

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 14965 Triadelphia Rd Glendy 21738
STREET TOWN ZIP

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

PROPERTY OWNER(S) Patricia Bazelon

DAYTIME PHONE 410-489-0033 CELL _____ EMAIL _____

MAILING ADDRESS 14965 Triadelphia Rd Glendy 21738
STREET CITY, STATE ZIP

APPLICANT South Carol Beckhae RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 410-875-4127 CELL 410-596-3618 EMAIL _____

MAILING ADDRESS 4410 Salem Bottom Rd Westminster 21157
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

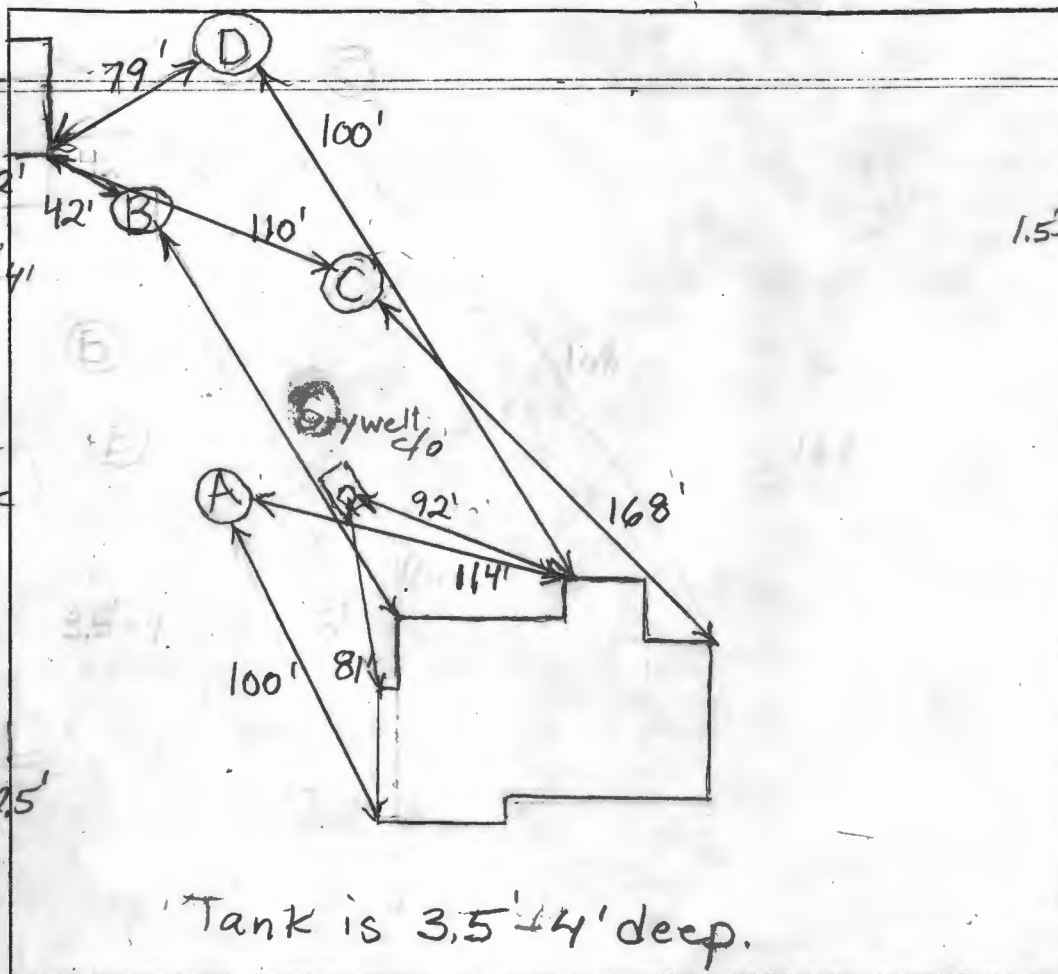
DATE

VP 544554

Ⓐ
Red Br
Loam
1-2'
Red Br
sa Loam
2-4'
Fine Beige
Loamy Sa
Pockets of
>80% Rock
~35%
avg

Ⓑ
Red Br Sa
Cl Loam
and Sa Loam
2-2.5'
Fine Beige
Loamy Sa
Pockets
of 750%
Rock
Below 4'
~40%
Rock Avg.
7.5'

Ⓒ
Red Br
Cl Loam
2'
Red Br
Sa Cl Loam
2.5-3'
Red Br
Sa Loam
3.5'
Fine Red
Br and
Beige
Loamy Sa
~35%
Rock



Ⓓ
Fine Or
Br Sa Cl
Loam -
Sa Loam
15-2'
Fine Or
Br Sa Loam
2-2.5'
Fine Or
Br Loamy
Sa
~50%
Rock
Hard
Bottom 10'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/20/2013	A	6.5'V					F
	B	7.5'V					F
	C	4.5'/14'V	11:35:30	11:38	11:41:30	3 1/2	P
	D	4'/10'V	12:17:45	12:19:45	12:23:45	4	H

REMARKS

SANITARIAN

B. Baker

BACKHOE

S. Carroll

OTHERS

Homeowner

TEST HOLES USED IN SDA

AVG. PERC TIME

SQ. FT/BR

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH

EFFECTIVE S/W

A/P

④

Red Br Sa
Cl Loam

1.5	Cl Loam
	Red Br
	Loamy Sa
2.1	Sa Loam

Red Br
Loamy Sa
5-10%
Rock

11 ~ 307. Rock

13'	Getting Rockier
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Red Br
Daciloam

2-25	Red Br Sa Loam
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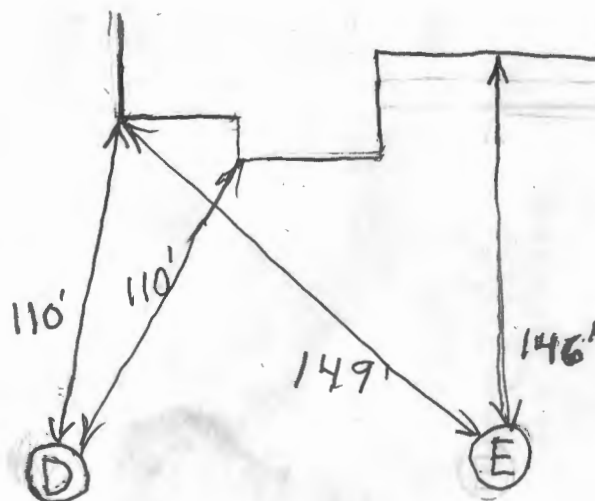
33' Loam
Red Brs
Loam -

3.5' Loamy S
Or Br
Loamy S

6' $\sim 15\%$
Rock

Br Loomy
Sa -
~35%

13' Rock

[illegible]

REMARKS Water Poured In Bottom of D+E-Rate Somewhat Fast in D.

SANITARIAN B. Baker BACKHOE S. Carroll OTHERS Homeowners

TEST HOLES USED IN SDA D + E AVG. PERC TIME 3 SQ. FT/BR

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 5' EFFECTIVE SW 2

CROSSED 20' WIDE
PRIVATE EASEMENT FOR
INGRESS, EGRESS &
MAINTENANCE FOR LOTS 1-3.
(USE - IN - COMMON)

CAPPS
2216/189

M1C2
EX. 15" CMP

M1D3

00'068.00

475

N54°44'38"E

343.85

P.R.L.

3.12

444

463

7.6 R.L.

M1C3

N20°29'36"W

(2)

3.14

EX. DRIVE

EXISTING HOUSE

POOL

GARAGE

S38°17'42"E

719.84

M1C2

443

EX. 60'

438

437

431

430

425

60'

M1D2

425

N6