

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 Aintree Estates / DAVID RIDDLE LOT # 25

PROPERTY ADDRESS 6291 FIRETHORN LA. CLARKSVILLE 21029
STREET TOWN ZIP

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

PROPERTY OWNER(S) DAVID RIDDLE

DAYTIME PHONE 301-854-0946 CELL _____ EMAIL _____

MAILING ADDRESS 6291 FIRETHORN LANE CLARKSVILLE 21029
STREET CITY, STATE ZIP

APPLICANT ED. ZEPP / ZEPP PLG. RELATIONSHIP TO OWNER: None / plumber - contractor

DAYTIME PHONE 410-531-6712 CELL 443-864-7101 EMAIL eddyze@zeppplumbing.com

MAILING ADDRESS 5820 CLARKSVILLE SQUARE DR CLARKSVILLE, MD. 21029
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 maybe - Brighton Dam
- 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.

Edgar W. Zepp, III

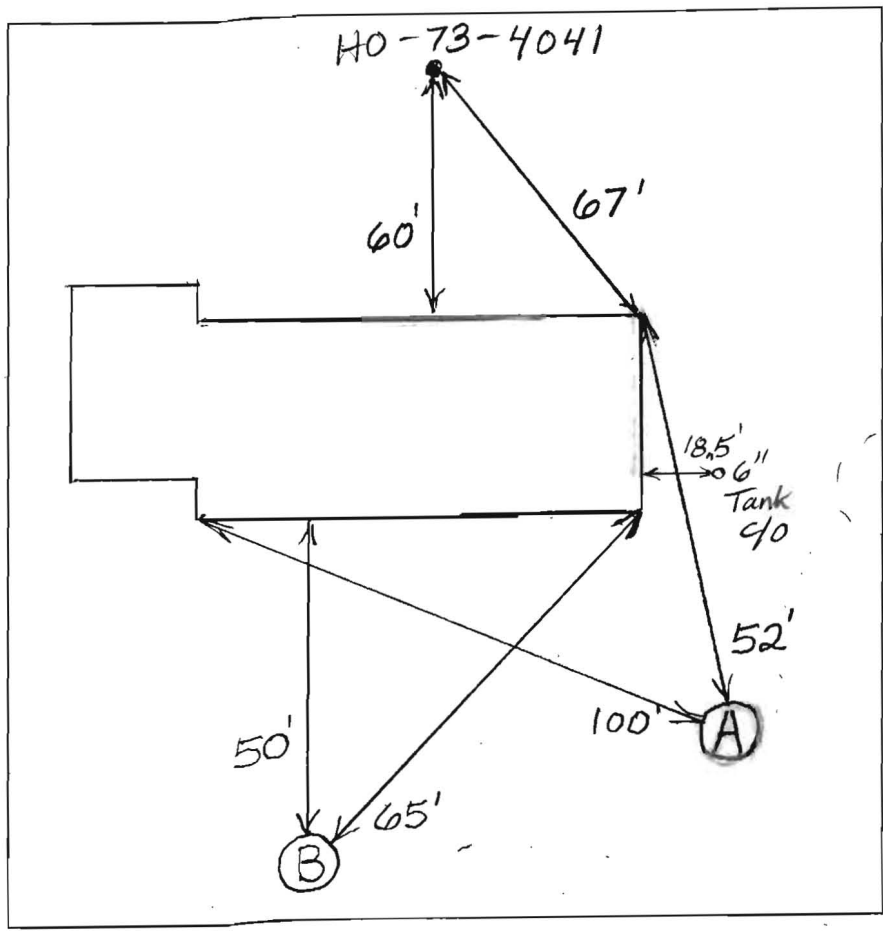
12/12/14

SIGNATURE OF APPLICANT

DATE

1.5'-2'
 (A)
 Red Sa
 Cl Loam
 Br Med
 Course
 Loamy
 Sa-Sa
 Loam
 10-15%
 Rock +
 Saprolite

13'
 (B)
 Red Sa
 Cl Loam
 3.5'
 Red and
 Beige
 Med Course
 Loamy Sa
 - Sa Loam
 Trace
 Rock
 13'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/14/2015	A	2.5'/13'	12:23	12:25	12:29	4	P
	B	4.5'/13'	1:20	1:23	1:28:30	5 1/2	P

REMARKS _____
 SANITARIAN B. Baker BACKHOE E. Zepp OTHERS Homeowner
 TEST HOLES USED IN SDA A+B AVG. PERC TIME 5 SQ. FT/BR 1.2
 TRENCH WIDTH 2' INLET DEPTH 2' MAX. BOT DEPTH 8' EFFECTIVE SW 5'