

Bureau of Environmental Health
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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

LOT #

PROPERTY ADDRESS

8528 Reservoir RD
STREET

Fulton
TOWN

20759
ZIP

TAX ACCOUNT #

TAX MAP

GRID

PARCEL

ZONING DESIGNATION

PROPERTY OWNER(S)

Helen Martin

DAYTIME PHONE

301 498

CELL

EMAIL

MAILING ADDRESS

8528 Reservoir RD
STREET

Fulton MD
CITY, STATE

20759
ZIP

APPLICANT

Habbel's Equipment

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410 984-0047

CELL

EMAIL

MAILING ADDRESS

PO Box 519 Annapolis Junction MD
STREET

CITY, STATE

ZIP

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

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)

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

Feb 27th

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

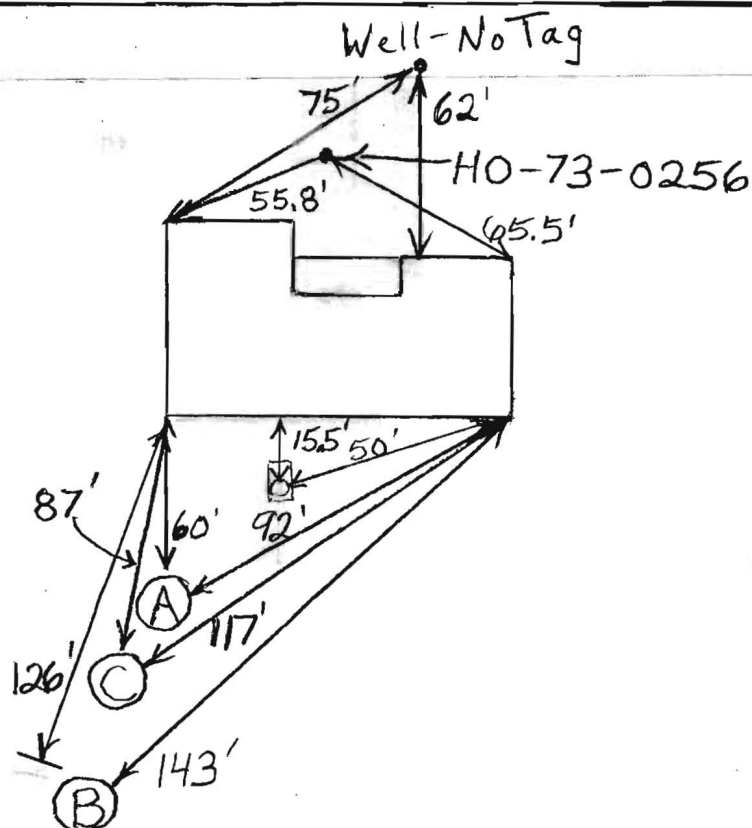
DATE

VP 544524

Ⓐ Br
Sa Loam -
Sa Cl Loam 2'-2.5'
Red Br Sa
Cl Loam 3.5'-4'
Red Br
Loamy Sa
10-15%
Saprolite
14'

Ⓑ
Topsoil 0.5'
Red Br
Moderately
Dense Cl Loam 2.5'-3'
Red Br Sa
Loam - Sa
Cl Loam 3.5'
Moderately
Course
Loamy Sa 7'
35-40%
Rock Below 7' 13'

Ⓒ
Topsoil,
Fill 1'-1.5'
Red Br
Cl Loam 2.5'-3'
Red Br
Sa Cl Loam 3.5'-4'
Moderately
Course
Red Br +
Beige
Loamy Sa
10-15%
Saprolite 13.5'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
2/27/2013	A	6'/14' V	10:58:45	11:03:45	11:10:05	6 1/2	P
	B	5.5'/13' V	11:42:30	11:13:45	11:45	1 1/4	F
	C	6'/13.5' V	12:11:40	12:13:55	12:18	4	P

REMARKS

Poured Water in Bottom of Holes - B was a Little Fast

SANITARIAN

B. Baker

BACKHOE

Hatfields

OTHERS

TEST HOLES USED IN SDA

A+C

AVG. PERC TIME

5 1/4

SQ. FT/BR

1.0

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH

EFFECTIVE S/W