Howard County Health Department

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

A 52302

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 14050 Tridelphia Rd (STREET) Glenelg (TOWN) MD 21737 (ZIP)

TAX ACCOUNT # _____ TAX MAP 0021 GRID 0018 PARCEL 0162 LOT NO. _____ PROPOSED LOT SIZE (ACRES) 6.13 AC

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) ADELEKE A OGUNMEFUN

DAYTIME PHONE _____ CELL 1410 295 4589 EMAIL _____

MAILING ADDRESS 14050 Tridelphia Rd (STREET) Glenelg MD (CITY, STATE) 21737 (ZIP)

APPLICANT Mark D Herrera RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 301 580 5977 CELL _____ EMAIL markdherrerahousteelair@gmail.com

MAILING ADDRESS 25551 Florence Rd (STREET) Woodbine (CITY, STATE) MD 21797 (ZIP)

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

PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
  SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) ☐ MAJOR ☐ MINOR
- ☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- ☒ REPAIR OR REPLACE FAILING OSDS
- ☐ UPGRADE EXISTING OSDS

BUILDING:

- ☒ RESIDENTIAL WITH 3 1/2 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- ☐ COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

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.

Mark D Herrera 10/16/17

SIGNATURE OF APPLICANT DATE

A/P _____

A

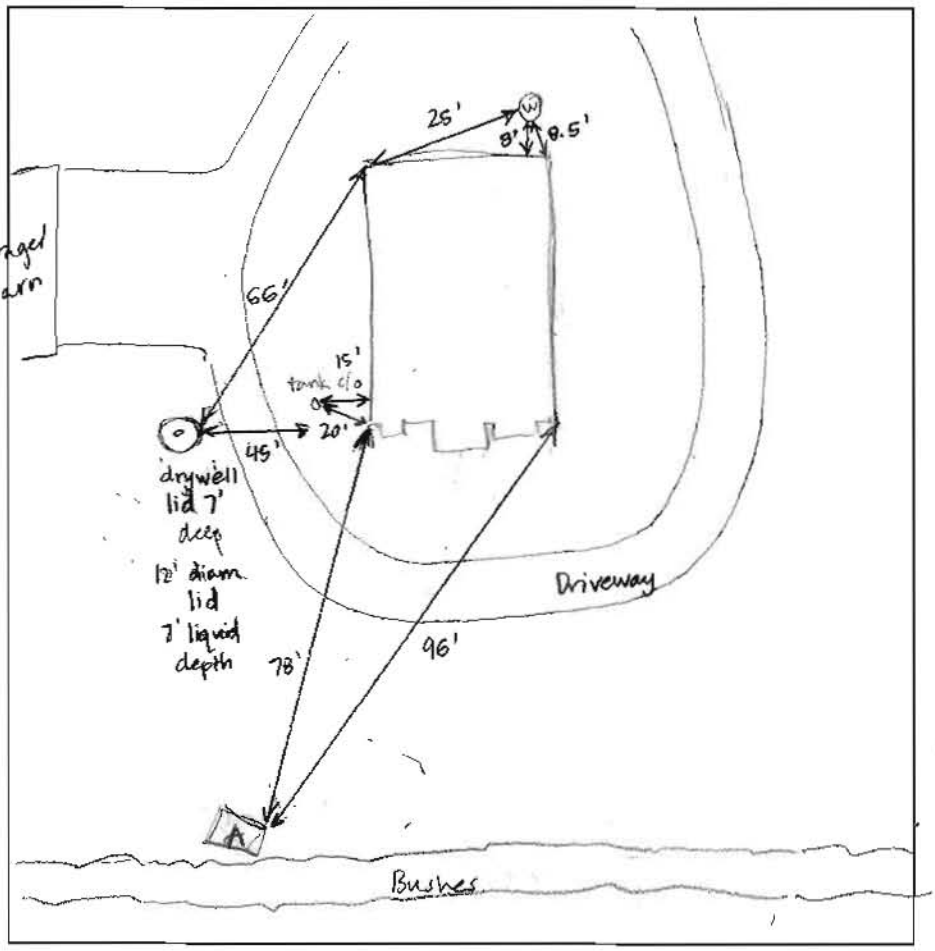
0 dk brn loam msbk roots

8' red brn cl loam msbk roots 10% rock

3.5' brn scl weak platy many mica roots 10% rock

7' red brn/yel brn fsl weak platy 20% rock many mica roots

14'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
	A	6'/14'	0:00	12:10	37:59	25 mins	P
		H_2O poured @ bottom			~10	mins/inch	
		8'/14'	0:00	8:43	16:51	8 mins	P

REMARKS Existing tank is deep - liquid @ 6'3". New tank + trench inlet will be deep

SANITARIAN Sarah Collins BACKHOE Marc Hereth OTHERS Clyde (helper)

TEST HOLES USED IN SDA A AVG. PERC TIME _____ SQ. FT/BR size for 5 BR

TRENCH WIDTH 3' INLET DEPTH 5.5-6' MAX. BOT DEPTH 10' EFFECTIVE S/W 7'