

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 _____ LOT # 10

PROPERTY ADDRESS 1512 Everlea RD
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 0010 GRID 0013 PARCEL 0209 ZONING DESIGNATION _____

PROPERTY OWNER(S) Guy Scarpaci

DAYTIME PHONE _____ CELL 443-896-6724 EMAIL _____

MAILING ADDRESS 1512 Everlea RD Marysville MD 21104
STREET CITY, STATE ZIP

APPLICANT Hoffelds Jeff Reiter RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 301 490 4288 CELL 410 984-0047 EMAIL khoffeld@hoffeldsequipment.com

MAILING ADDRESS PO Box 579 Annapolis Junction MD
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
- 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.

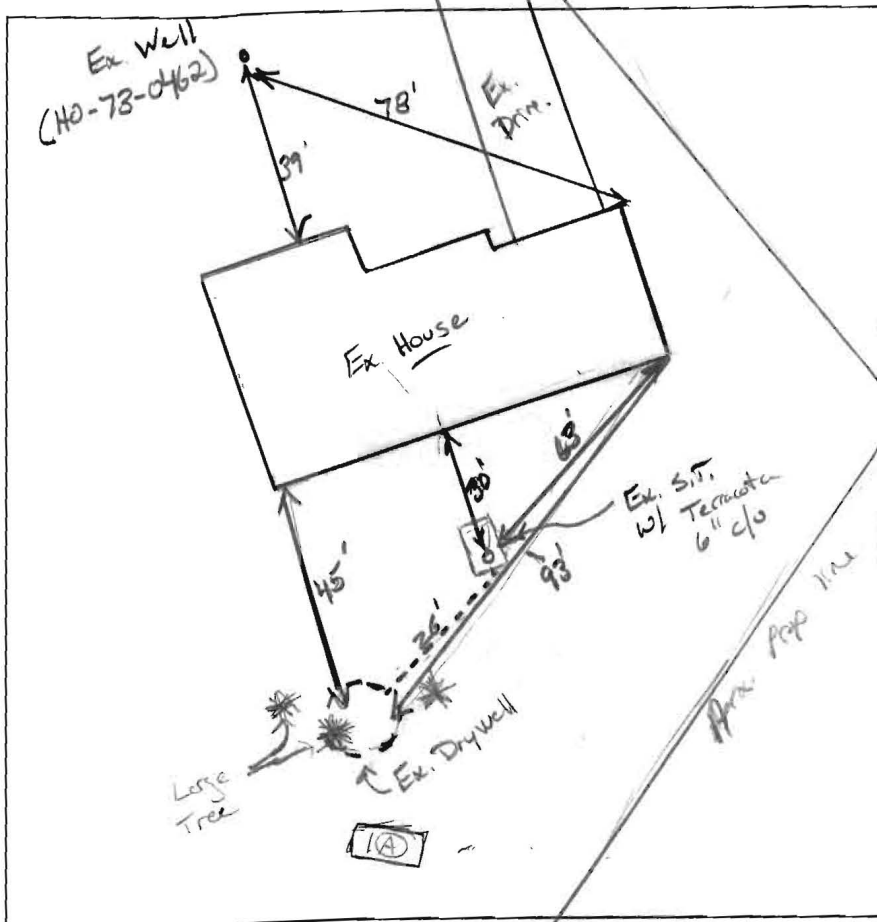
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Jeff Reiter
 SIGNATURE OF APPLICANT

10-17-13
 DATE

Everlea Ct.

A/P



1(A) Visual

OK WK S&K

Br/Y/R L. Frable. WK S&K. Dry

FSL Br/Y/R

Dry. Frable many roots. 100% chance very nice



Hard Bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/5/13	→	No Perc's dug up	Done	Ex. Drywell			
				No sign of failure			
11/22/13	1(A)	Visual	OK				P

REMARKS No Failure. Line was closed to Drywell.

SANITARIAN K. Wolf BACKHOE Donnie Simpson OTHERS Jeff Rieker = Hot fields / Hot covered

TEST HOLES USED IN SDA N/A AVG. PERC TIME — SQ. FT/BR —

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