

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 Julius Murrage LOT # _____

PROPERTY ADDRESS 3217 Sharps Rd Glenwood MD 21738
STREET TOWN ZIP

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

PROPERTY OWNER(S)

Julius Murrage

DAYTIME PHONE 410 442 5739 CELL _____ EMAIL _____

MAILING ADDRESS 3217 Sharps Rd Glenwood Md. 21738
STREET CITY, STATE ZIP

APPLICANT J.M cont. LLC / Rennie Heaps RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 443 297 7526 CELL _____ EMAIL _____

MAILING ADDRESS 425 OBracht 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.

Rennie Heaps

9/12/13

SIGNATURE OF APPLICANT

DATE

H0-73-3726

AP

(A)

Red Br Sa
Cl Loam -
Sa Loam

3'

Red Br and
Beige Sa
Loam -
Some Clay

4.5'-6'

Transition

Beige
Loamy Sa
-10%
Saprolite

15.5'

Getting a
Little Wet Near Bottom

Red Br (B)
Moderately
Dense Sa
Cl Loam

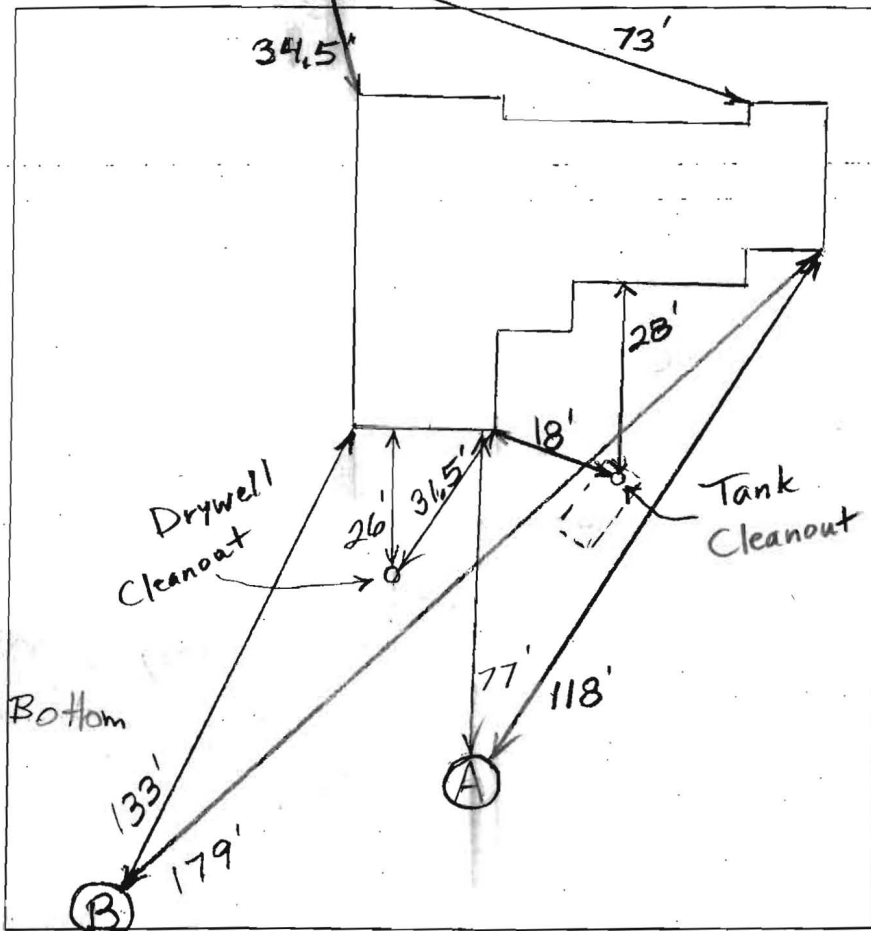
3.5'

Red Br
+ Beige
Sa Loam

13'

14'

Starting
to get wet



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/20/2013	A	7' 15.5'	10:55	11:00:30	11:09:30	9	P
		5'	11:23:30	11:56	11:31	5	P
	B	5' 14'	11:38:30	11:47:30	12:00:30	13	P

REMARKS

Wet. Pours in Bottom

SANITARIAN B, Baker BACKHOE R/Heaps OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

H0-73-3726

W/P

(A)

Red Br Sa
Cl Loam -
Sa Loam

3'

Red Br and
Beige Sa
Loam -
Some Clay

4.5'-6'

Beige
Loamy Sa

10%
Saprolite

15.5'

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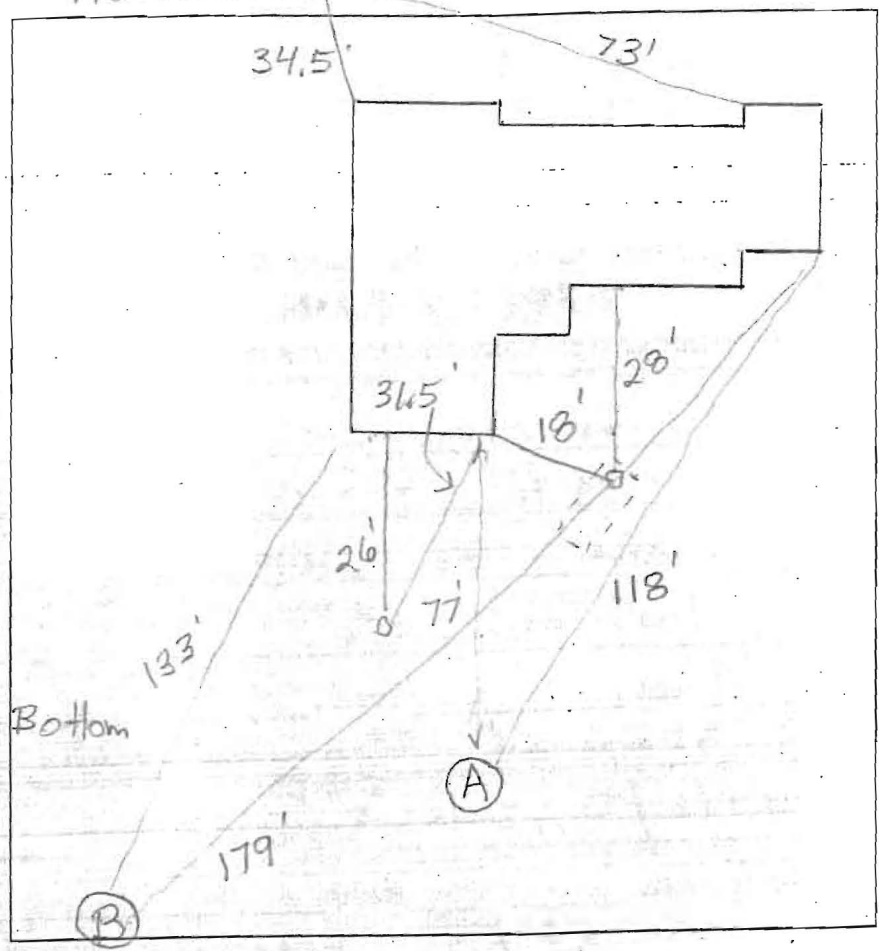
35'

Red Br
+ Beige
Sa Loam

13'

14'

Starting
to get wet



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/20/2013	A	7' / 15.5'	10:55	11:00:30	11:09:30	9	P
		5'	11:28:30	11:56	11:31	5	P
	B	5' / 14'	11:38:30	11:47:30	12:00:30	13	P

REMARKS Water Poured in Bottom
 SANITARIAN B. Baker BACKHOE R. Heaps OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____