

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

3295 Saddle Horse Ct

Glenwood

21738

STREET

TOWN

ZIP

TAX ACCOUNT #

TAX MAP

GRID

PARCEL

LOT NO.

PROPOSED LOT
SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Len Shumake

DAYTIME PHONE

443-745-1600

CELL

EMAIL

MAILING ADDRESS

3295 Saddle Horse Ct

Glenwood

21738

STREET

CITY, STATE

ZIP

APPLICANT

South Carroll Backhoe

RELATIONSHIP TO OWNER:

DAYTIME PHONE

CELL

596-3618

EMAIL

SCBackhoe@comcast.net

MAILING ADDRESS

4410 Salem Bottom Rd

Westminster

21157

STREET

CITY, STATE

ZIP

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 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.

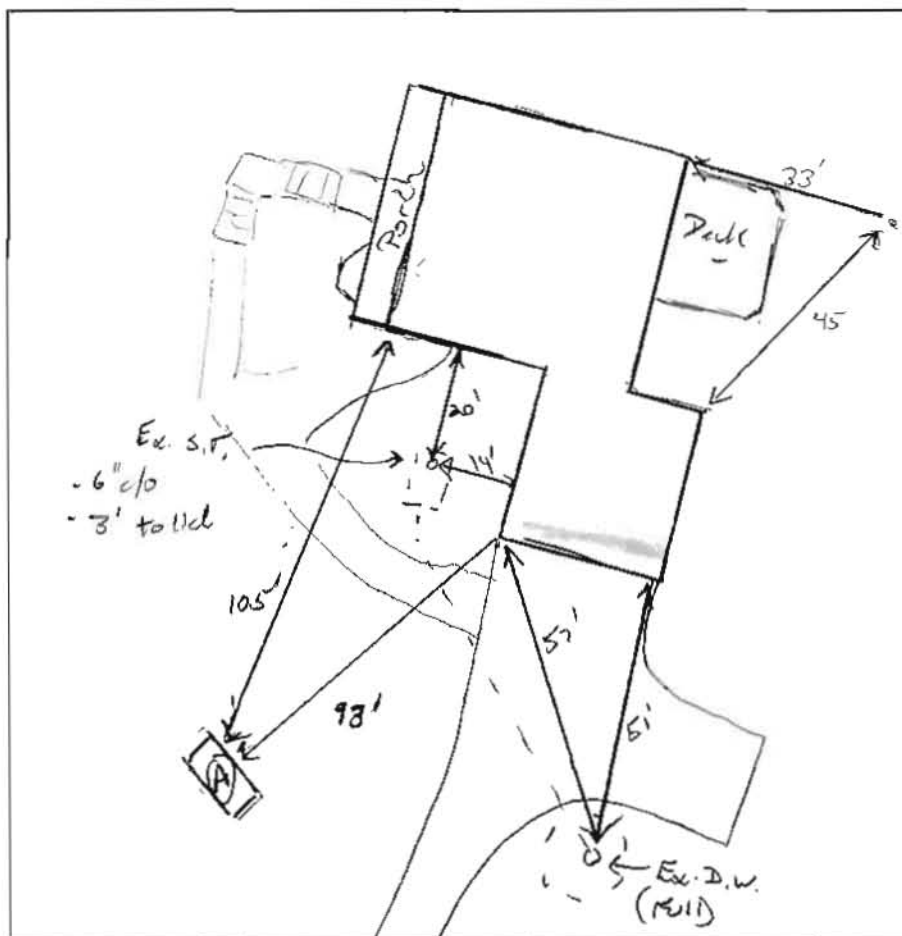
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Benrich J. Schuss

9-21-17

SIGNATURE OF APPLICANT

DATE



Ex well
Dotted
(No. 12)

(A)

Br Dense
CL, msOK
Frisable, cw
58 BR
11 Br, Pale Br.
Sil, WSOX
Few chumers
Dry, 10% Sphatite
Pale Br/Y
Sil, WK -
complety,
Dry.
10% Sphatite

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/10/17	(A)	5' / 15'	00:11	00:18	00:27	9	P

H₂O poured @ Bottom — ~5 P

REMARKS _____

SANITARIAN K. Wolf BACKHOE Drew OTHERS Kenny, Hefner

TEST HOLES USED IN SDA _____ AVG. PERC TIME 9 SQ. FT/BR _____

TRENCH WIDTH 2' INLET DEPTH 3 MAX. BOT DEPTH 9 EFFECTIVE S/W .5 (36)

$$58R = 750 \text{ spd} \\ 0.8 = 937.5 \div 2 = 469 (.36) = 170 \text{ LF} \quad (2 \times 0.5')$$