

Bureau of Environmental Health  
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 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 Dustin Heusser LOT # \_\_\_\_\_

PROPERTY ADDRESS 14701 Mustang Path Glenwood MD 21738  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) Dustin + Elise Heusser

DAYTIME PHONE 410 489 4856 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 14701 Mustang Path Glenwood MD 21738  
STREET CITY, STATE ZIP

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443 277 7526 CELL Same EMAIL NO

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.

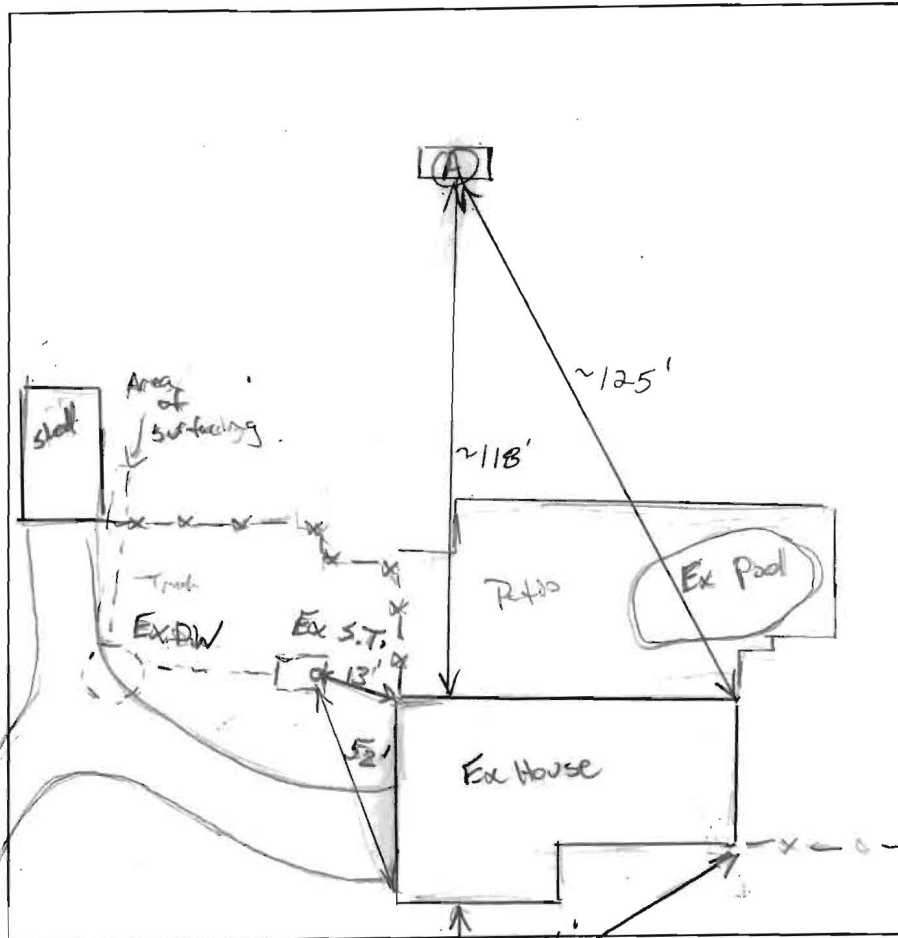
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Ronnie Heaps

6/16/15

SIGNATURE OF APPLICANT

DATE



8" WK Br 250K  
 Coats WK Friable  
 11 Br/Y L,  
 WK BK, Friable  
 Dry, 5% silt  
 change

2' 11 Br/Y SL,  
 WK platy,  
 Friable  
 mica Dry

7' Fine wk B/Y  
 SL, platy

9' VFSL, WK platy  
 Highly micaceous.

11' H<sub>2</sub>O sep.

16'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
				Ex Well (HO-73-2758)			
6/26/15	(A)	3'4" / 16"	00:34	00:38	00:43	5	(P)
		6'8"	00:49	00:51	00:53	2	(P)

REMARKS Ex. Tank/Dw. exposed, air full. Bleed out downhill of cu trench off dry well. Keep system shallow!

SANITARIAN K. Wolf BACKHOE Ronnie Heaps OTHERS Helper

TEST HOLES USED IN SDA 1 AVG. PERC TIME 3.5 SQ. FT/BR 1.2

TRENCH WIDTH 3 INLET DEPTH 2.5 MAX. BOT DEPTH 5 EFFECTIVE SW 3 (.62)

$$4(150) = \frac{600}{1.2} = 500 \div 166 (-.62) = 103 \quad (2 \times 52)$$