

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

A544599

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # 62
 PROPERTY ADDRESS 12402 Benson Branch Rd E. City 21042
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) Andy & Jackie Clarke

DAYTIME PHONE 443-474-7227 CELL _____ EMAIL _____

MAILING ADDRESS 12402 Benson Branch Rd Ellicott City 21042
STREET CITY, STATE ZIP

APPLICANT South Carroll Backhoe RELATIONSHIP TO OWNER: _____

DAYTIME PHONE 410-825-4197 CELL 410-596-3618 EMAIL _____

MAILING ADDRESS 4410 Salem Bottom Rd Westminster 21157
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.

Kenneth H. Hessel

4-12-13

SIGNATURE OF APPLICANT

DATE

A/P _____

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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

8/13/69 Preliminary

APPLICATION

1/26/69
A 14734
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 3BR 4BR

ELLICOTT CITY
DISTRICT 3

1000 Gal Tank 12.50 Gal Tank
Dry Well 300 sq. ft. sidewalk Dry Well 400 sq. ft. sidewalk DATE 8/13/69
below ground level area below the inlet

*Inlet of Dry Well to be no deeper than 5 Feet
bottom of Dry Well to be no shallower than 12 Feet
Place the dry well 35 Feet from the back lot line
and 5 Feet from the left side of the lot
as seen when facing the lot*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Mark A. Wakefield, Jr. *from Pan's Spring Court*

ADDRESS 251 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 62, Blk. B, Sec. 6

ROAD AND DESCRIPTION Pan's Spring Court

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 150' x 240' x 175' x 265' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield, Jr.

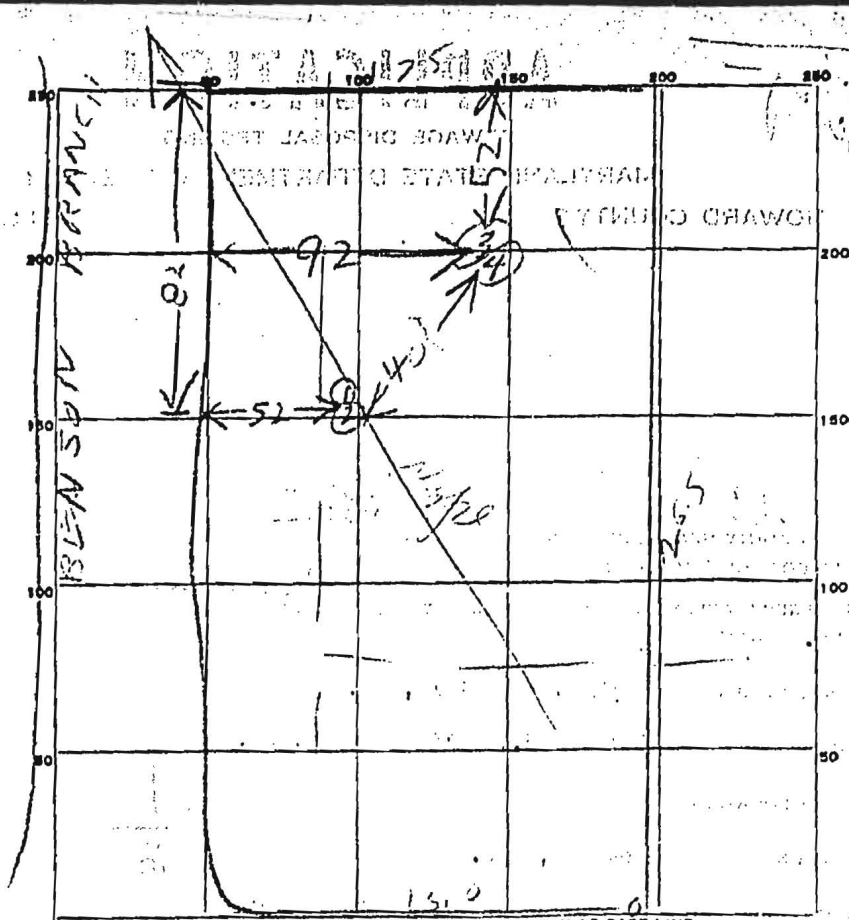
APPROVED BY [Signature] FOR Daniel DATE 8/27/71
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



PANG SPRING COURT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/1/59	1	12	1001	1006	1002	1003	1
	2	6	1004	1005	1003	1004	1
	3	5	1007	1008	1005	1004	1
	4	10	1007	1007	1007 1/2	1008	1/2

CRACKED PAVEMENT

SOIL AUGER FINDING _____
 TESTED BY Raymond Hodges
 REMARKS _____