

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 6215 Guilford Rd Clarksville MD 21029
STREET TOWN ZIP

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

PROPERTY OWNER(S) Richard S Isicoff

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS 6215 Guilford Rd Clarksville MD 21029
STREET CITY, STATE ZIP

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443-277-7526 CELL _____ EMAIL _____

MAILING ADDRESS 425 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

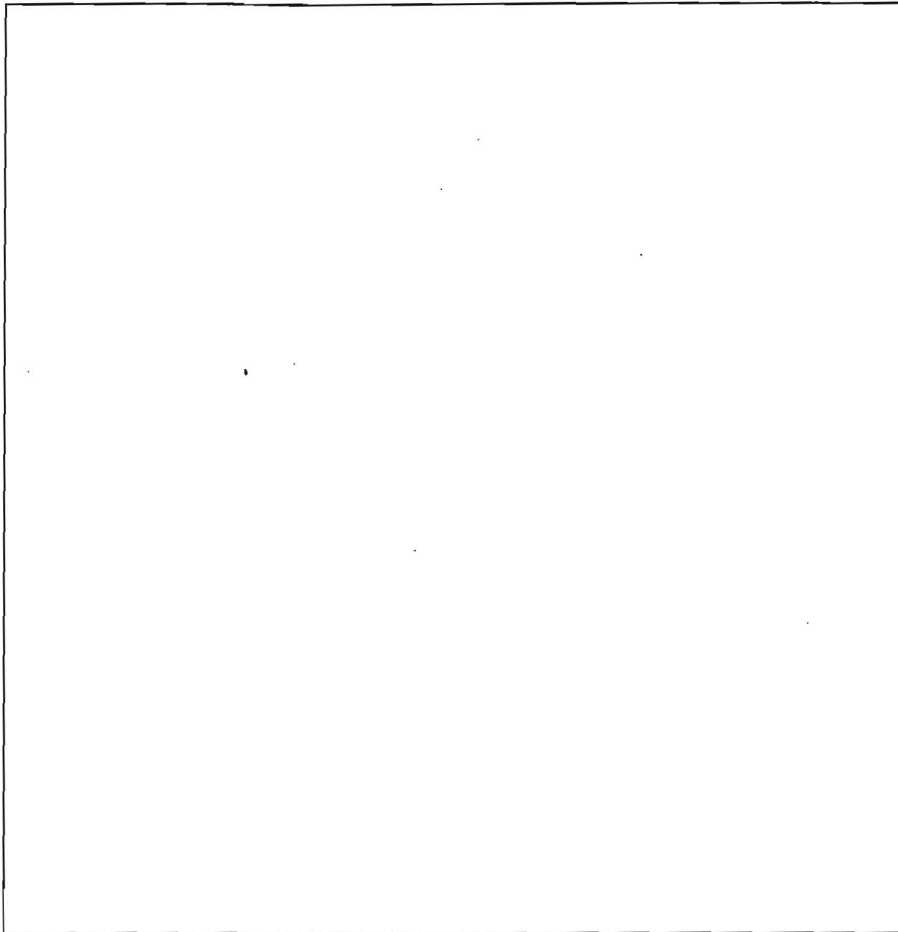
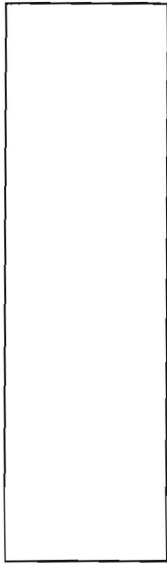
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

Ronnie Heaps 3/7/14

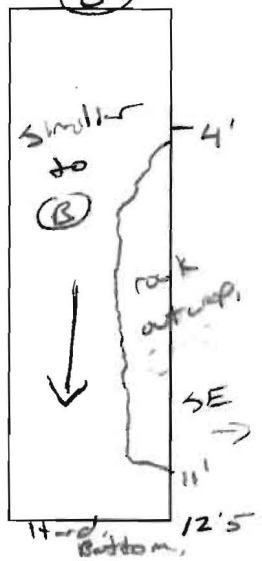
SIGNATURE OF APPLICANT

DATE



(B)

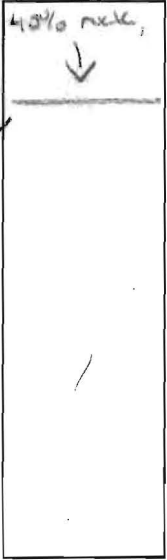
Hvy L. om.
 rocks in soil 12"
 L, Br / P L,
 wk MSBK,
 Frable,
 slightly sticky / pluck
 about 1/2" soil clay films
 5'
 wk Br L,
 CW, wk SBK
 slight sticky
 10% rock
 weathered granite.
 Br / R / Y SL,
 gravelly, manganese
 AN sticky Deposits
 Hard Bottom 11'
 20% gneiss fragments.



(A)

12"
 WK, Br 2 SBK
 L, may roots
 WK Br / R CL
 CW, Frable
 10-15% Quartz
 5'
 Hvy Br L,
 clay films present
 gravelly wk SBK,
 Frable, sticky
 6'
 Hvy Br gravelly
 L, clay films
 40% - 50% rock
 20% sp, manganese
 ss
 8'
 strong Br, SL,
 gravelly, moist

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/19/14	(A)	5' 1/4"	11:11	11:31	pulled.	1/2" movement in 20 mins	
	(B)	5' 1/11"	11:59	12:16	~12:47	(31)	OK
	(C)	5' 1/12.5"	12:30	12:46	~1:18	32	OK



massive rock out crop encountered on Hole C @ SE side ~ 4' down.

REMARKS Cladostoma soil sensor, Ea system filled. No room for repair in back yard.

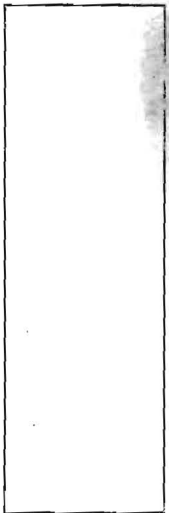
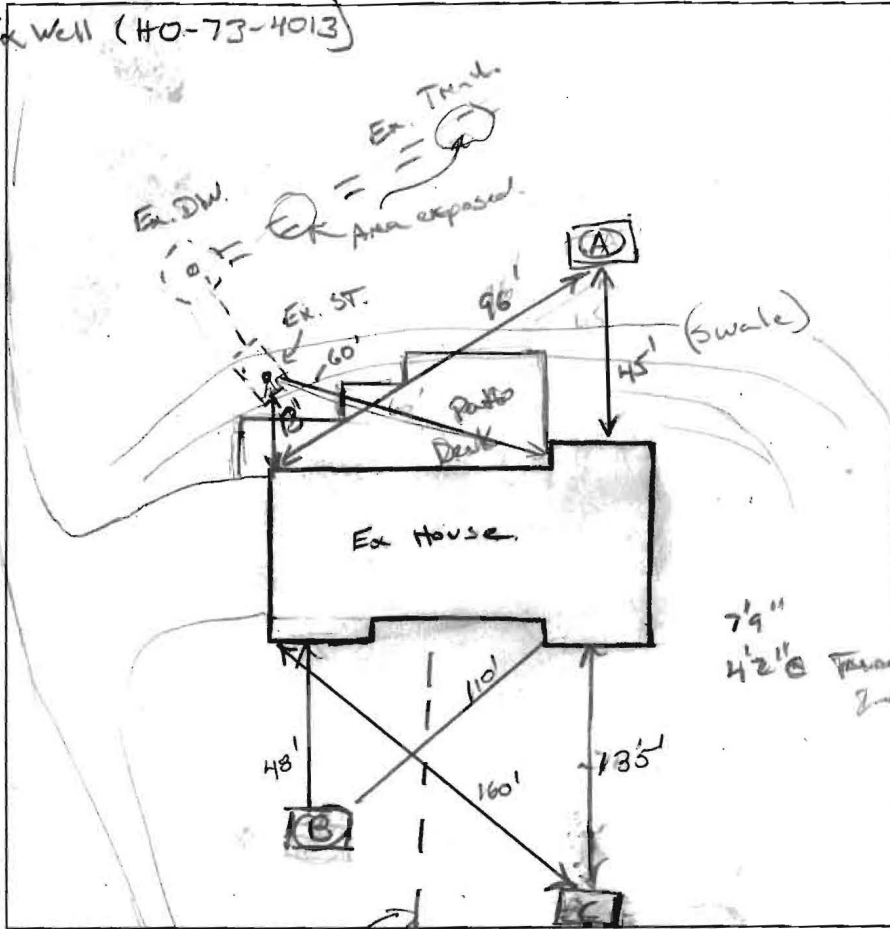
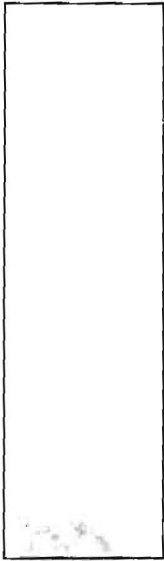
SANITARIAN Kevin W. BACKHOE Ronnie Hips OTHERS Helper, owner AC

TEST HOLES USED IN SDA 3 AVG. PERC TIME 31 min ~~SE~~ PT/BR 0.6 App Rate

TRENCH WIDTH 2 INLET DEPTH 18" MAX. BOT DEPTH _____ EFFECTIVE S/W _____

* HBR @ 600 gpd. Design Flow shallow system!
 ↳ plumbing to be re-routed to front yard.

Ex Well (HO-73-4013)



12"
3'-4"
6"
8"
14.5"

Q
wk R. 2" RCL roots.
wk Br/RCL, CW, Friable, 10-15% roots.
Aug 4, w/ clay thin on ped, 15-25% gravelly rock / loam very sticky structure.
Aug 4, clay thin, 40% rock, 20% gravel.

12"
Hard B/H

Q
on, w/ roots

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/19/14	A	6'	10:11				
	B			12:00	12:00		

Caladstone soil

REMARKS _____

SANITARIAN K. Wolf BACKHOE Russie Hays OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____