



Howard County
Health Department

Bureau of Environmental Health
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Maura J. Rossinan, M.D., Acting Health Officer

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Glenwood Springs LOT # 8

PROPERTY ADDRESS 2811 Saddletree Court Glenwood Md 21738
STREET TOWN ZIP

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

PROPERTY OWNER(S) Orlando Nocal

DAYTIME PHONE 301 679 1385 CELL _____ EMAIL _____

MAILING ADDRESS 2811 Saddletree Ct _____
STREET CITY, STATE ZIP

APPLICANT Hatchell RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 301 450 4289 CELL 410 984-0047 EMAIL _____

MAILING ADDRESS PO Box 519 Annapolis Junction Md 20701
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

AP 546360

A

2'-3' Fairly Dense
Fine sbk
Or Br Si
Cl Loam

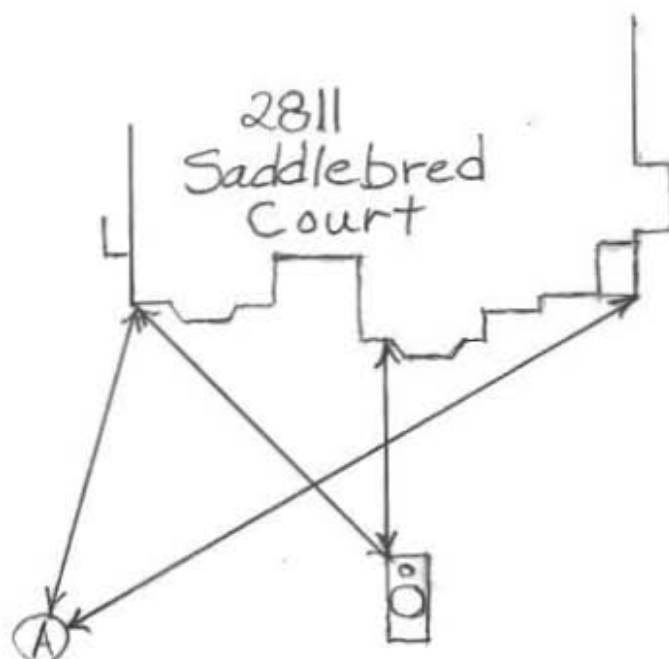
3'-3.5' Fairly Dense
Or Red Loam
Med Fine Jbk
Dense Or Br
Sa Cl Loam

4' Very Dense
Med Fine
Or Br Sa,
Sa Cl + Loamy
sa Mixture

8' Very Dense
Med Fine
Loamy Sa

14.5' ~20% Rock

Water at 12.5'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/5/2014	A	6'/14.5'	10:58:30	11:09	11:23:30	13 1/2	P
		8'	11:36:30	11:40:45	11:47:45	7	P

REMARKS

SANITARIAN B. Baker BACKHOE Hotfields OTHERS Mr. DocalTEST HOLES USED IN SDA A AVG. PERC TIME SQ. FT/BRTRENCH WIDTH INLET DEPTH MAX. BOT DEPTH 8' EFFECTIVE S/W 5'