



HOWARD COUNTY HEALTH DEPARTMENT

57397

DATE 10 21 15

AS

Received From

Hatfield Equipment

PHONE #

301-841-6112

For

Percept/- #204 Madderlin Hill Rd.

☐ CASH

☒ CHECK

NO.

3456

One hundred sixty-five Dollars

\$

165 00

Received By

Therap



Howard County
Health Department

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

A 557397

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____

PROPERTY ADDRESS 14204 Trindelpha Mill RD 21036
STREET TOWN ZIP

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

PROPERTY OWNER(S) Kelly Hensing

DAYTIME PHONE 704-293-4126 CELL _____ EMAIL _____

MAILING ADDRESS 14204 Trindelpha Mill RD 21036
STREET CITY, STATE ZIP

APPLICANT Hatchell RELATIONSHIP TO OWNER: None / Contractor

DAYTIME PHONE 410-984-0047 CELL _____ EMAIL _____

MAILING ADDRESS PO Box 519 Annapolis Junction _____
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 OF APPLICANT

DATE

(A)

Very Fine
or Br
Sa Cl
Loam

1.5'-2'

Very
Fine
Beige
Sa

14'

~10%
Rock

(B)

Very Fine
or Br
Sa Cl
Loam

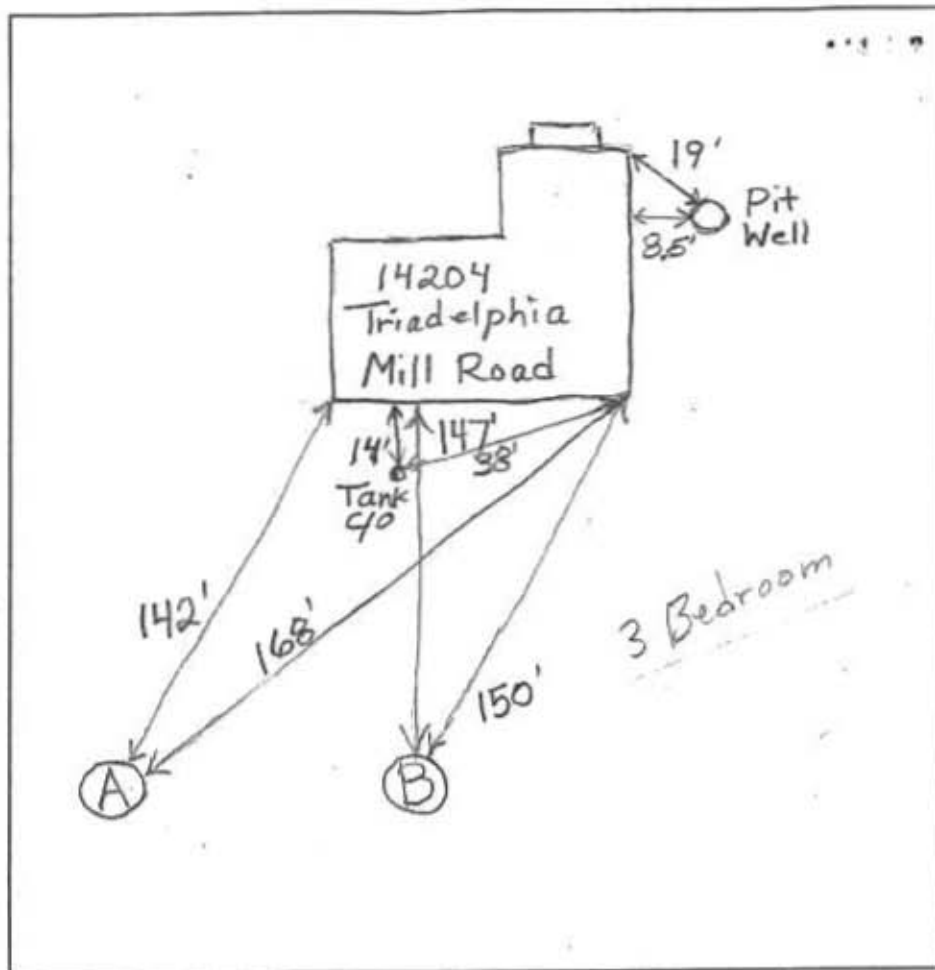
1'-2'

Very Fine
Beige Sa

10-15%
Rock

~30%
Rock
Near
Bottom

14'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/18/2015	A	4.5'/14'	10:48	10:50	10:53	3	P
	B	3.5'/14'	11:14	11:21:30	11:31:30	10	P

REMARKS

SANITARIAN B. Baker BACKHOE Hotfields OTHERS

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____