

Bureau of Environmental Health  
 7178 Gateway Drive Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

## APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT # \_\_\_\_\_

PROPERTY ADDRESS 13020 Wainwright Rd Highland MD 20777  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP 40 GRID 15 PARCEL 342 ZONING DESIGNATION Res-

PROPERTY OWNER(S) Tom + Nancy Albrecht

DAYTIME PHONE 301 857 2582 CELL 410 313 6300 EMAIL albrecht8@verizon.net

MAILING ADDRESS 10320 Wainwright Rd Highland MD 20777  
STREET CITY, STATE ZIP

APPLICANT Fog's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-9270 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 5800 Oprecht Rd S, Kesville 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] 8/31/2015  
SIGNATURE OF APPLICANT DATE



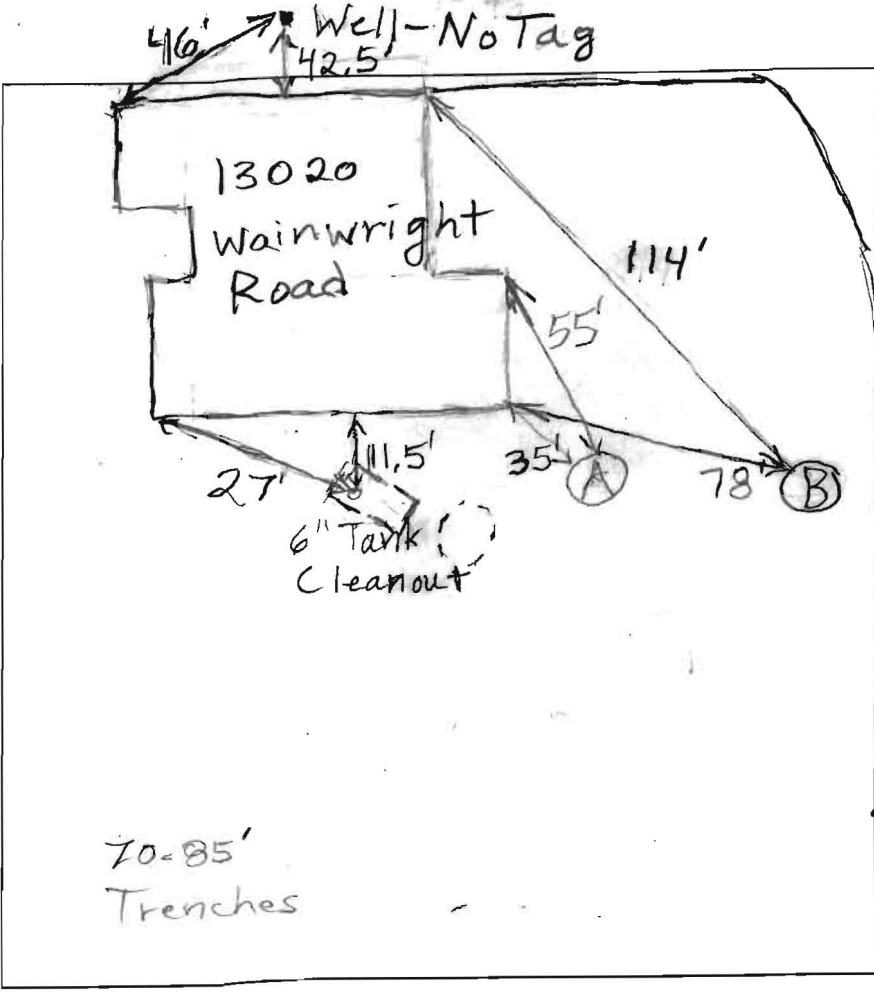
A/P

(A)

Dense Br  
SaCl Loam  
~20% Rock  
5.5'-10'  
Red-Beige  
Med. Course  
Loamy Sa  
SaLoam  
5-10%  
Rock

(B)

Dense Red  
SaCl Loam  
4'-4.5'  
Med. Course  
Beige  
Loamy Sa  
~10%  
Rock



DRIVEWAY

70-85'  
Trenches

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/17/2015	A	9'15.5'	11:47:30	11:59	12:18	19	P
	B	6'16"	12:28	12:29:30	12:30:30	3	P

REMARKS \_\_\_\_\_  
 SANITARIAN B. Baker BACKHOE Fogles OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 11 SQ. FT/BR 0.8  
 TRENCH WIDTH 2 INLET DEPTH 4.5' MAX. BOT DEPTH 10' EFFECTIVE SW 4'

13020 Wainright Road – site layout for repair. Gaia Soil Series



76.97638, 39.16681



# HOWARD COUNTY HEALTH DEPARTMENT

56600

DATE 8/31/15

Received From

Logan Leptic

Cooper

PHONE #

40 795-5670

For

Perce Repair / 13020

330.00

Warranty

Sewer take out 12' basin - difference

five connectors in 4' x 4' one

Dollars

CASH

CHECK

NO.

50750

\$

5011.00

Received By

King