



Bureau of Environmental Health

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

1512901

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 15760 Union Chapel Road Woodbine MD 21797
STREET TOWN ZIP

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Botter, Il

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 15760 Union Chapel Road Woodbine MD 21797
STREET CITY, STATE ZIP

APPLICANT Hatfields Equipment RELATIONSHIP TO OWNER:

DAYTIME PHONE 301 490 4289 CELL 410 984 0047 EMAIL Khatfield@hatfieldsequipment.com

MAILING ADDRESS PO 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):

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 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.

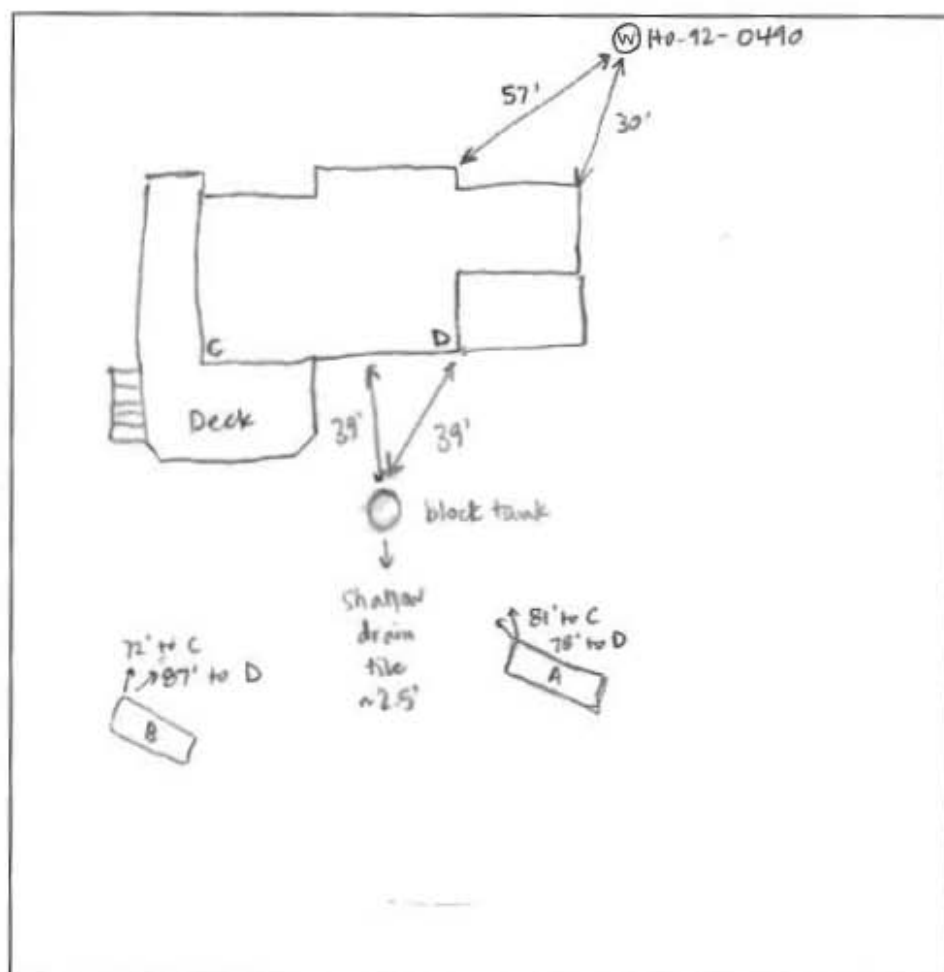
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE

0' (A)
brn loam
msbk roots
red brn cl
5'
lt brn/red
brn scl
friable
20% rock
-30
7-8'
lt brn
scl
boulder
W side
10.5'

0' (B)
brn loam
msbk
roots
red brn cl
msbk
5% rock
5.5'
lt brn/red
brn scl
friable/
weak platy
5% rock
16.5'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/1/18	B	5.5' /16.5'	0:00	5:40	13:57	8	P
		H ₂ O poured @ bottom			~10 mins/inch		

REMARKS Did not perc hole A - soil looked good but hit rock 7-8'
 SANITARIAN Sarah Collins BACKHOE Kenny Hatfield Jr. OTHERS Kenny Hatfield Sr.
 TEST HOLES USED IN SDA B AVG. PERC TIME 8 mins/SQ. FT/BR
 TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 5.5'