

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

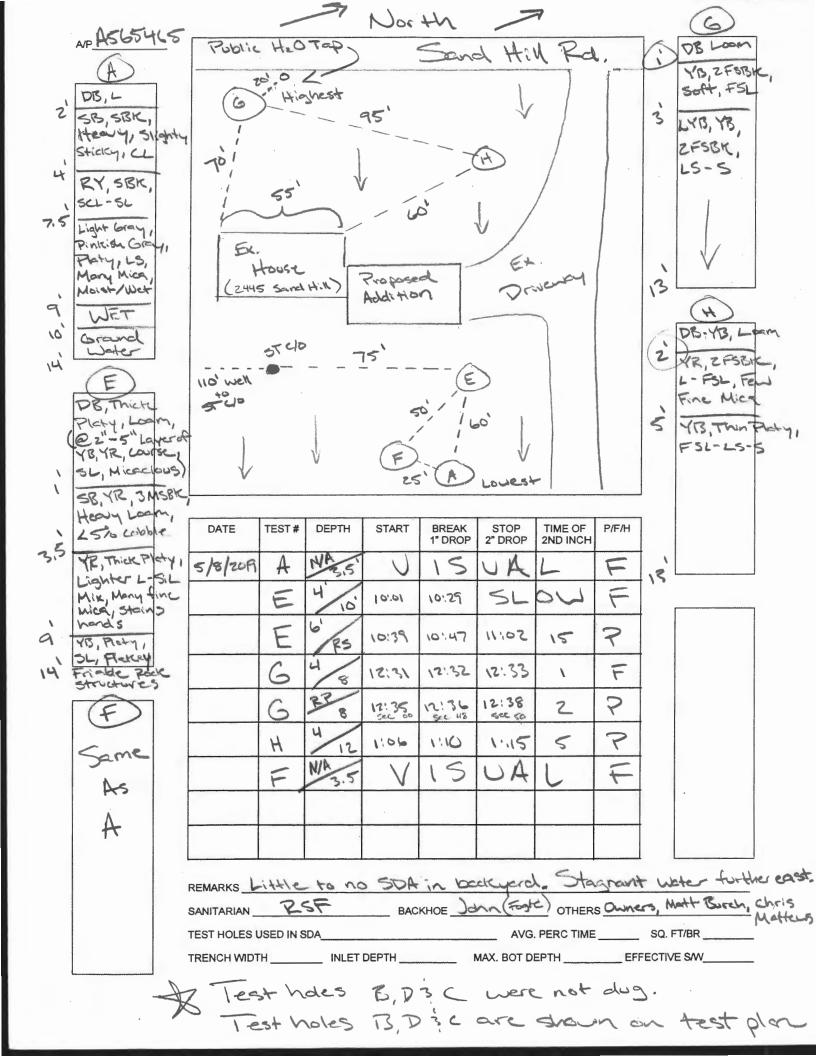
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Maura J. Rossman, M.D., Health Officer

APPLICATION

FOR PERCOLATION TESTING AND SITE EVAI	

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME SAND HILL ACVES
PROPERTY ADDRESS 2445 Sand Hill Rd
STREET TOWN ZIP PROPOSED LOT
TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO SIZE (ACRES)
ZONING CATEGORY TIER
PROPERTY OWNER(S) Kristen Evans
DAYTIME PHONE CELL MAIL
MAILING ADDRESS 2445 Sand Hill Rd Fibicott City Ma 2/043
APPLICANT Foole's SURVE CLORIS RELATIONSHIP TO OWNER: CONTRACTOR
DAYTIME PHONE 410. 795. 57070 CELL EMAIL
MAILING ADDRESS 580 Object Ad Sykesulle Md 31784
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.
SIGNATURE OF APPLICANT DATE





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

Date: May 15, 2019

To: Kristen Evans

2445 Sand Hill Rd

Ellicott City, MD 21043

Re: Percolation Test Report

2445 Sand Hill Rd Ellicott City, MD 21043

Percolation tests were conducted at 2445 Sand Hill Rd (Tax Map 16, Parcel 402) on 5/8/2019. Tests and profile descriptions were documented for locations A, E, F, G and H. Three out of the five test holes passed (E, G & H). Holes D, C & B shown on the test plan were not dug. All holes must be field located and accurately represented on the percolation certification plan.

All percolation tests conducted were standard tests, measuring rate of fall for a pre-wet period followed by measurement and recordation of the time required for the water level to drop 1 inch. Areas that may be included in the septic reserve area are represented by test locations having satisfactory soil conditions. The area must be large enough to accommodate two replacement systems. If two systems cannot fit the Health Dept. may consider allowing 1 replacement system which will require Best Available Technology (BAT) upon needed use of the area.

The next step in the process is to have an engineer/consultant submit a percolation certification plan to confirm the design of the sewage disposal area.

Should you have any questions regarding this evaluation, please contact me. I may be reached at (410) 313-6357 or by email rfreemon@howardcountymd.gov

Respectfully,

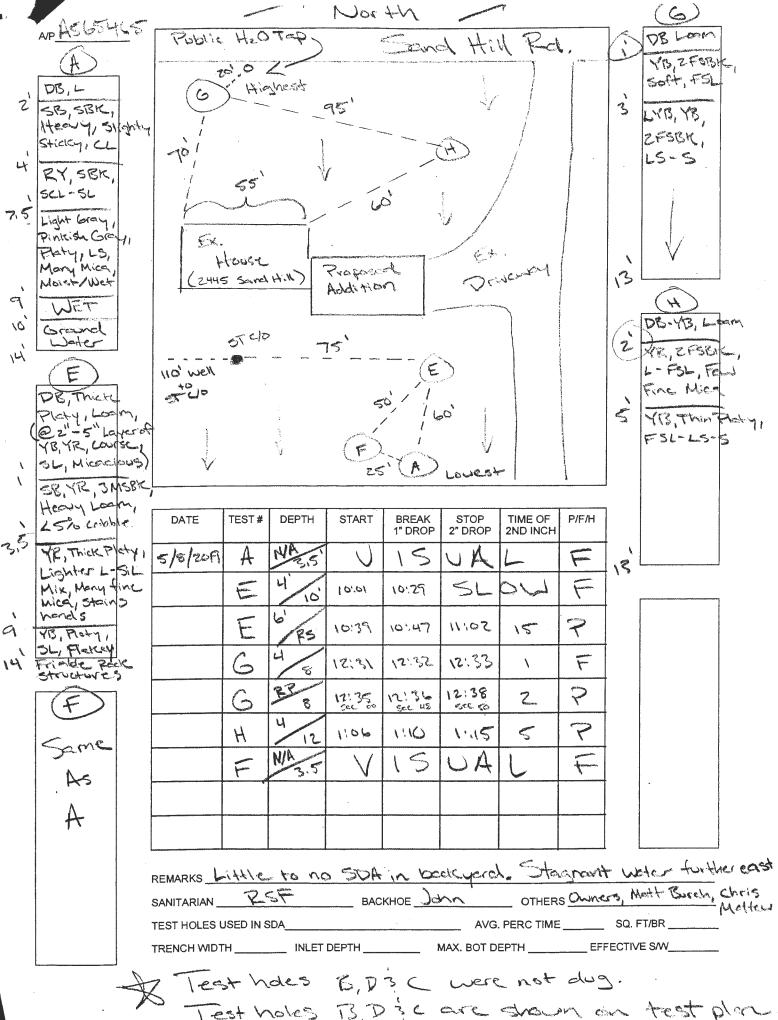
Robert Freemon

Bureau of Environmental Health

Well & Septic Program

Rot for Time

Attachment: Percolation Field Notes



Test holes B.Dic are shown on test plan

