

Bureau of Environmental Health  
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 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

A555849

## APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME 6086 OLD Lawyers Hill Rd. LOT # \_\_\_\_\_

PROPERTY ADDRESS Elkridge MD 21075  
STREET TOWN ZIP

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

PROPERTY OWNER(S) Wendy Ng & Bruce Uoris

DAYTIME PHONE 410 796 1578 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 6086 OLD Lawyers Hill Rd. Elkridge MD 21075  
STREET CITY, STATE ZIP

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443-277-7526 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 425 Obercht Rd. Sykesville MD 21784  
STREET CITY, STATE ZIP

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

- 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)

- 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 as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE

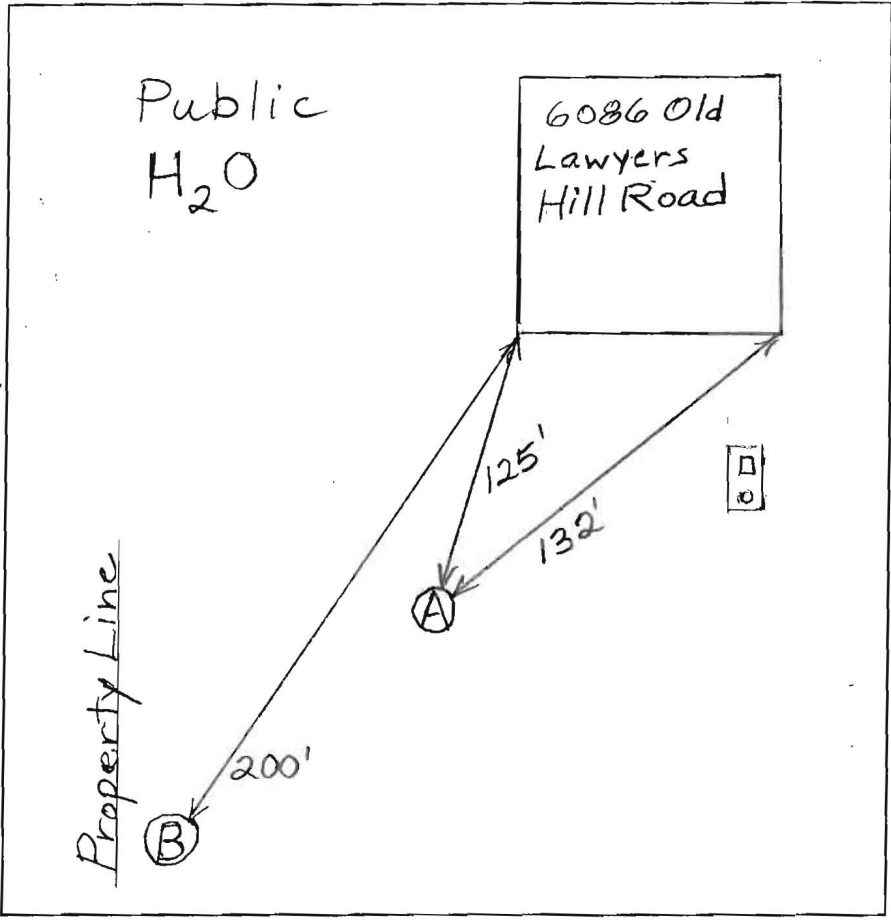
AP 555849

(A)

Dense Or Br Loam  
 5'  
 Dense Purple Sa Loam  
 6-7'  
 Med. Fine Moderately Dense Purple Sa Loam ~30% Rock and Saprolite  
 13.5'

(B)

Very Dense Or Br Sa Cl Loam-Loam  
 3.5-4'  
 Med. Very Dense Purple Sa Loam  
 10-10.5'  
 Med. Fine Mod. Dense Purple Sa Loam ~20% Rock and Saprolite  
 14.5'



| DATE      | TEST # | DEPTH           | START | BREAK 1" DROP               | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |  |
|-----------|--------|-----------------|-------|-----------------------------|--------------|------------------|-------|--|
| 5/20/2015 | A      | 6.5' / 13.5'    | 10:45 | Dirt Fell in Hole, Estimate |              | 40 Minutes       |       |  |
|           |        | 7.5'            | 11:42 | 11:55                       | 12:12:30     | 17 1/2           | P     |  |
|           |        | Good Below 6.5' |       |                             |              |                  |       |  |
|           | B      | 9' / 14.5'      | 11:56 | ~3/4" in 30 Minutes         |              |                  |       |  |
|           |        |                 |       |                             |              |                  |       |  |
|           |        |                 |       |                             |              |                  |       |  |
|           |        |                 |       |                             |              |                  |       |  |
|           |        |                 |       |                             |              |                  |       |  |

REMARKS \_\_\_\_\_  
 SANITARIAN B. Baker BACKHOE R. Heaps OTHERS Home Owner  
 TEST HOLES USED IN SDA A AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_