

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 Hyde Prop. LOT # 10
 PROPERTY ADDRESS 12316 Hydeaway Ct Highland 20777
STREET TOWN ZIP
 TAX ACCOUNT # 65-425972 TAX MAP 40 GRID 24 PARCEL 133 ZONING DESIGNATION _____

PROPERTY OWNER(S) David Campbell

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS 12316 Hydeaway Ct Highland MD 20777
STREET CITY, STATE ZIP

APPLICANT Kurt/Fogles Septic RELATIONSHIP TO OWNER: Cont.

DAYTIME PHONE 410.9845211 CELL _____ EMAIL _____

MAILING ADDRESS 580 Obrecht Rd Sykesville MD 21784
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

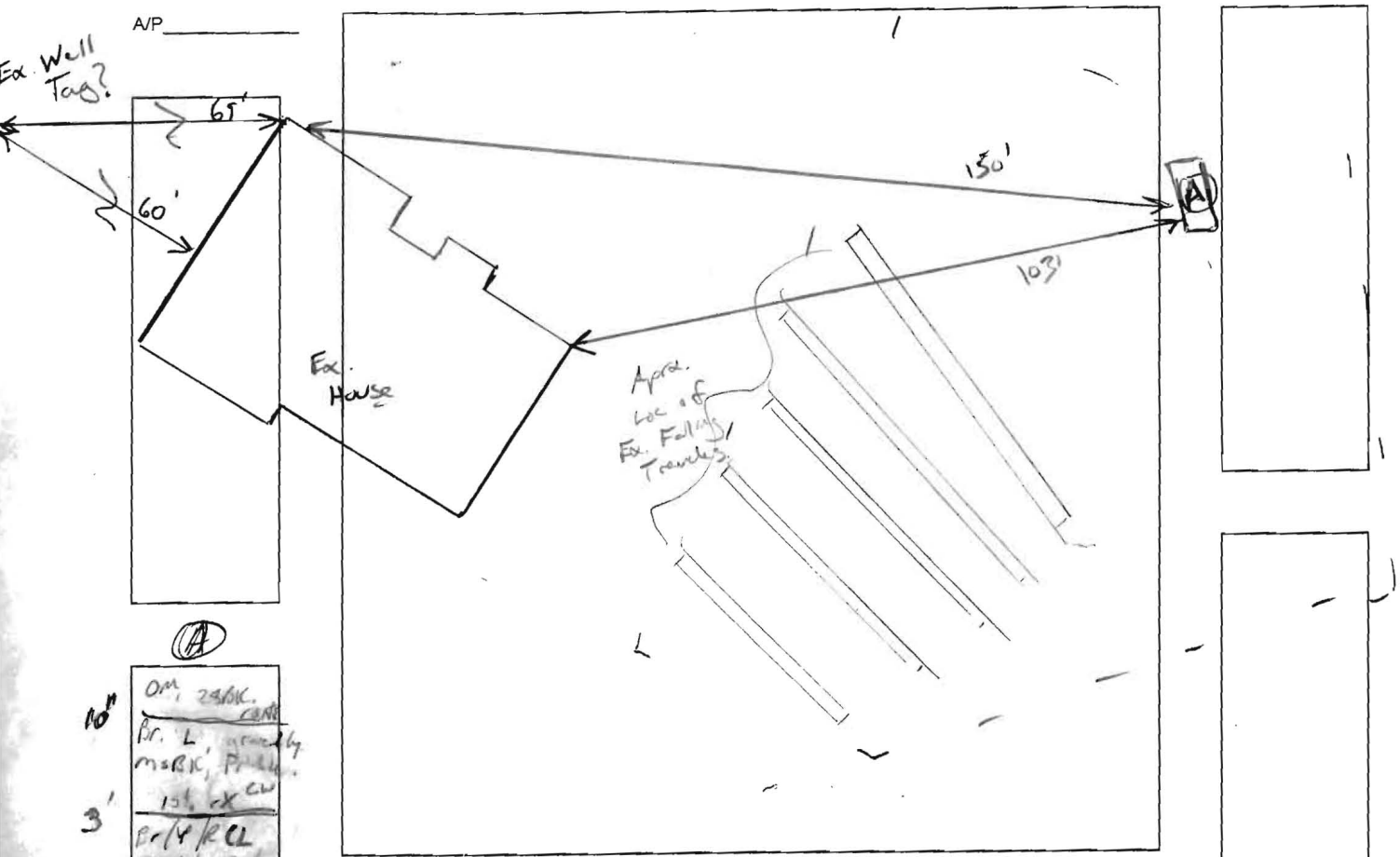
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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.

Kurt A. Cassell 2/5/13
 SIGNATURE OF APPLICANT DATE



10'
 3'
 5'
 8'
 17'

OM, 250K
 Br. L, mostly
 mack, P...
 15% ex cu
 Br/Y/CL
 Frable, Dry
 5% cu.
 10% s...
 w/ 2 BK
 changes to
 platy.
 Br/R L
 cw, Frable
 Clay Films on pods
 Br/Y/R FSL
 Dry, m...
 Hght, Frable

Best
 Swable
 all.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/19/13	(A)	8.7" 17'	1:03	1:12	1:20	11	P
				H ₂ O perched @ 17'	~ 5-8 min		P

H₂O perched @ bottom of hole (A) Inflow of groundwater also

REMARKS System installed shallow into clay

SANITARIAN K. Wolf BACKHOE Jack Fule OTHERS Helper / owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME 11 SQ. FT/BR

TRENCH WIDTH 3' INLET DEPTH 5' MAX. BOT DEPTH 13 EFFECTIVE SW 6' (.27)

$$4 (150) = \frac{600 \text{ gpd}}{0.8} = 750 \div 3 = 250 (.27) = \underline{\underline{67.5 \text{ LF}}}$$