

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Wesley Hills LOT # _____

PROPERTY ADDRESS 11439 Rowley Rd STREET TOWN ZIP

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

PROPERTY OWNER(S) Jennifer Zinderman

DAYTIME PHONE 410-693-6783 CELL _____ EMAIL _____

MAILING ADDRESS 11439 Rowley Rd STREET CITY, STATE ZIP

APPLICANT Bruce Bopst Freedom Septic RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 410-795-2947 CELL 410-984-6863 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.

Bruce Bopst

SIGNATURE OF APPLICANT

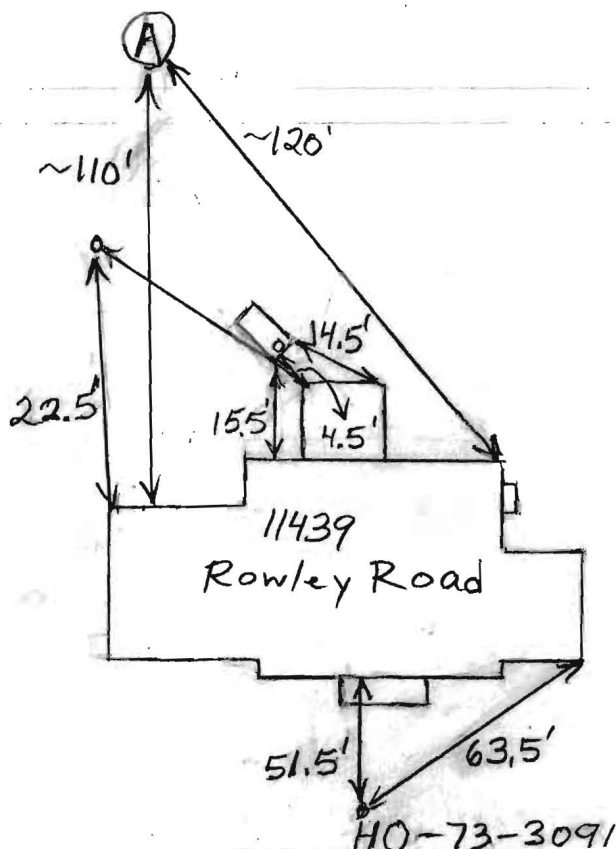
3/4/13

DATE

AIP 544553

(A)

0.5' Topsoil
 Red Br Cl
 Loam-Loam,
 sbk
 2' Red Br Sa
 cl Loam
 2.5' Red Br Sa
 Loam
 3.5' Light Br
 Med. Loamy
 Sa ~ 30%
 Rock + Saprolite
 ~14' Mottling
 15' Dry



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/13/2013	A	4.5/15'	11:20	11:24:30	11:32:30	8	P

REMARKS Water Poured in Bottom of Hole - Rate O.K.SANITARIAN B. Baker BACKHOE Freedom OTHERS _____TEST HOLES USED IN SDA A AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____