

Bureau of Environmental Health
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(410) 313-2640 Fax (410) 313-2648
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website: www.hchealth.org

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 681 W Watersville Rd Mt Airy LOT # 545107
PROPERTY ADDRESS 681 W Watersville Rd Mt Airy MD 21771
STREET TOWN ZIP
TAX ACCOUNT # 361237 TAX MAP 0002 GRID 0020 PARCEL 0238 ZONING DESIGNATION _____

PROPERTY OWNER(S) Sidney William Finley - Deborah Ann Macuch

DAYTIME PHONE 240-373-7351 CELL 301-922-3837 EMAIL _____

MAILING ADDRESS 681 W Watersville Rd Mt Airy MD 21771
STREET CITY, STATE ZIP

APPLICANT W. R. F. + Son Plumbing RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 301-829-1711 CELL _____ EMAIL WRFVikki@aol.com

MAILING ADDRESS 15 N Main St Mt Airy MD 21771
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

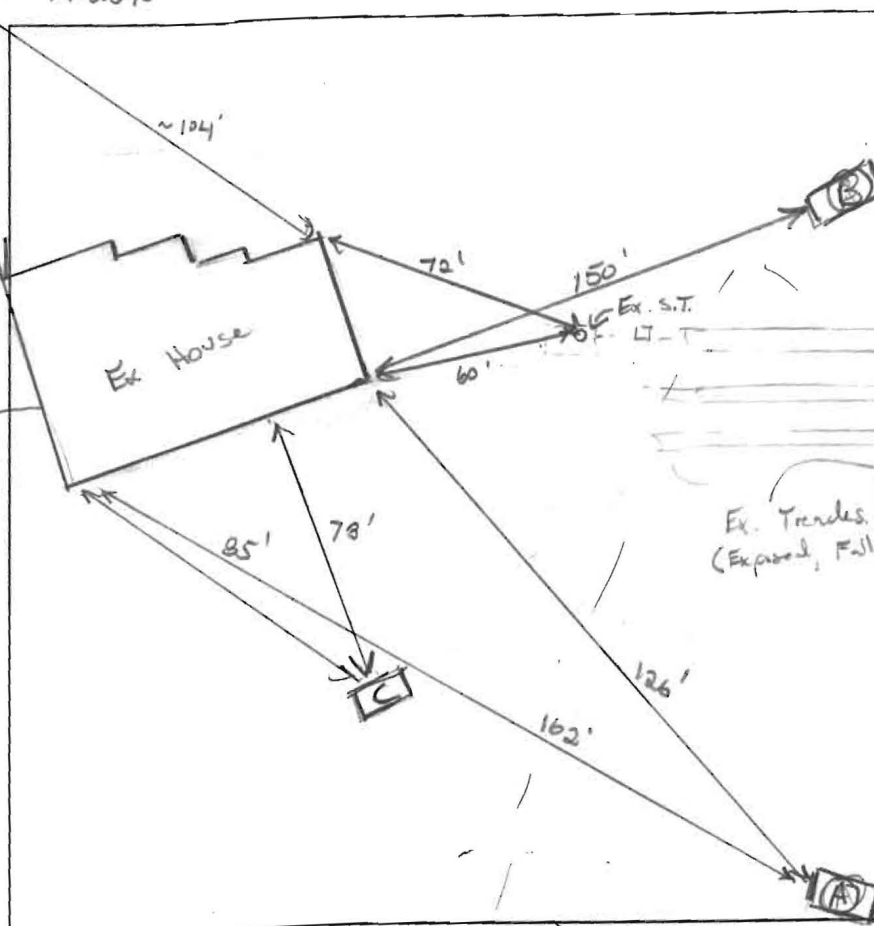
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

Betty Chap
SIGNATURE OF APPLICANT

7-26-13
DATE

Ex. Well
HO - 94-2890



Ex. Trends.
(Exposed, Falling)

om. m. s. s. k.
Friable 12"
B/Y clayey
L, Dry.
Friable, 5% quartz
30% ssp
2 s. s. k.
6"
DK Gray/Bs.
FSL, many muscovite
mica, Friable
common clay films
weathered mica flakes

dry ↓

[illegible]

REMARKS Ex. system installed too shallow (in clay). Approved SRA in 2000

SANITARIAN K. Wolf BACKHOE Chris = WRF OTHERS Homeowner

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

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE S/W 7'-10'

$$4(150) = \frac{600}{0.6} = 1000 \div 2 = 500 (0.40) = \underline{\underline{200 \text{ LF}}}$$