



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 3125 West Ivory Rd LOT # _____

PROPERTY ADDRESS West Friendship 21794
STREET TOWN ZIP

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

PROPERTY OWNER(S) Mark Schmorchun

DAYTIME PHONE 157 746-3454 CELL _____ EMAIL _____

MAILING ADDRESS _____
STREET CITY, STATE ZIP

APPLICANT South Carroll Backhoe RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 410 825-4197 CELL 410-396-3618 EMAIL S-C-Backhoe@comcast.net

MAILING ADDRESS 4410 Salem Bottom Rd Westminster 21157
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 as directly related to the requested permit/service.

Renata J. Schuch

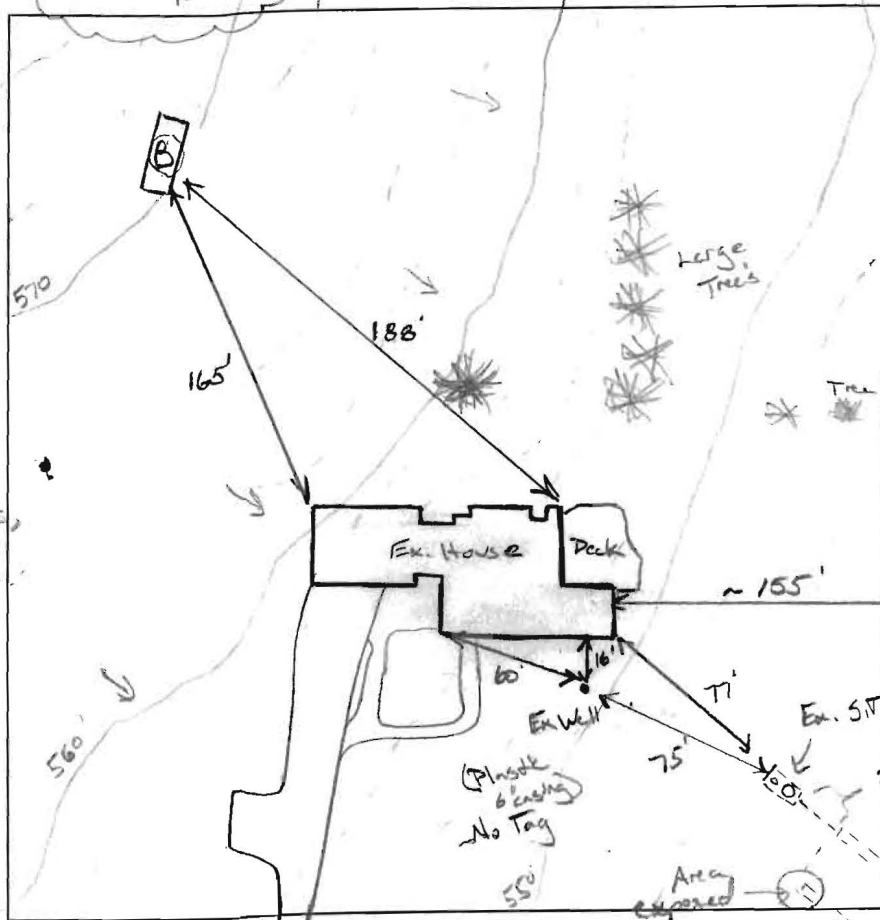
SIGNATURE OF APPLICANT

11-14-13

DATE

(A)
 10" OM, SBK
 roots
 Dk Br/Y CL
 Dense, CS
 slightly plastic
 1/4" ribbon
 MSBK, heavy
 lithochromite
 mottles,
 15% rk
 5' Br/Red, Hry
 CL, C
 manganese Deposits,
 mottling
 10' water

(B)
 10" OM, MSBK
 Friable
 Br/Y CL,
 WK SBK, CW
 Friable, roots
 2' Br/Y FSL,
 wk platy,
 WK spherulite
 ~5%
 7' highly micaceous
 smooth Boundary
 Br/Y/R SL,
 Friable, Dry
 micaceous,
 14' ↓



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/25/14	(A)		Deep clay limited depth to 20'				(F)
	(B)	5' 14'v	1:18	1:20	1:24	4	(P)
			(hole good for shallow Trench)				

*Ex S.T. is water table.

REMARKS: Plenty of Area, SRA → keep @ higher elevation's High H₂O Table

SANITARIAN K. Wolf BACKHOE S. Carroll OTHERS Alper

TEST HOLES USED IN SDA 2 AVG. PERC TIME 4 SQ. FT/BR

TRENCH WIDTH 10" INLET DEPTH 6 MAX. BOT DEPTH 3' EFFECTIVE SW

$$4(150) = \frac{600}{1.2} = 500 \div 2 = 250 (.44) = 110$$