

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

545026

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

LOT #

PROPERTY ADDRESS

STREET

TOWN

ZIP

TAX ACCOUNT #

TAX MAP

GRID

PARCEL

ZONING DESIGNATION

PROPERTY OWNER(S)

DAYTIME PHONE

CELL

EMAIL

MAILING ADDRESS

STREET

CITY, STATE

ZIP

APPLICANT

RELATIONSHIP TO OWNER:

DAYTIME PHONE

CELL

EMAIL

MAILING ADDRESS

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.

SIGNATURE OF APPLICANT

DATE

(A)

Red Br
Sa Cl Loam

3'

Or Br
Si Cl Loam

5.5-6'

Red Br Sa
Cl Loam -
Sa Loam

7.5-8'

Sa Loam -
Loamy Sa
25% Saprofite

13'

Getting
Wet Mottled

15.5'

(B)

Or Br Si
Cl Loam

3.5'

Transition

4'

Red Br Sa
Cl Loam

6'

7.5' Red Br Sa Loam

Red Br

Loamy Sa

Sa Loam

20-25% Saprofite

12'

Getting

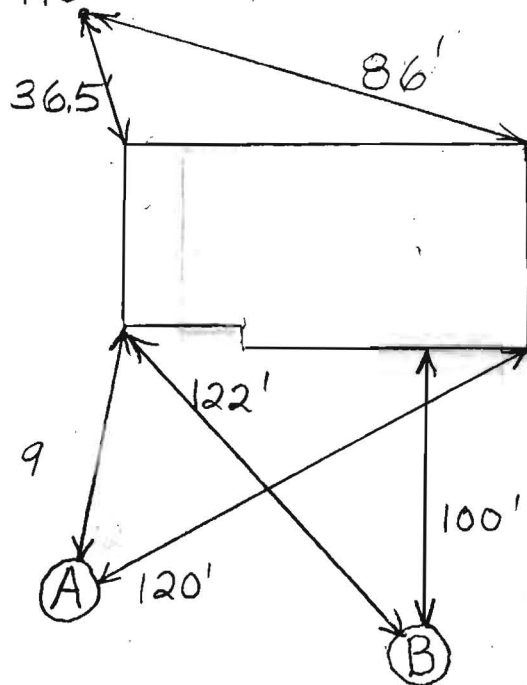
Wet

Mottling

12.5'

14.5'

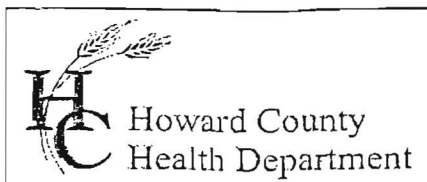
HO-73-0927



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/4/2013	A	63"/15.5'	10:54	10:58:30	11:07	8 1/2	P
	B	7'/14.5'	11:38	11:48:30	12:02:15	14	P

REMARKS Nice OutsideSANITARIAN B. Baker BACKHOE S. Carroll OTHERS HomeownerTEST HOLES USED IN SDA A+B AVG. PERC TIME 11 SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



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APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

545026

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____

PROPERTY ADDRESS 3900 Sharp Rd Glenwood 21738
STREET TOWN ZIP

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

PROPERTY OWNER(S) Rob Michael

DAYTIME PHONE 443-226-5804 CELL _____ EMAIL _____

MAILING ADDRESS 3900 Sharp Rd Glenwood 21738
STREET CITY, STATE ZIP

APPLICANT Scott Carroll Backhoe RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 410-855-4197 CELL 410-396-3618 EMAIL _____

MAILING ADDRESS 4410 Salem Bottom Rd Waltham 21157
STREET CITY, STATE ZIP

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BUILDING:

- ☐ RESIDENTIAL WITH _____ EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
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Kenneth L. Hessel

SIGNATURE OF APPLICANT

5/8/13

DATE

A

Red Br Sa
c / Loam

62

Or Br

Si C | Loam

5.5'-6

Red Br Sa

CI Loam-

5a Loam

7,5'-8'

sal-

Loamy Sa

~2570,

Saprolite

13.

Getting

15,5'

③

or Br Si

Cl Loam

3.5

Transition

4

Red Br. Sa

c. Loam.

6

Red Br-Sa

Loam

7.5

Red BrLoamy

Sa-Saloami

20-2570

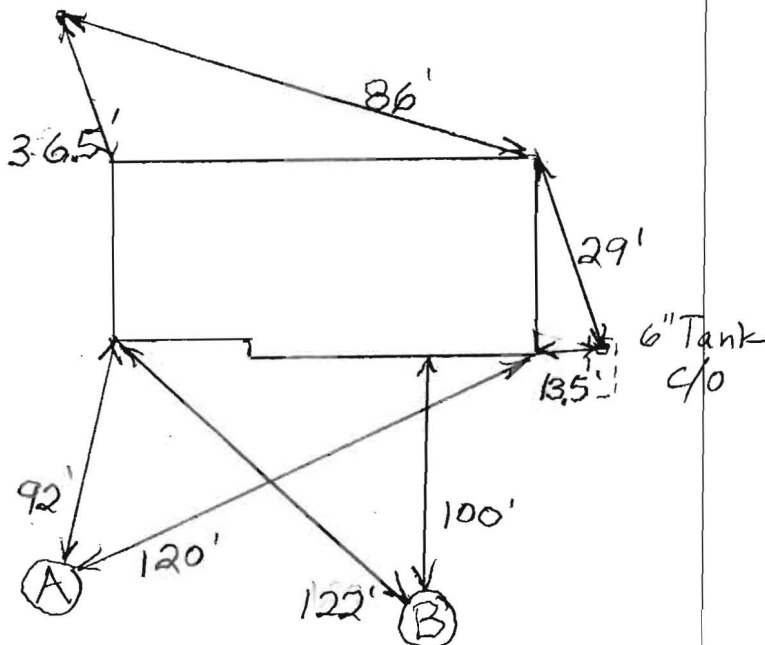
Saprophytic

12'

Getting

14.5

HO-73-0927

[illegible]

REMARKS

SANITARIAN B. Baker BACKHOE S. Carroll OTHERS /

TEST HOLES USED IN SDA A+B AVG. PERC TIME 11 SQ. FT/BR _____

TRENCH WIDTH 3' INLET DEPTH 5' MAX. BOT DEPTH 8' EFFECTIVE SW 1.5