



Bureau of Environmental Health
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 website: www.hchealth.org

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

1545174

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Garthor Hunt II LOT # 47

PROPERTY ADDRESS 11100 Dorsch Farm Rd Ellicott City
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) Arif & Sheila Mannan

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS _____
STREET CITY, STATE ZIP

APPLICANT Hatfields Equipment Inc RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410 984 0101 CELL _____ EMAIL _____

MAILING ADDRESS P O Box 519 Annapolis Junction, MD 20701
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 as directly related to the requested permit/service.

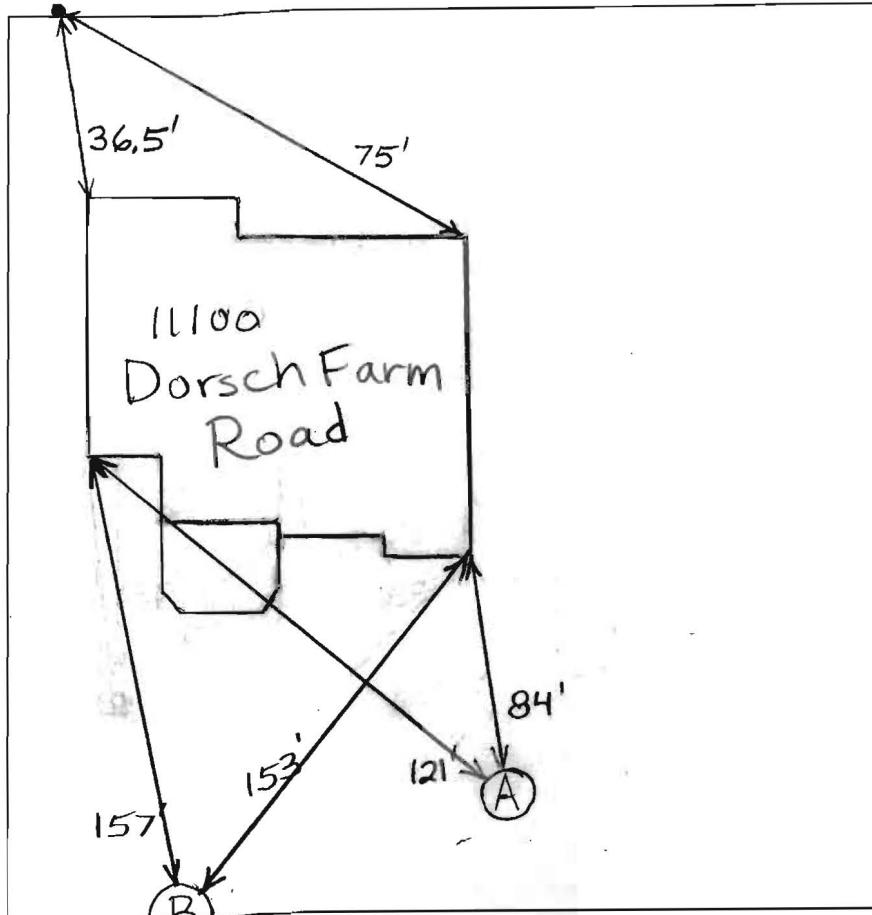
[Signature]
 SIGNATURE OF APPLICANT

10/23/13
 DATE

AP 545174

(A)
 Moderately Dense Light Br Cl Loam
 4'-4.5' Si Cl Loam
 Moderately Dense Red Br Loam
 5.5'-6' Red Br Sa Loam - Sa Cl Loam
 7.5' Red Br Sa Loam, Trace Rock
 15'
 17' Wet

(B)
 3'-3.5' Dense Br Sa Cl Loam
 Dense Br Sa Cl Loam - Gravelly Cl Loam
 6'-6.5' Br Moderately Dense Sa Cl Loam - Sa Loam
 7' Moderately Dense Med-Fine Beige Sa Loam
 16' Wet



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/6/2013	A	6'/17'	10:27	3/8" in	20 Minutes		F
		7'	11:55	12:19:30	1:00:30	40 1/2	F
	B	6.5'/16'	1:13	1:24:30	1:47	22 1/2	P

REMARKS _____
 SANITARIAN B. Baker BACKHOE Hatfields OTHERS Arif Mannan
 TEST HOLES USED IN SDA A + B AVG. PERC TIME 0.8 SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH 4'-5' MAX. BOT DEPTH 8.5 EFFECTIVE SW _____