



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION 1558828

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 3442 Huntsman Run

PROPERTY ADDRESS 3442 Huntsman LA Ellicott City

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Paul Saxon

DAYTIME PHONE 410-531-0599 CELL EMAIL

MAILING ADDRESS 3442 Huntsman Run Ellicott City 21043

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443-277-7526 CELL EMAIL

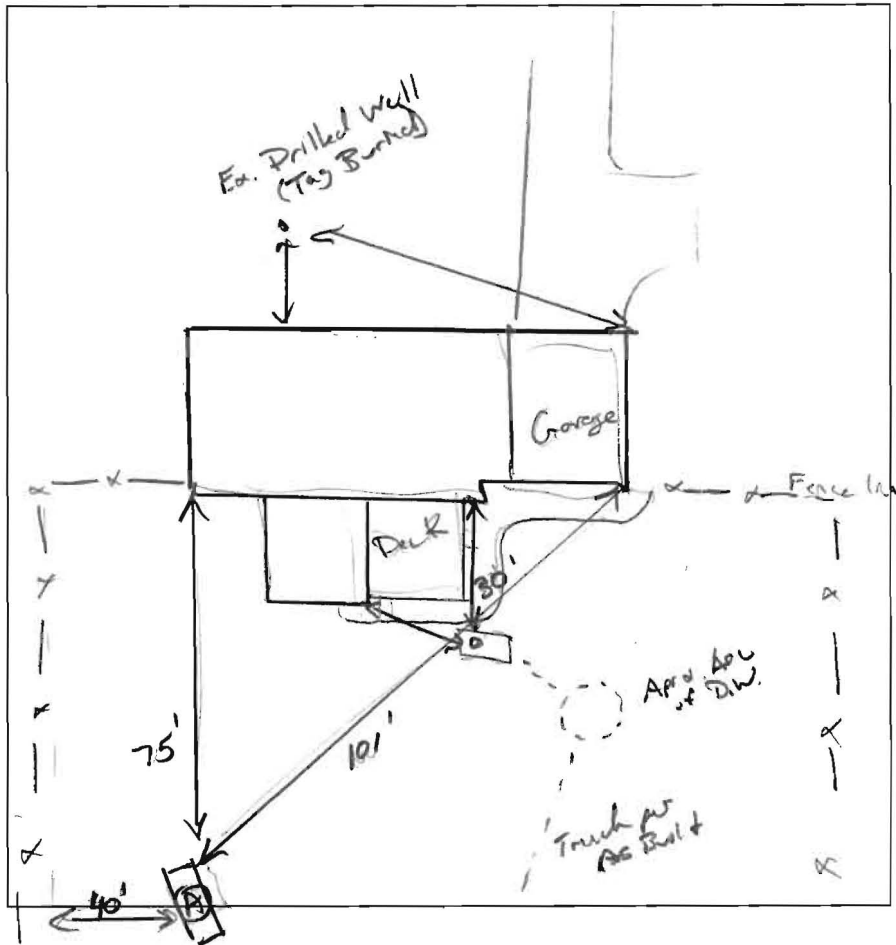
MAILING ADDRESS 4 Sykesville Md. 21043

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

- PROPERTY:
SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:
SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING)
MAJOR MINOR
CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
REPAIR OR REPLACE FAILING OSDS
UPGRADE EXISTING OSDS
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)
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 of Applicant: [Handwritten Signature]
DATE: 8/16/16



8" **(A)**  
 Wk Br OM  
 MSR, roots  
 Br L,  
  
 4"  
 Br/Rd/Y FSL  
 Friable, Dry  
 roots, wk p,  
 almost microcosm  
 massive,  
 Friable  
 9"  
 Br/Rd/Y VFSL  
 w/ 15% iolk  
 Highly micaceous  
 loose Dry  
 I-

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/23/16	(A)	4'8" / 14"	00:13	00:14	00:16	2	P
		14"	water poured		~ 5mp		
		4'8" Repair	00:17	00:19	00:22	3	P

REMARKS Very sandy, highly micaceous. Area need clearing.  
 SANITARIAN K. Wolf BACKHOE Ronnie Heaps OTHERS owner, helper  
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 2.5 SQ. FT/BR 1.2  
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 6 EFFECTIVE SW 4

$$3BR = \frac{450}{112} = 375 \div 3 = 125 (.60) = 75$$