HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 6085 Waterville Rd Mt Airy 21771
STREET TOWN ZIP

TAX ACCOUNT # 04 361261 TAX MAP 0002 GRID 0020 PARCEL 0241 LOT NO. — PROPOSED LOT SIZE (ACRES) 2.62

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) DAVID + STEPHANIE FULCMAN

DAYTIME PHONE 410.497.7771 CELL _____ EMAIL DFULCMAN@GMAIL.COM

MAILING ADDRESS SAME
STREET CITY, STATE ZIP

APPLICANT LEGACY Septic

RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 4103408766 CELL 3013704121 EMAIL INFO@Legacyseptic.com

MAILING ADDRESS 2914 Hanover Pike MANCHESTER, MD 21102
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

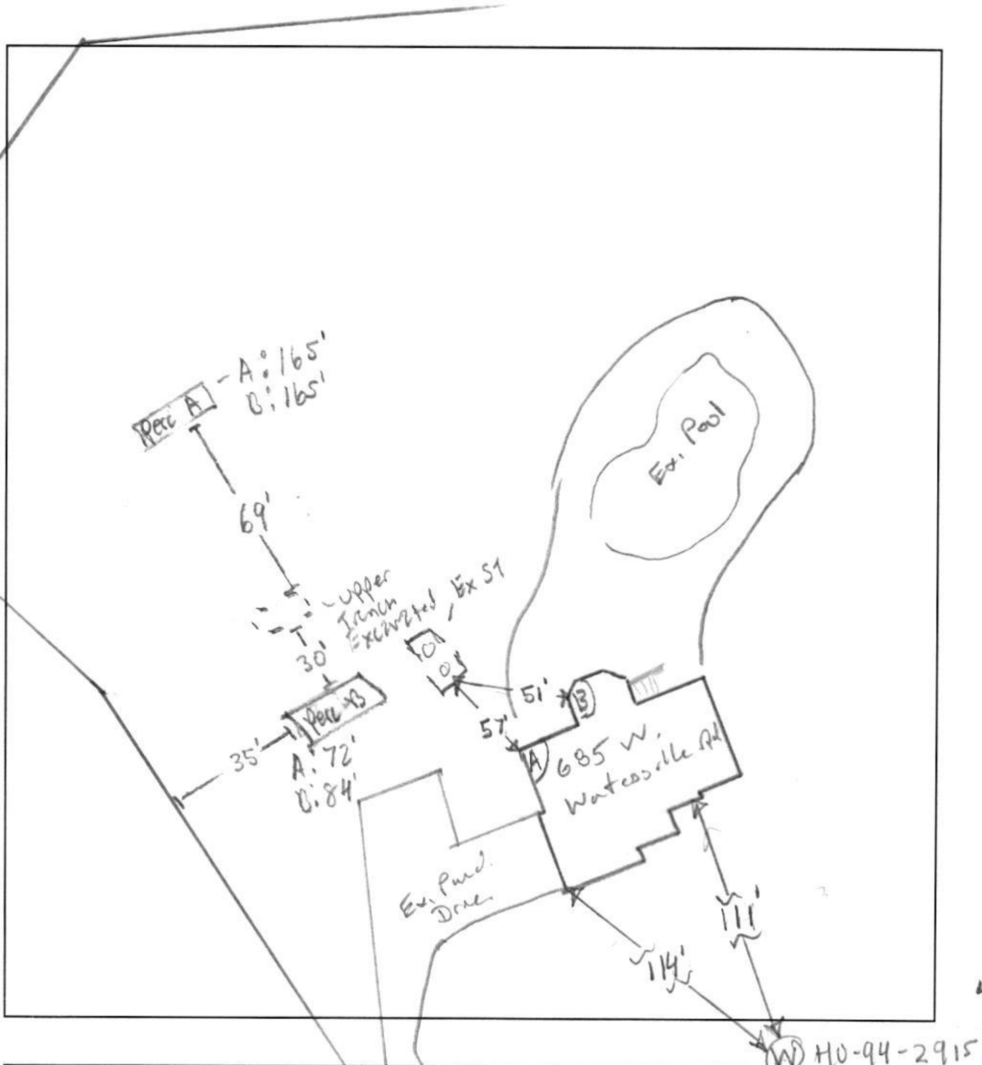
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

A/P ____________



(A)

2' Drk Br CL mCoSBK, roots
Br/Rd CL mCoSBK & S Friable ribbons 1/2"
5' Dense
Br - Br/Rd SiCL, wk Co SBK 20% Rx, 10% wk Saprolite
9' Lt Br SiL, wk Co pL, 15% Rx/Saprolite micaceous
12'

(B)

Dark Brown loam w/ roots medium coarse SBK
2' Brown Silt clay loam weak/Fine SBK
4' Reddish Brown Silty clay loam medium granular crumb like
6' Brown/yellow/red sandy loam saprolite
13' ≤ 30% rocks

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/22/2026	(A)	5'3" / 12'	00:36	01:41	Pulled @	50mpi	
	(B)	6'8" / 13'	00:19	00:39	01:19	~40mpi	OK
	(B)	H2O @	Bottom	<	2.00mpi		

OK to design for a 0.6 gpd/ft² loading rate.

REMARKS Property owner onsite. Excavated upper trench, holding water

SANITARIAN K. Wolf / S. Page BACKHOE Legacy septic OTHERS ____________

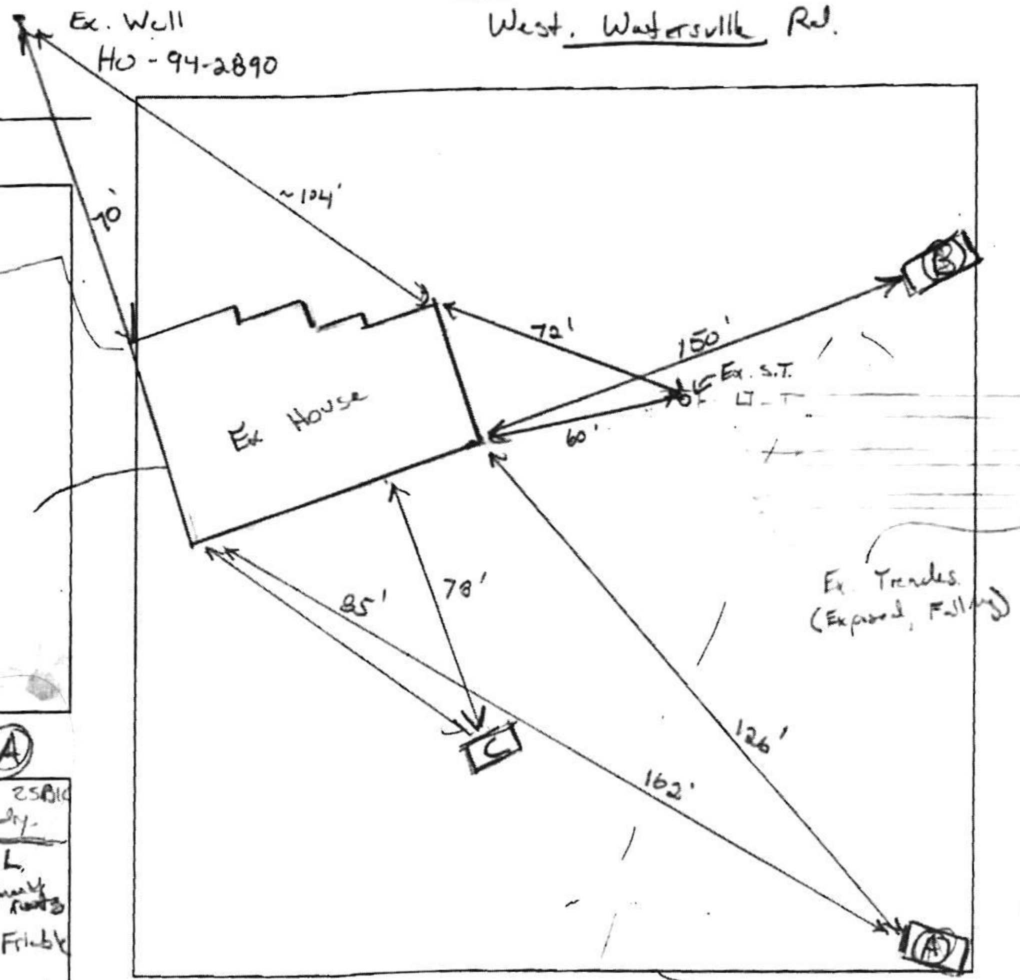
TEST HOLES USED IN SDA Test Holes A + B AVG. PERC TIME ______ SQ. FT/BR ______

TRENCH WIDTH 3' INLET DEPTH 2.5' MAX. BOT DEPTH 8' EFFECTIVE S/W 7-8'

4 BR 150 x 4: $\frac{600}{0.6} = \frac{1000}{3} = 333 \cdot 0.83 = 276$ or 6 x 46'

West. Watersville Rd.

A/P ____________



A

Br OM, 2SBK roots dry.
12" 1 2SBK L. Dry many roots
30" Tight, Friable CS
Smooth bedding cleavery
7' Br/R/Y SiLm Very Fine, Friable micaceous. Dry platy, 5% sp.
10' Dense SL. VF
11' Shale ~15% weathered saprolite Highly micaceous ~20%
13'

B

OM rSBK Friable, roots
14" Br/R/Y L, Friable, wk SBK mica, 15% sp. Dry, roots
4' BR/R/Y SiLm Dense SBK Dry, 20%-30% sp.
7' Br/Y L. micaceous
10'
Hard Bottom
12'

C

OM mSBK Friable
12" B/Y channery L, Dry, Friable, 5% quartz 20% sap 2SBK
6' DK Gray/Br. FSL, many muscovite mica, Friable common clay films weathered mica flakes.
Dry
13'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/28/13	(A)	6'/13'v	00:00:00	00:12:00	1/4" drop		H
		7'2"	11:29	12:00	12:36	35-38	OK
	(B)	visual marginal					H
	(C)	water poured @ bottom				~10 min	P
		visual looks good.					

REMARKS Ex. system installed too shallow (in clay). Approved SRA in 2000

SANITARIAN K. Wolf BACKHOE Chad = WRF + Sons OTHERS Homeowner

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

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE S/W 7'-10'

$4(150) = \frac{600}{0.6} = 1000 \div 2 = 500\ (.40) = 200\ LF$

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 A545107

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 681 W Watersville Rd Mt Airy LOT # _____

PROPERTY ADDRESS 681 W Watersville Rd Mt Airy MD 21771
STREET TOWN ZIP

TAX ACCOUNT # 361237 TAX MAP 002 GRID 0020 PARCEL 0238 ZONING DESIGNATION _____

PROPERTY OWNER(S) Sidney William Finley - Deborah Ann Macuch

DAYTIME PHONE 240.373.7351 CELL 301.922 3837 EMAIL _____

MAILING ADDRESS 681 W Watersville Rd Mt Airy MD 21771
STREET CITY, STATE ZIP

APPLICANT W.R.F & Son Plumbing RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 301 829-1711 CELL _____ EMAIL WRFVikki@aol.com

MAILING ADDRESS 15 N Main St Mt Airy MD 21771
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

BUILDING:
- ☒ RESIDENTIAL WITH 4 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.

Buddy Crisp 7-26-13
SIGNATURE OF APPLICANT DATE

11/29/12_JW