



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 532468

AGENCY REVIEW: _____

DATE 12-7-09

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 3 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) Rosanne Torosino

DAYTIME PHONE 410-744-0612 WORK 301-688-7724 CELL FAX

MAILING ADDRESS 5199 Talbots Landing Ellicott City MD 21043
STREET CITY/TOWN STATE ZIP

APPLICANT J.M. Contracting LLC / Rennie Heaps

DAYTIME PHONE 443-277-7526 CELL Same FAX 410-552-5815

MAILING ADDRESS 425 Obrecht Rd. Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

INSTALLER

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 5199 Talbots Landing Ellicott City 21048
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 ACCEPTABLE 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

5199 Talbots Landing Rd.

B

Brn loan
1mpl to 1fsbk

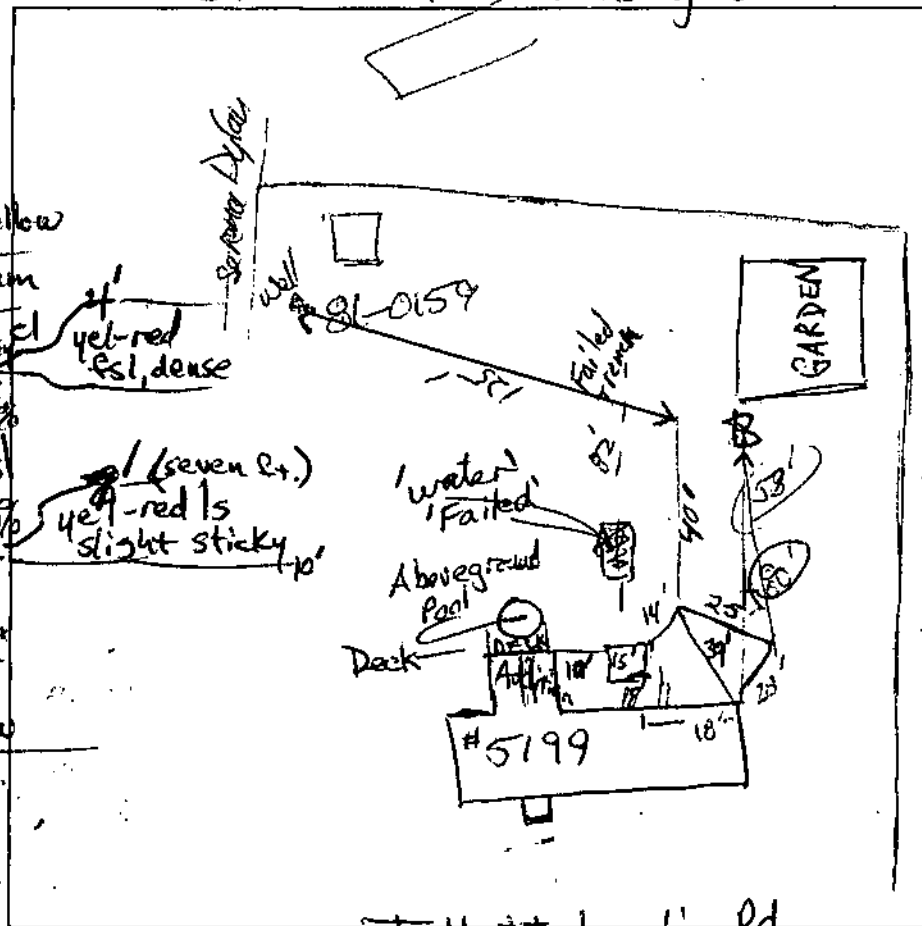
grey grl
red layer (cl)

1.5	gray-yellow loam, mtd red
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2.4	yellowish	stuck
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5.5 brown obsl slight
" brown ls sticky

11.5 stop

[illegible]

Talbotts Landing Rd

[illegible]

REMARKS

SANITARIAN

TEST HOLES USED IN SDA

TRENCH WIDTH

INLET DEPTH

INLET DEPTH 4

MAX BOT DEPTH 7 ± 10

EFFECTIVE S&W

الحمد لله

REMARKS Repair perc, old Trench Failed

SANITARIAN **DR**

BACKHOE

Ernie Heald

Woody & Bob; Rose ^{ms} NO

TEST HOLES USED IN SDA $A \neq B$

AVG. PERC TIME 8

SQ. FT/BR 187.5

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH 7 ± 10

EFFECTIVE SW 3

Fee Paid \$
Receipt #P

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: 12-7-09

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) ☒

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? Yes

In support of a building permit. Type of building addition: NO

*System relocation for proposed addition for setback compliance

*Verification of adequate system capacity per COMAR 26.04.02.02D (4)

To replace collapsed septic tank or upgrade tank capacity

To replace collapsed drywell

Septic Contractor:

Contractor's Address:

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #

Owner's Name:

Is public sewer available/nearby:

Names of Any Previous Owners:

Year House Built:

of Existing Bedrooms:

of Bedrooms after completion of addition:

Has this request been discussed previously with a Sanitarian, who? NO

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned

FAX TO 410-313-2648

(No, 325!) Not in MetroDist.
No capital projects planned.