



Bureau of Environmental Health  
 8930 Stanford Blvd | Columbia, MD 21045  
 410.313.2640 - Voice/Relay  
 410.313.2648 - Fax  
 1.866.313.6300 - Toll Free

AS 07990

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

Repair

**APPLICATION  
 FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME Morris Field  
 PROPERTY ADDRESS 11697 Wayneridge Street Fulton MD 20759  
STREET TOWN ZIP  
 TAX ACCOUNT # 366151 TAX MAP 0641 GRID 0020 PARCEL 0331 LOT NO. 13B PROPOSED LOT SIZE (ACRES) 2.2300  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Sidney Hall  
 DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_

APPLICANT Hatfields Equipment RELATIONSHIP TO OWNER: \_\_\_\_\_  
 DAYTIME PHONE 301 440 4289 CELL 410 484 4888 EMAIL ihatfield@hatfieldsequipment.com  
 MAILING ADDRESS P O 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):**

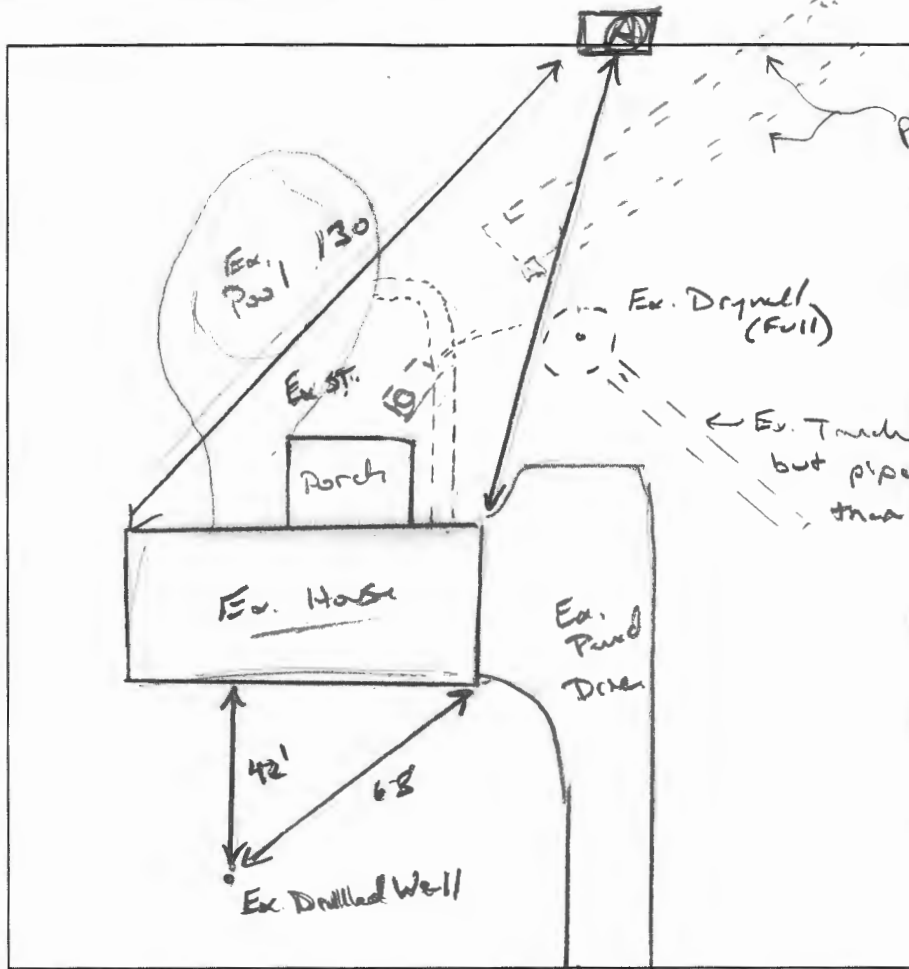
- PROPERTY:
- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: \_\_\_\_\_
  - SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING)  MAJOR  MINOR
  - CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
  - REPAIR OR REPLACE FAILING OSDS
  - UPGRADE EXISTING OSDS
- BUILDING:
- RESIDENTIAL WITH 4 EXISTING OR PROPOSED 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.

Kr Hatfield 9/17/20  
SIGNATURE OF APPLICANT DATE



clean insert higher pipe laying tank.

Proposed New Tracks (on contour)

1' Dk Gr/rd L  
WMSK, not  
Red/Gr CL,  
MFSK,  
Frable, CW  
5% rx.

3' 1: Br/Rd CL  
WK Co SBK,  
15% spalte,  
15% rd, CW

5' 1: Br/Rd/YL,  
M Co SBK, CW  
Dense,

7' 1: Br/Rd/Y SL  
WK pl,  
Frable,  
Highly micaceous  
15% spalte  
10% channels

14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/29/20	(A)	7' 14"	00:58	01:01	1:06	5	P
			120 poured @ 14" ~ 8mp P.				
			* Dense clay / Clay loam above				
		6 1/2 - 7'					

REMARKS Ex. Drywell failed. owner wanted system sized for 4BR.

SANITARIAN K. Wolf BACKHOE Donna Superior OTHERS Todd OWNER

TEST HOLES USED IN SDA 1 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH 2' INLET DEPTH 5.5' MAX. BOT DEPTH 10' EFFECTIVE SW 7' (44)

3 BR.  

$$\text{units } 4BR = \frac{600 \text{ gal}}{1.2} = 500 \div 2 = 250 \text{ (GPH)} \times 1.2 = 110 \text{ (2x5)}$$

5/18/67  
10/21/75  
2 PM

# APPLICATION

A 12640  
P \_\_\_\_\_

SEWAGE DISPOSAL TESTING  
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 1000 gal.  
Dry Well - 500 sq ft absolute no-leak area to begin below the inlet pipe. Inlet pipe to be 3' 4" below grade. Maximum depth permitted for dry well below original grade is 13 ft.  
Place Dry Well 159 ft from rear lot line and 64 ft from the right sideline as seen when facing from front of lot.

DISTRICT 5  
DATE 5/11/67

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER: Elmer H. and Martha Jane Seal

ADDRESS: 14241 Cedarbrook Dr., Silver Spring, Md. PHONE 384-6012

PROPERTY LOCATION:

SUBDIVISION: Mooresfield LOT NO. Parcel

ROAD AND DESCRIPTION: End of Wayneridge St. - South side

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT: 2,238 sq ft TYPE BLDG. 4 (Single Fmly. Dwlg.)

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT: Elmer H. Seal

APPROVED BY: Donald W. Maxham FOR Dry Well DATE 6-22-67

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

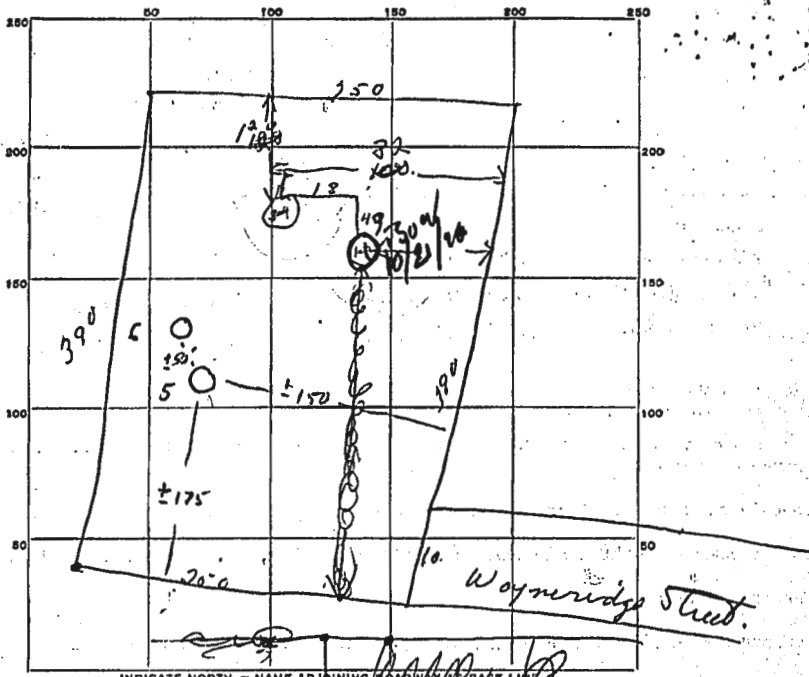
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

146

36  
68



INDICATE NORTH - NAME ADJOINING PROPERTY BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-22-67	1	11 ft	9 48	9 41	9 49	9 51	2 min
	2	8 1/2 ft	9 50	9 51	9 51	9 54	3 min
	3	10 6 ft	10 00	10 05	10 05	10 15	10 min
	4	4 ft	10 07	overtime			
R7M 4-7-76	5	10	water at	5-6'			
	6	10	"	"	"		
10/21/67	Visual	13'	OK.				

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY: *[Signature]*

REMARKS: *max depth 13' - hole in for Dry Well.*

*also present [Signature]*