



Bureau of Environmental Health  
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 website: www.hchealth.org

Maura J. Rossman, M.D., Acting Health Officer

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

545102

### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Brantwood S2A2R2 PARE LOT # 14

PROPERTY ADDRESS 3120 ARGENT PATH ELLCOTT CITY 21042  
STREET TOWN ZIP

TAX ACCOUNT # 03-332558 TAX MAP \_\_\_\_\_ GRID 0022 PARCEL 0437 ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) ROBERT & KRISTEN BIRCH

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 3120 ARGENT PATH ELLCOTT CITY 21042  
STREET CITY, STATE ZIP

APPLICANT Kurt Muller RELATIONSHIP TO OWNER: Landscape Contractor

DAYTIME PHONE 410 268 2900 CELL 410 320 0914 EMAIL kurtmuller@hotmail.com

MAILING ADDRESS 244 Old Mill Bottom Road Annapolis MD 21409  
STREET CITY, STATE ZIP

### I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

#### BUILDING:

- RESIDENTIAL WITH 5 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

ZACH CASTO  
443.813.1288

#### IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
- NO

### AS APPLICANT, I UNDERSTAND THE FOLLOWING:

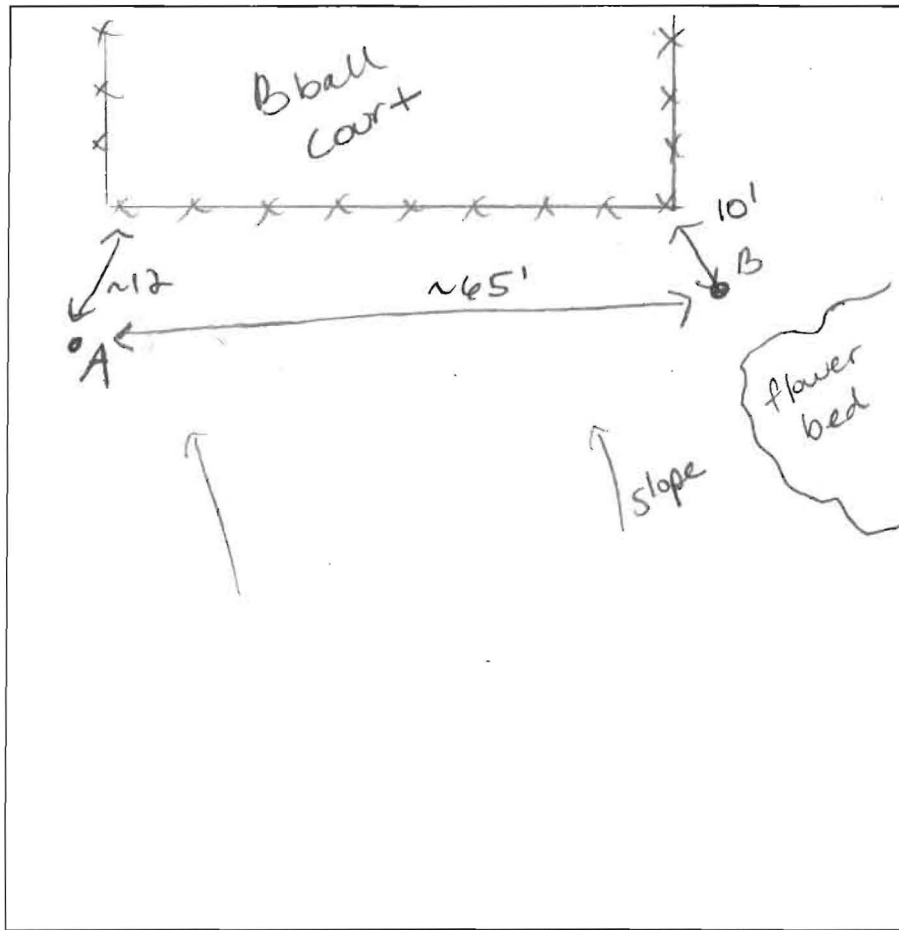
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE 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.

[Signature] 7/24/13  
 SIGNATURE OF APPLICANT DATE

AP



**[A]**

8" brn l  
brn sct ftsbk

3' brn micaceous sl

5' brn fsl saprolite

9'-10' tan micaceous ls Fet Mn

~11' mica schist  
brn ls

**[B]**

6" brn l  
brn sct ftsbk

4' brn sl  
brn micaceous fsl saprolite  
10% quartz

8' brn ls saprolite w/ mica schist Mn+Fe

↓  
12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/12/13	A	5'13"	10:01	10:04	10:07	3	P
8/12/13	B	12'	VISUAL	-OK			P

REMARKS soils very consistent  $5 \times 150 = 750 \div 3 \div 1.2 = 208 \times .62 = 130$

SANITARIAN MS BACKHOE Hatfields OTHERS owner **(130)**  
**(L.F)**

TEST HOLES USED IN SDA 2 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_