



# HOWARD COUNTY HEALTH DEPARTMENT

55770

DATE  
3/16/15

P5

Received  
From

PHONE #

31254-6172

☐ CASH

☐ CHECK

NO.

3212

For

Septic Tank - 11804 Knapwood Rd.  
Repair

\$

11,500

Dollars

Received By

[Signature]



# HOWARD COUNTY HEALTH DEPARTMENT

DATE

3/10/15

Received  
From

Waterford Equipment

PHONE

For

Captac Kromet - 1180  
Repair

☐ CASH

☐ CHECK

NO.

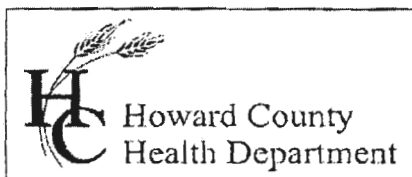
3342

\$

115.00

Received By

[Signature]



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

## APPLICATION

### FOR PERCOLATION TESTING AND SITE EVALUATION

545028

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Horton Heights LOT # 11

PROPERTY ADDRESS 11869 Ramsburg Rd Marriottsville MD  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) Mike Kennedy

DAYTIME PHONE 443-769 7114 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 11869 Ramsburg Rd Marriottsville MD 21104  
STREET CITY, STATE ZIP

APPLICANT Hatfield's Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-984-0047 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS Po Box 519 Annapolis Junction MD 21071  
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 or directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE

5-9-13

100

[illegible]

45  
55  
60  

---

100

2

2

42

-7



1

14

1

1

1

1

1

[illegible]

REMARKS H<sub>2</sub>O poured @ bottom of hole @ ~ 7 mpi  
Deep chime, very tightly compacted upper horizon. Deep system required.

SANITARIAN K. Wolf BACKHOE Dennis Simpson OTHERS Jeff Hiler

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

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH \*10 EFFECTIVE SW 7