF SYSTEM] DATE 2-28-73
[KIND OF SYSTEM]

HOLD PENDING FURTHER TESTS _____ DATE _____

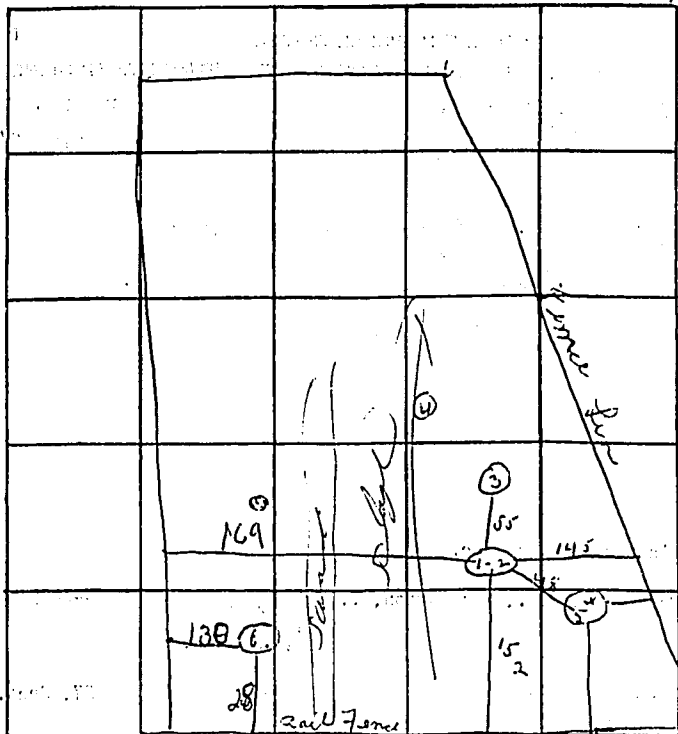
REASONS FOR REJECTION OR HOLDING See above.

THIS IS NOT A PERMIT

NOTE

NOTICE

104
141
310



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/25/70	1	12 ft	10 24	10 27	10 27	10 34	7 min	
	2	4 ft	10 30	10 32	10 28	10 36	8 min	
	3	water	at 7 ft from grad.					
	4	water	at 11 ft from grad.					
	5	12 ft	clay soil - very wet - water 12 ft					
	6	12 ft	dig in area of original soil - clay Sands + mica					

dist of pit 6 measured from electric box - see pt 142 memo

REMARKS _____

TYPE OF SOIL _____

TESTED BY Deu ALSO PRESENT: _____