

Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 2600 Woodbine Road Woodbine 2797

TAX ACCOUNT # 326970 TAX MAP 0013 GRID 0002 PARCEL 0112 LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) 2600 Woodbine Road LLC 301-455-6400

DAYTIME PHONE CELL 406553647 EMAIL

MAILING ADDRESS 16491 Ed Warfield Road Woodbine 2797

APPLICANT Hatfield's Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 301 490 4289 CELL 404844880 EMAIL khatfieldshatfieldsequipment.com

MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701

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 5 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.

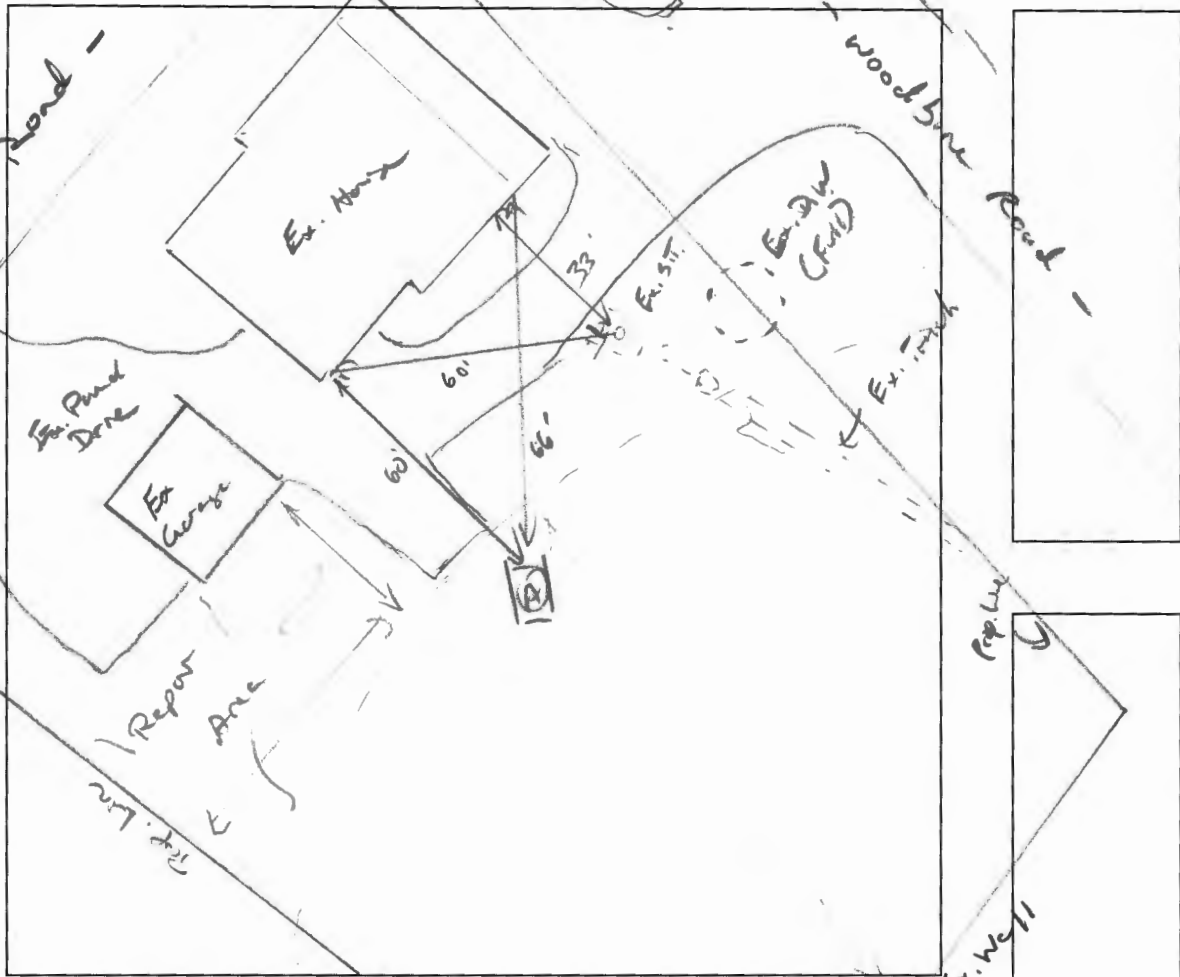
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Handwritten signature of applicant

1-31-23

SIGNATURE OF APPLICANT

DATE



- (A)
- 2' Drk Br L, Wk Co SBK
- 3" Br/Y Cl, M Co SBK, CW F, 14' r/b
- 4" 1.5" Br/Y L, Wk Co PL, CW F, 14' r/b
- 506' 1.5" Br/Y L, Wk Co PL, F r/b

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/14/2004	(A)	5' 2" / 16'	00:12	00:20	00:40	20	P
		H ₂ O pos @ 16'				~7	P

REMARKS _____
 SANITARIAN K. Wolf BACKHOE Todd = Todd OTHERS help

TEST HOLES USED IN SDA 1 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 9' EFFECTIVE S/W 5'-9' (.42)

2 BR (y d r) = 5 BR ÷ 0.6 = 1250 ÷ 3 = 416 (.42) = 175



HOWARD COUNTY HEALTH DEPARTMENT

72767

DATE
1/12/23

Received From

Hatfields Equip. PHONE # 301 490-4289

For

Peric Repair - 2600
Woodbine Rd.

CASH

CHECK

NO.

4589

One hundred sixty five Dollars

\$

165.00

Received By

J Kent