

Bureau of Environmental Health
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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 _____
STREET TOWN ZIP

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

PROPERTY OWNER(S)

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS _____
STREET CITY, STATE ZIP

APPLICANT

RELATIONSHIP TO OWNER: _____

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS _____
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

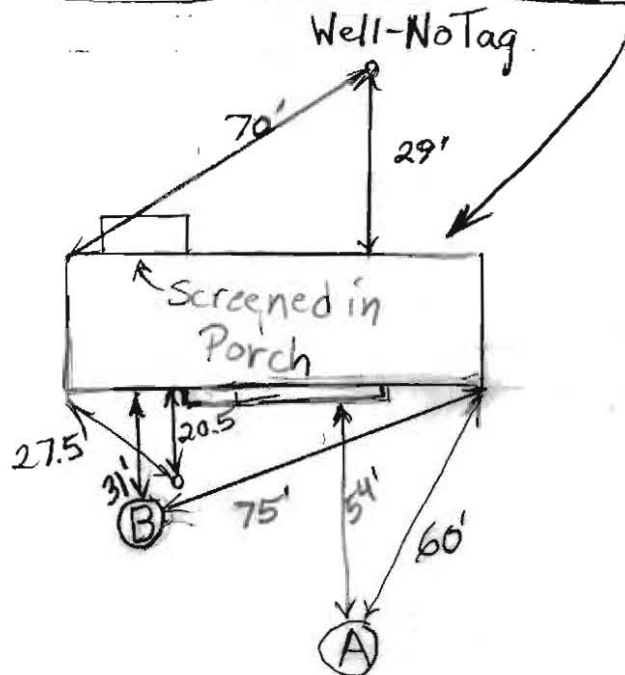
A

4'-5' Fill
 5.5' Red Br Cl Loam
 Red Br Sa Cl Loam
 6.5-7' Red Br Sa Loam
 ? Red Br Loamy Sa - Sa Loam
 17' 5% Rock

B

1-2 Fill
 Red Br Cl Loam
 3'-3.5' Mixture of Red Br Sa Cl Loam and Reddish Loam
 5.5-6.5' Red Br Sa Loam
 ~8' Beige Loamy Sa, 5-10% Rock
 17'

3910 Walt-Ann Dr.



Walt-Ann Dr.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/31/2014	A	6'/17'	11:55	Stopped - Dirt Fell in Test Hole	H		
		7.5	?	12:14:30	12:21	6 1/2	P.
	B	6'/17'	12:57	1:00	1:06	6	P

REMARKS Water Poured in Bottom of Holes - Rates O.K.
 SANITARIAN B. Baker BACKHOE Hatfields OTHERS Homeowner
 TEST HOLES USED IN SDA A + B AVG. PERC TIME 6 SQ. FT/BR
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



HOWARD COUNTY HEALTH DEPARTMENT

46230

CODES

DATE

1/21/14

AS

☐ CASH

☒ CHECK

NO.

3220

Received
From

For

Hatfields Equip.
Printer Perc / 3910 Bolt Ann
DC.

Three hundred thirty, 00/100 Dollars

\$

330.00

Received By

A King