



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 3001
 PROPERTY ADDRESS 13499 Truadelphia Rd Elliott City 21042
STREET TOWN ZIP
 TAX ACCOUNT # 355109 TAX MAP 0022 GRID 0014 PARCEL 0121 LOT NO. _____ LOT SIZE (ACRES) 1
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Jim Reuser
 DAYTIME PHONE (410) 446-6109 CELL _____ EMAIL _____
 MAILING ADDRESS 13499 Truadelphia Rd Elliott City MD 21042
STREET CITY, STATE ZIP

APPLICANT Jet Septic Inc RELATIONSHIP TO OWNER: _____
 DAYTIME PHONE (410) 875-2311 CELL _____ EMAIL jetseptic23@gmail.com
 MAILING ADDRESS 440 Bear Branch Rd Westminster MD 21157
STREET CITY, STATE ZIP

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

- PROPERTY:
- SUBDIVISION: TOTAL NUMBER OF BUILDABLE LOTS ON PLAT: _____ MAJOR MINOR
 - SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING)
 - CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
 - UPGRADE EXISTING OSDS FOR BUILDING PERMIT BUILDING PERMIT NUMBER: _____
 - REPAIR OR REPLACE FAILING OSDS
- BUILDING:
- RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
 - COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE/NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)
- IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?
- YES
 - NO

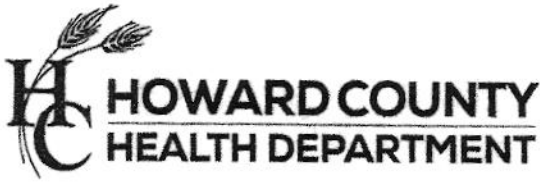
- AS APPLICANT, I UNDERSTAND THE FOLLOWING:
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
 - THE APPLICATION FEE IS NON-REFUNDABLE
 - THIS APPLICATION MUST BE ACCOMPANIED 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] 7/17/25
 SIGNATURE OF APPLICANT DATE

JW 7/17/2024

(paid) on line Kwoif



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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

Has the septic tank been pumped within the last month?

Yes Date pumped: 7/1/25
 No

Was a visual inspection of the septic tank and/or drain fields conducted?

Yes Explain observation: Drywell field
 No

Existing system design

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

Was a visual inspection of the sewage line conducted?

Yes
 No

Blockage Leading to the field

Yes Explain _____
 No

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: Jet Septic Inc. Contractor's Phone: 410-875-2311
 Contractor's Address: 440 Bear Branch Rd Westminster MD 21157
 Property Address: 13499 Triadelphia Rd County File: _____
 Subdivision: 3001 Lot: _____ Year Built: 1962
 Owner's Name: Jim Ruver 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.

2/2020

7/2/62

approved
7-3-62
JLW

PERMIT

P 05106

A 05030

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 6/27/62

INDEXED

INDEXED

Carl Williams IS PERMITTED TO INSTALL / ALTER

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED ~~At Folly Quarter Road - at intersection of Triadelphia Rd. and Folly Quarter Road - on south side going toward Glenslg High School~~

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER Schnoffer, Donald

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS 1 ABSORBENT SIDE-WALL AREA 101 X 11 SQ. FT. below the inlet

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

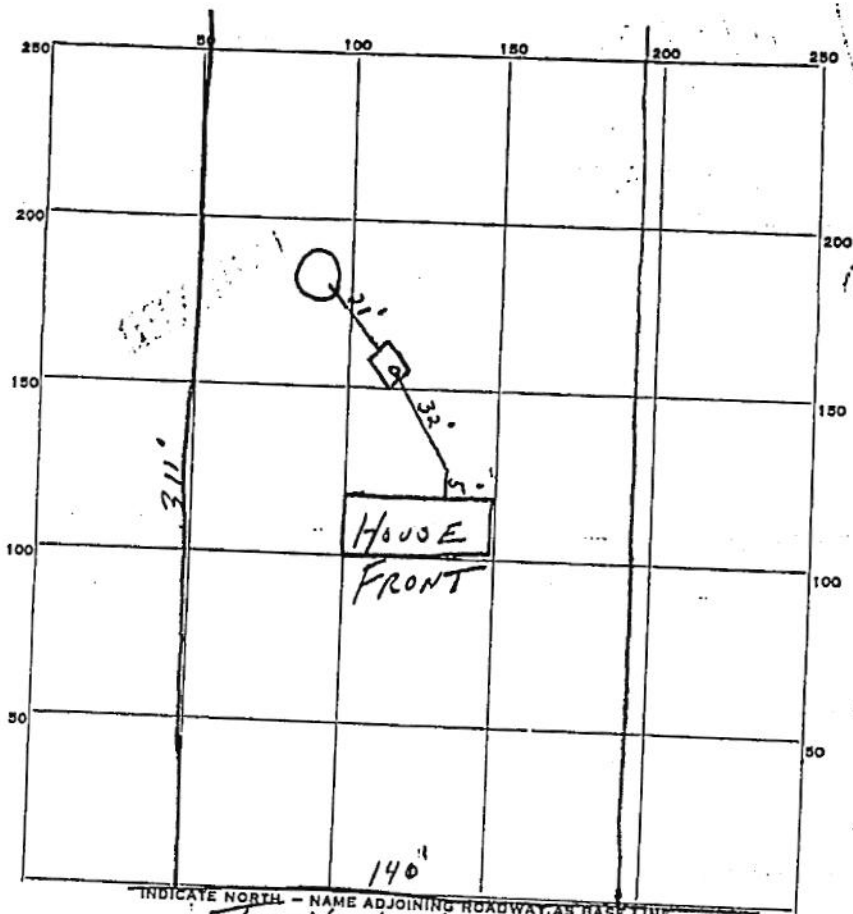
OTHER ~~Locate the dry well 156 feet from the front property line and 33 feet off the left side property line. Left side property line is determined when facing the lot from Folly Quarter Road. First 4 feet of original ground not to be counted as sidewall area.~~

PLANS APPROVED BY James E. Hennigan DATE 5/2/62

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 05030



PERMIT CARD eyes

SEPTIC TANK, LEVEL 750 gal concrete

CLEANOUTS 6" standard pipe

DISTRIBUTION BOX, LEVEL None

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 11 FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 7-2-62 Stone not around dry well JH

DATE SYSTEM APPROVED 7-3-62

INSPECTOR D.W. Monaghan

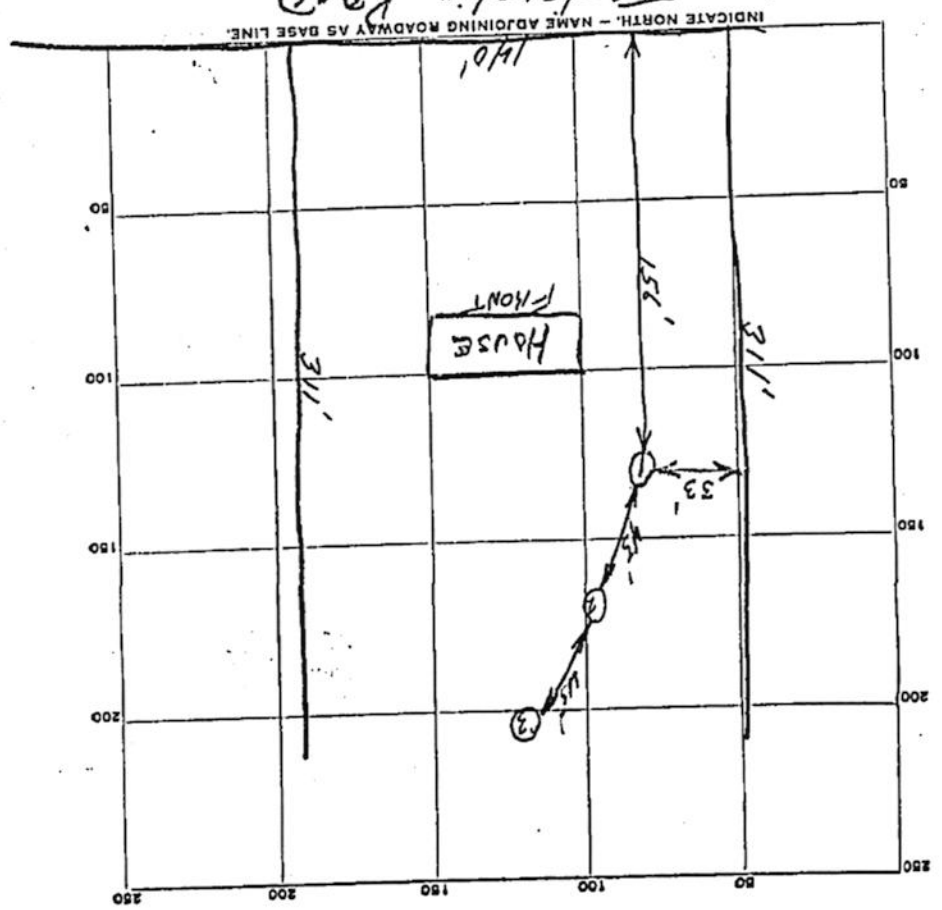
ALSO PRESENT
 4-25-62 *Chas. Simpson*
 REMARKS

TESTED BY *J.H. Williams*

SOIL AUGER FINDING *Lehigh Ave, 1, 2, 3. Hole 11 feet below surface.*

5-2-62

DATE	TEST NO.	DEPTH	PRE-WET START	STOP	TEST - 1" DROP START	STOP	TIME
4-25-62	1	3'	9:46	10:10	10:10	10:50	40 min
	2	1	9:47	10:37	10:37		20 min
	3	1	9:58	10:43	10:43		"
5-2-62	4	9'	10:15	10:23	10:23	10:33	10 min



APPLICATION

A 05030

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT _____

DATE 4/10/62

*one dry well 10 ft. in dia. by
11 ft. deep below top inlet located
156 ft. from the front property line and 33 ft. off
the left side property line. Left side
property line determined when facing the lot
from Folly Quarter road. First 4 ft. of
original ground not to be counted as sidewalk
area. 450 gal. septic tank.*

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

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

PROPERTY OWNER Donald Schaeffer

ADDRESS _____

PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION Folly Quarter Rd. - at intersection of
Triadelphia Rd & Folly Quarter Rd - on south side
going toward Glenely High School

OCCUPANT _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 140' x 311'

TYPE BLDG. _____

NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Charles G. Snyder

APPROVED BY James E. Heminger

FOR Paul Hill

(KIND OF SYSTEM)

DATE 5-2-62

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS 4-25-62 JH.

DATE

REASONS FOR REJECTION OR HOLDING 4-25-62 papers. - To sig for dry well JH.

THIS IS NOT A PERMIT