HOWARD COUNTY HEALTH DEPARTMENT

46352

A-5

CODES		DATE 5/8/14

☐ CASH
☒ CHECK

NO. 45709

Received From **Foalc's**

For **Perc Repair - 11865 Ramsbury RD**

Three hundred thirty 00/100 Dollars

$ **330 | 00**

Received By **Marian Curry**

Howard County Health Department
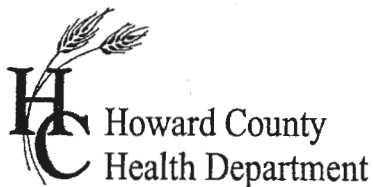
APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:
- ❑ CONSTRUCT NEW SEPTIC SYSTEM(S)
- ❑ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- ❑ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:
- ❑ NEW STRUCTURE(S)
- ❑ ADDITION TO AN EXISTING STRUCTURE
- ❑ REPLACE AN EXISTING STRUCTURE

CHECK ONE:
- ❑ CREATE NEW LOT(S)
- ❑ BUILD ON AN EXISTING LOT IN A SUBDIVISION
- ❑ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?
- ❑ YES
- ❑ NO

THE TYPE OF STRUCTURE IS:
- ❑ RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- ❑ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- ❑ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
    STREET   CITY/TOWN   STATE   ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
    STREET   CITY/TOWN   STATE   ZIP

APPLICANT'S ROLE: DEVELOPER   BUILDER   BUYER   RELATIVE/FRIEND   REALTOR   CONSULTANT

PROPERTY LOCATION
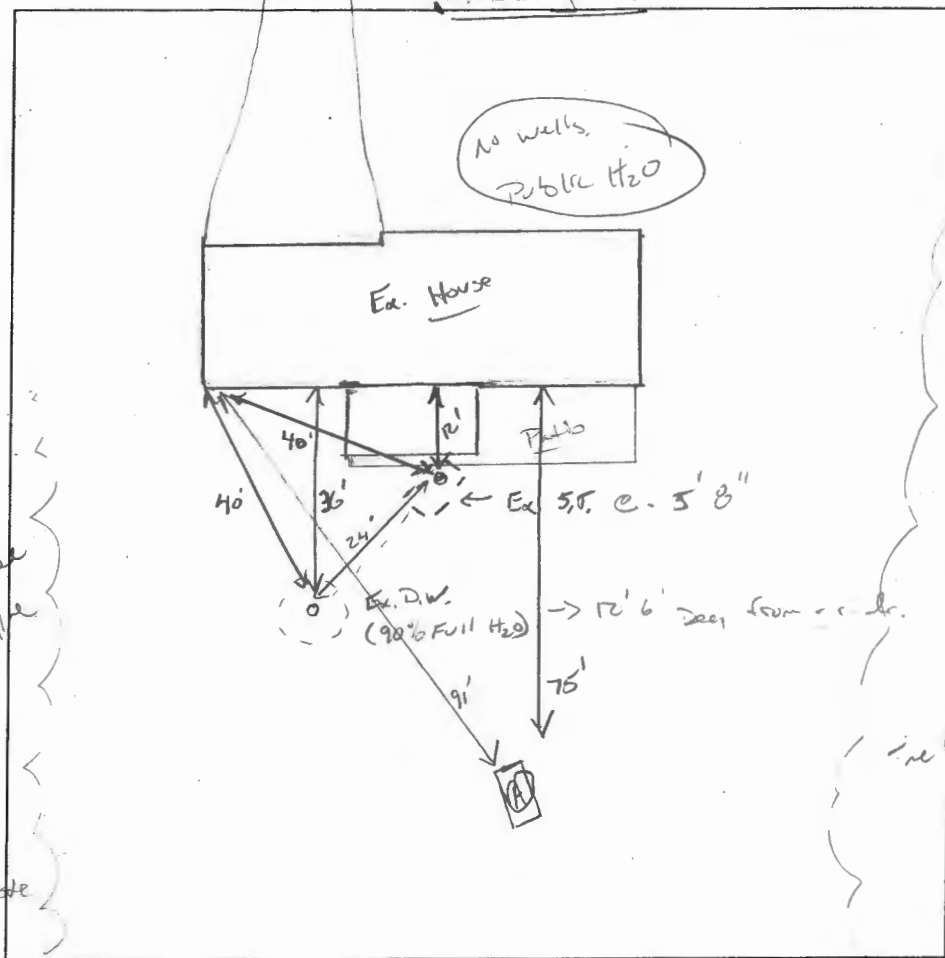SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
    STREET   TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPT-ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT. _____
                                                      SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE   COLUMBIA, MARYLAND 21046 (410) 313-1771   FAX (410) 313-2648
TDD (410) 313-2323   TOLL FREE 1-877-4MD-DHMH

HD-216 (2/03)   PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

A/P **546352**

Ramsburg Ct.

Ex. House

No wells.
Public H₂O

40'
40'
36'
24'
2'
Patio

← Ex. S.T. @ 5'8"

Ex. D.W.
(90% Full H₂O) → 12'6" deep from grade.

9'
75'

(A)

Tree line

(A)

Dck Br, L,
Dense, roots
mSBK

10"

Rd/Br. Cl,
Friable, slightly Plastc
CW, mSBK

2'

Br/Rd L,
mSBK
CW, Dry,
5% saprolite
10% schist

5'

Br/Rd/BL
Friable, platy
10% schist + saprolite

7½'

Heavy Br/Y SL,
25% schist + saprolite

12'

Highly micaceous.
weathered material

formed platy
very Friable,
weak, Dry

176"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/28/14	(A)	6'3" / 176"	12:25	12:31	12:39	8	(P)

REMARKS Drywell exposed, full of H₂O Owner expressed he does not want pump tank

SANITARIAN K. Wolf   BACKHOE Ed = Fogle's   OTHERS Owner

TEST HOLES USED IN SDA _____ 1 _____   AVG. PERC TIME _____   SQ. FT/BR 0.8

TRENCH WIDTH 2'   INLET DEPTH 4'   MAX. BOT DEPTH 10'   EFFECTIVE S/W 5.5'

3BR = 450gpd / 0.8 = 562.05 ÷ 2 = 281.25 (.33) = 93 LF   268 for stone