

Bureau of Environmental Health
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website: www.hchealth.org

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

545028

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Horton Heights LOT # 11

PROPERTY ADDRESS 11869 Ramsburg Rd Marriottsville Md
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) Mike Kennedy

DAYTIME PHONE 443-769-7114 CELL _____ EMAIL _____

MAILING ADDRESS 11869 Ramsburg Rd Marriottsville Md 21104
STREET CITY, STATE ZIP

APPLICANT Hatfield Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-984-0047 CELL _____ EMAIL _____

MAILING ADDRESS PO Box 519 Annapolis Junction Md 21071
STREET CITY, STATE ZIP

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

BUILDING:

- ☒ RESIDENTIAL WITH _____ EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
☐ COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
☐ REPAIR OR REPLACE FAILING OSDS
☐ UPGRADE EXISTING OSDS

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

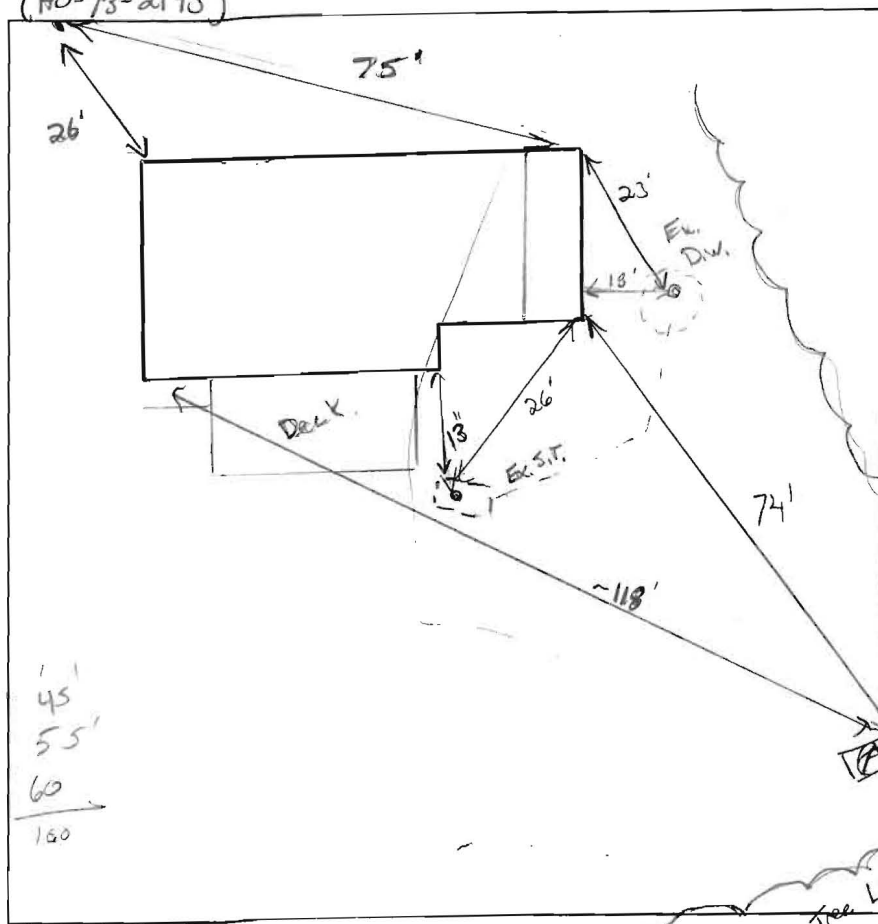
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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 or directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE

Ex Well
(HO-73-2193)



10' ZMOK, Friable
Br L, Friable,
wk MOK. roots

2' Br / Red Cl,
nitaceous,
Dry, wk - 80%
Frisable
200% rx

4-5 B/Y/R L
Heavy Platy
15% sheet clumps

6-7
Y/Ox/R L, SL
Highly micaceous.
Dry, wk platy,
15% schist

14' OK part
14' to
15'

[illegible]

H₂O poured @ bottom of hole (D = 7m)

REMARKS Deep clays, very highly compacted upper horizon. Deep system required.

SANITARIAN K. Wolf BACKHOE Donnie Simpson OTHERS Jeff Riter

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

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH *10 EFFECTIVE S/W 7