

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Kings Manor

PROPERTY ADDRESS 11910 Queen Street Fulton 20759

TAX ACCOUNT # 361176 TAX MAP 0041 GRID 0019 PARCEL 0294 LOT NO. 11 PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Russell Minnick

DAYTIME PHONE 301252-5948 CELL 3012525864 EMAIL Rustym@mdbi.us

MAILING ADDRESS 11910 Queen Street Fulton, MD 20759

APPLICANT Russell Minnick RELATIONSHIP TO OWNER: self

DAYTIME PHONE 301252 5948 CELL 3012525864 EMAIL Rustym@mdbi.us

MAILING ADDRESS 11910 Queen Street Fulton, MD 20759

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

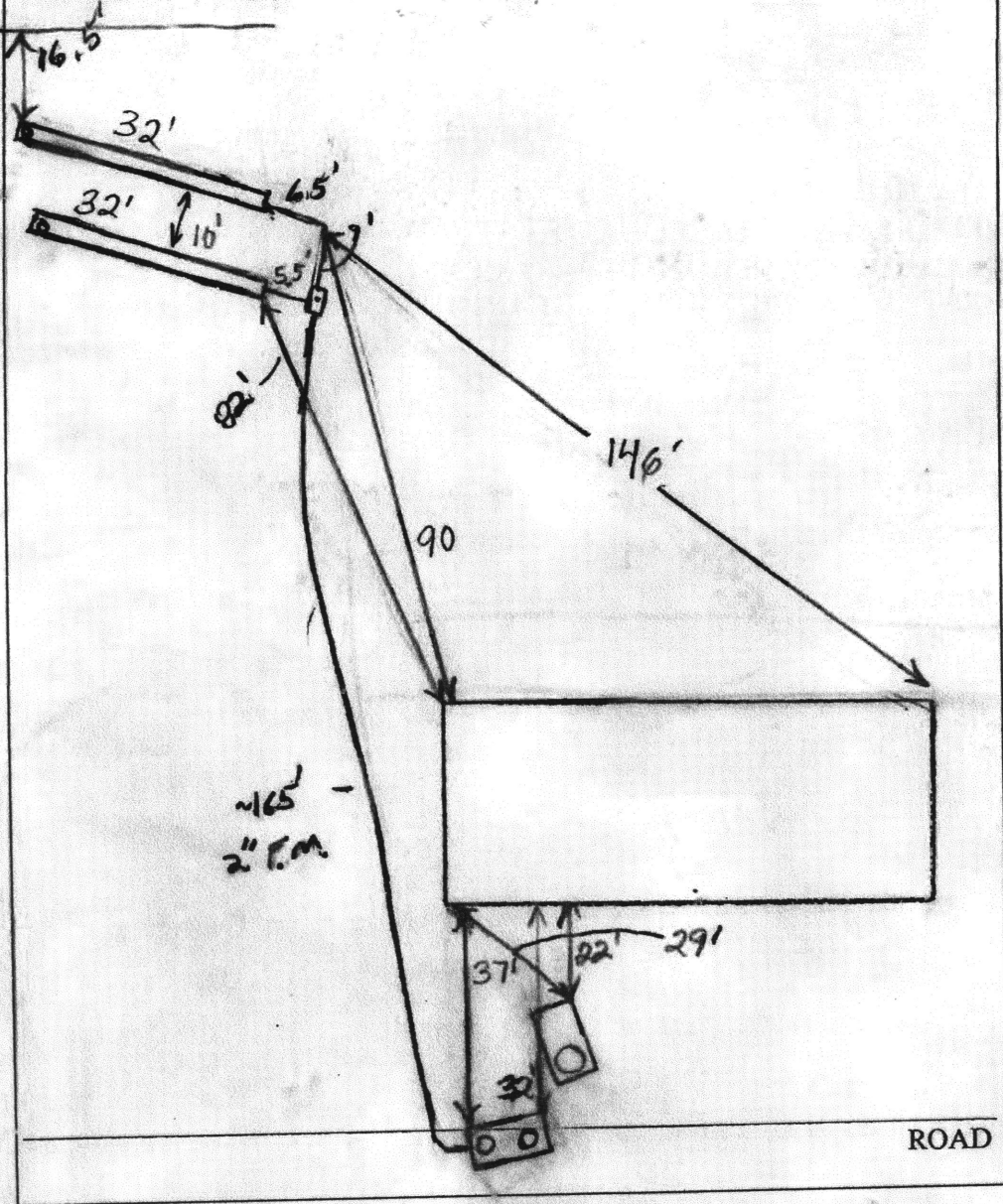
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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 4-21-25

Queen Street

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3.5'-4'	9'-9.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		64'
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		45' band
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	_____ GAL
SEAM LOC	Midseam
TANK LID DEPTH	1.5
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-2.5'
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Front/Rear
6" PORT LOC	none
WATERTIGHT TEST	No

PRE-CONSTRUCTION _____

INSTALLATION 2/16/2010 Tank set. Trenches finished. (RB)

2/17/10 2" F.M. set. Baffles installed on all tanks.

D box set. Told contractor to call in for inspection when pump and alarm has been installed. (RB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 2/23/2010



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

Paid total of \$330.

APR 532504

TEST DATE(S) _____ TEST TIME _____

AGENCY REVIEW: _____

DATE 1/19/10

DO NOT WRITE ABOVE THIS LINE

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 3 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) Russell Minnick

DAYTIME PHONE _____ CELL 301-252-5864 FAX _____

MAILING ADDRESS 11910 Queen St. Fulton MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT J. M. Contracting LLC 425 OBrecht Rd. Sykesville

DAYTIME PHONE _____ CELL 443-277-7526 FAX _____

MAILING ADDRESS 425 OBrecht Rd. Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
JOB DIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 11910 Queen St. Fulton Md. 20759
STREET TOWN/POST OFFICE

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

I, THE APPLICANT, 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 DETAILED SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "SS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

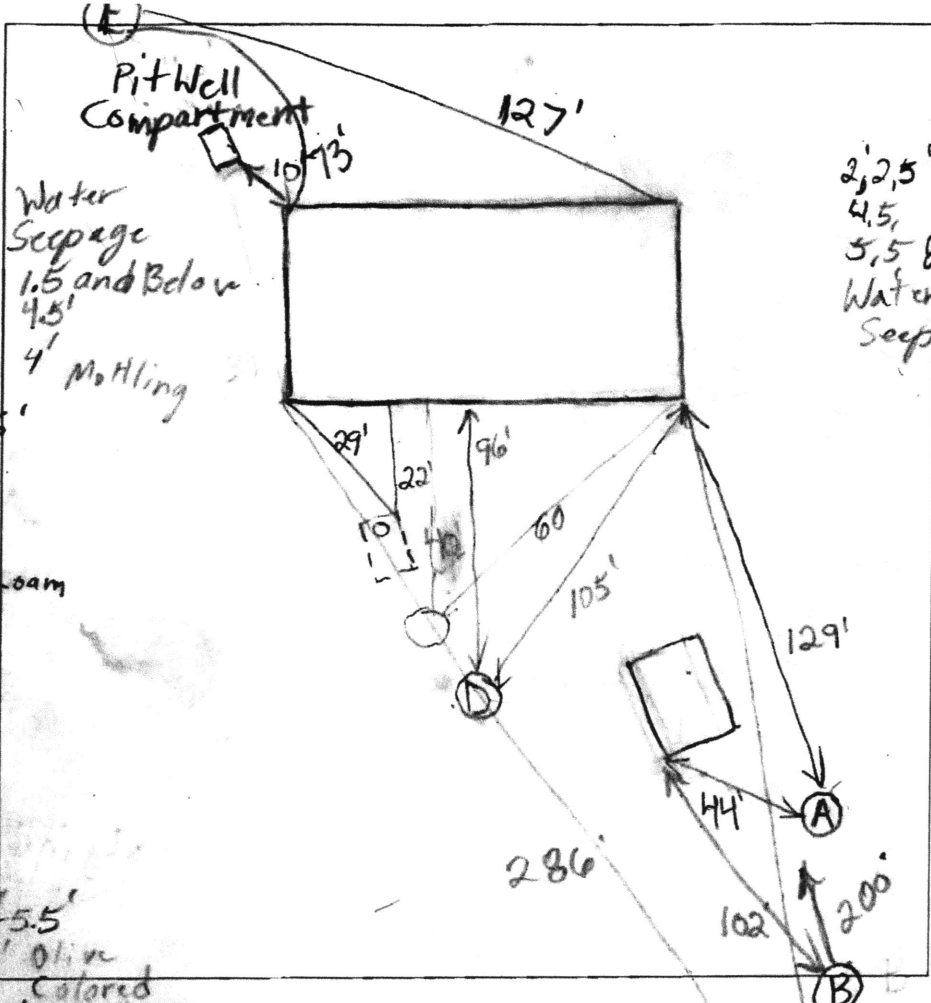
[Signature]
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

(A)
 Topsoil
 Or Br Dense Mottled Sa Cl Loam 5'
 Dense Br Si Cl Loam 5.5-6'
 Dense Grayish White Sa Cl Loam 7'
 Mottled Gray Olive Or Br Sa Cl Loam 10'
 Water 12.5'

(C)
 Topsoil
 Dense Red Br Si Cl Loam 4.5-5.5'
 Or Br Sa Cl Loam 6-6.5'
 Wet Br Sa-Sa Cl Loam 10.5'
 Seepage Water 14'

(E)
 Topsoil 6"
 Red Br Sa Cl Loam Some Quartzite 3.5-4'
 Red Br Loamy Sa Massive 10-15% Saprolite 15'



(B)
 Topsoil
 Dense Or Br Si Cl Loam 2-2.5'
 Or Br Sa Cl Loam 6'
 Olive, Or, Red, Gray Sa Loam Mottled
 Caving at 5' Bucket Filled As soon as Dig Water 11.5'

(D)
 Fill 1.5'
 Topsoil 2'
 Dense Cl Loam 10 yr 5/4 Mottled 4.5-5.5'
 Dense Mottled Si Cl Loam 7.5-8.5'
 Dense Or Br Sa Cl Loam 10.5'
 Dense Si Cl Loam 12'
 Water Seeping In at 3, 5' Caving 5.5' White and Or Mottles 5y 7/1
 Caving Below Fill

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PIF/H
1/26/2010	C	5'10"	Pulled, Little Movement				25'
		7'	Pulled, Little Movement				(C)
	E	4'9"	2:55:40	3:03	3:16:30	13 1/2	

REMARKS _____
 SANITARIAN _____ BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

2000
5/17/00

5/17/00

5/17/00
5/17/00
5/17/00