



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 8519 Reservoir Rd Fulton MD 20759

TAX ACCOUNT # TAX MAP TAX MAP GRID 0012 PARCEL 0056 LOT NO. PROPOSED LOT SIZE (ACRES) 1.04 acre

ZONING CATEGORY TIER

PROPERTY OWNER(S) Ira Kaplan

DAYTIME PHONE 301 536 1944 CELL EMAIL

MAILING ADDRESS STREET CITY, STATE ZIP

APPLICANT Mike Picarella w/ Pickles Services RELATIONSHIP TO OWNER: septic installer

DAYTIME PHONE 301 514 7938 CELL EMAIL pickleservices@aol.com

MAILING ADDRESS 721 Hapes Mill Rd Taneytown MD 21787

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

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
REPAIR OR REPLACE FAILING OSDS
UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

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.

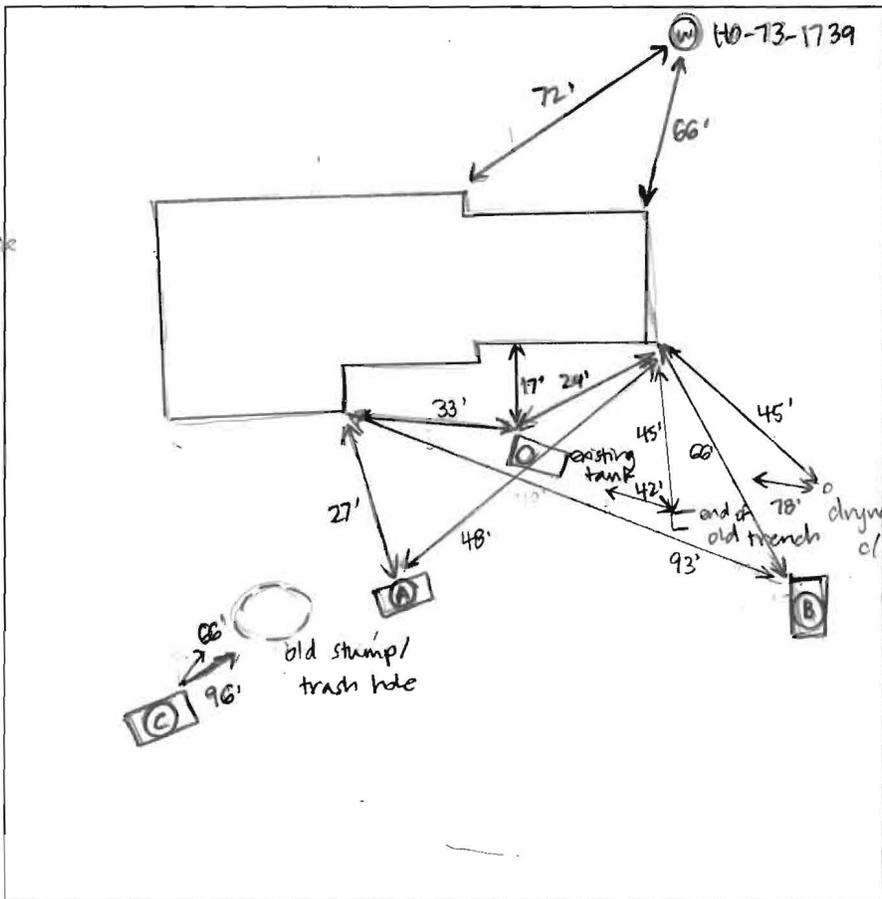
Handwritten signature of Mike Picarella

7/29/16

SIGNATURE OF APPLICANT

DATE

(A)
 8" dk brn scl
 16" red brn scl roots
 (4) brn sl many mica possible fill
 red brn sl many mica drain pipe
 (NE) 7.5' Saprolite pocket
 10' red brn sl many mica
 (SW)



(B)
 8" dk brn scl
 red/yel brn scl tight
 roots sbk
 7' red brn sl
 Saprolite pockets
 friable
 12' hard bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/5/16	(A)	13.5'	water poured at of hole		bottom	~5 mins	P
	(B)	6' / 12'	12:10:50	12:25		no movement	F
	(A)	4' / 13.5'	12:42:40	12:44:30	12:48:40	4 mins	P
	(C)	13.5'	water poured to of hole		bottom	~3 mins	P
	(C)	6' / 13.5'	1:09:10	1:11:50	1:16:30	5 mins	P

(C)
 8" dk brn roots
 brn scl sbk roots
 3.5' red brn sl rock pocket on NE side
 (4) red brn sl many mica
 friable mica
 (NE) 7' red brn sl
 Saprolite many pocket mica
 9' red brn sl many mica
 13.5'

REMARKS _____
 SANITARIAN Sarah Collins BACKHOE Mike Picarella OTHERS Kevin Wolf, Ira Kaplan,
 TEST HOLES USED IN SDA A, C AVG. PERC TIME 4.5 min:SQ. FT/BR 4 BR helper
 TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 9.5' EFFECTIVE SW 4' → 9.5'