

Bureau of Environmental Health
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 (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

AP 550470

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____

PROPERTY ADDRESS 13355 Pipes Lane Sykesville MD 21784
STREET TOWN ZIP

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

PROPERTY OWNER(S) Lynn-Scott Nelson

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS 13355 Pipes Lane Sykesville MD 21784
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 3 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

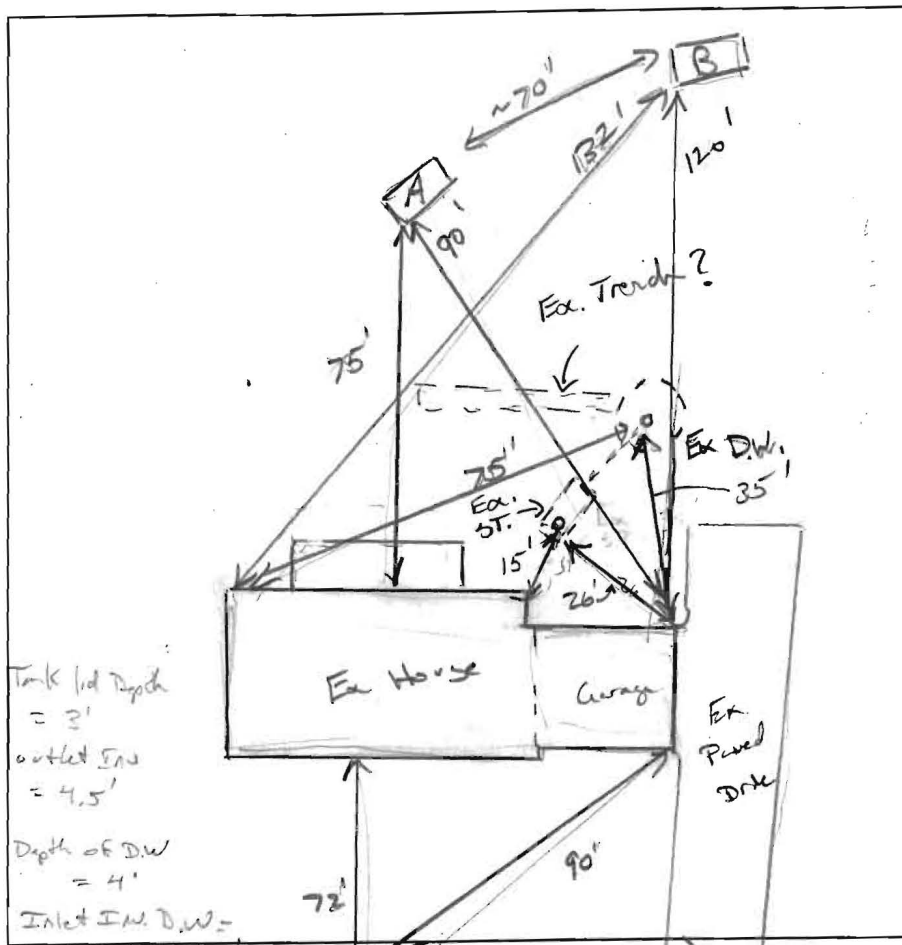
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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 5/29/15
 SIGNATURE OF APPLICANT DATE



Tank lid Depth = 3'
 outlet SW = 4.5'
 Depth of DW = 4'
 Inlet In. DW = 4.5'

(A)
 10' Dk Br, CL, ZMOK, BUB
 Dk Red Br, CL, Friable
 MSBK, Dry, 15% mx., sticky, 15% spongy CS
 3' Red Br. SL, Tight, wk platy, 5% channels, micaceous.
 6' Tan Br/Y SL, CW, Dry, Highly micaceous, Friable, somewhat tightly compacted
 15'

(B)
 12' Dk Br or MSBK, roots
 3' Rd/Br CL, CW, wk SBK, Friable, roots, Dry
 3' li Br/R L, Friable, Dry, Prominent lithochand Features (Red/Yellow) "stickiness"
 5' Br/R/Y SL, Friable, CS
 7' Tan Br/Y SL, Dry, Highly micaceous, wk platy, 5% channels
 10' Br/Y/Red FSL, Dry, Highly micaceous
 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/9/15	(A)	6' / 15'	00:00	06:00	16:00	10	(P)
		15'	aprx 5 mpi			5	(P)
	(B)	5' 8" / 15'	00:00	11:00	26:00	15	(P)
		OK below 5'					
		H2O Poured @ 15' ~ 7 mpi					

REMARKS Dense loam above 5', after 5' good material.
 SANITARIAN K. Wolf BACKHOE Ronnie Hespis OTHERS Helpers
 TEST HOLES USED IN SDA 2 AVG. PERC TIME 0.8 SQ. FT/BR 0.8
 TRENCH WIDTH 2 INLET DEPTH 4-4.5' MAX. BOT DEPTH 10 EFFECTIVE SW 6-9

$$\frac{3 \text{ BR} = 450 \text{ gal}}{0.8} = \frac{562.5}{2} = 281 \text{ (44)} = 124 \text{ LF}$$

$3' = .44$
 $3.5' = .40$
 $4' = .36$



HOWARD COUNTY HEALTH DEPARTMENT

56470

DATE
5 / 29 / 15

A5
44377-2526

Received From

Ryan Nelson

PHONE #

44377-2526

For

Repair/Perc - 13355

Pipes Leve

CASH

CHECK

NO.

2632

Three hundred thirty 7

Dollars

\$

330 00

Received By

J. King