

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 14106 Howard Road

PROPERTY ADDRESS 14106 Howard Road STREET TOWN ZIP

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Hoads

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 14106 Howard Road Dayton MD STREET CITY, STATE ZIP

APPLICANT Hatfields Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS P O Box 519 Annapolis Junction MD 20781 STREET CITY, STATE ZIP

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 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.

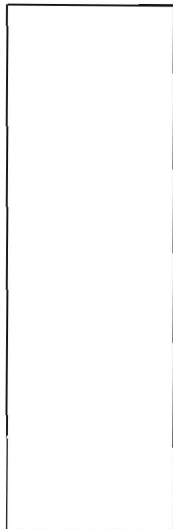
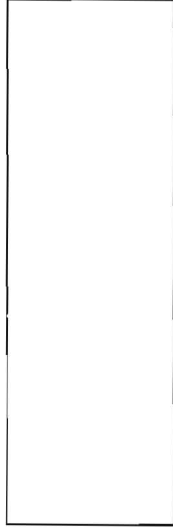
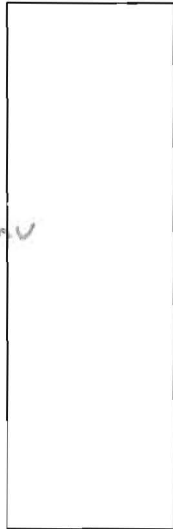
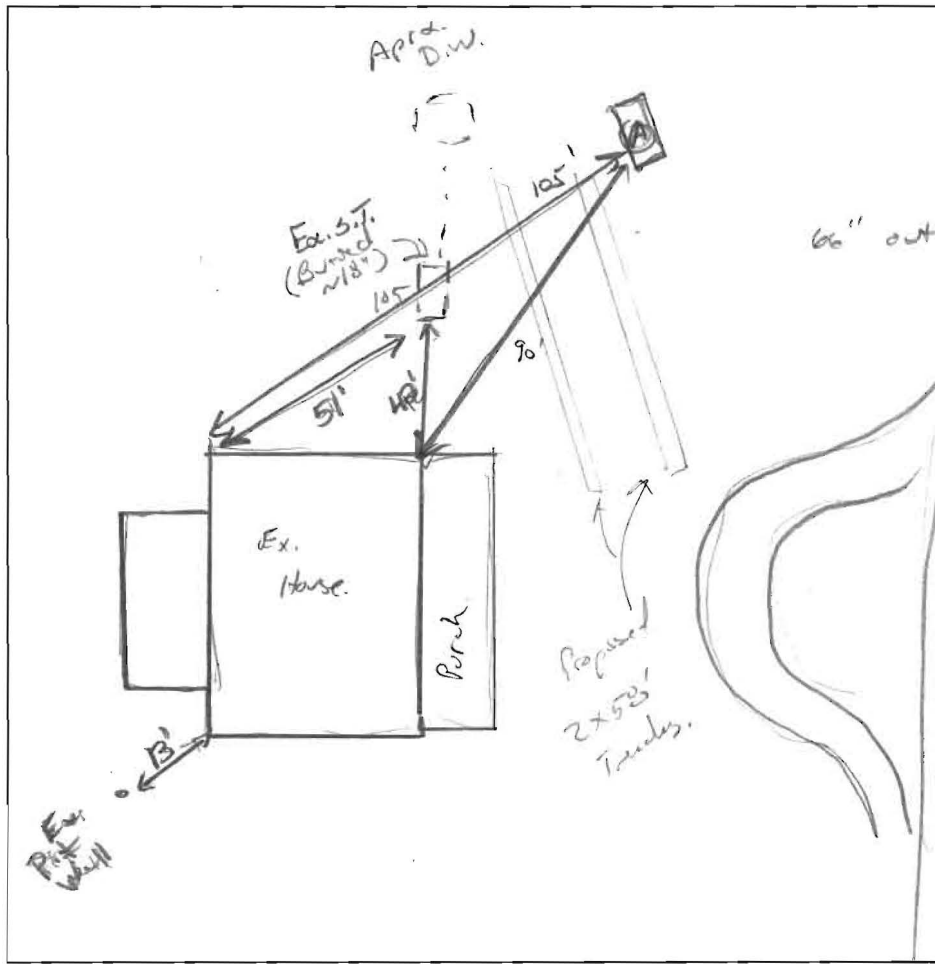
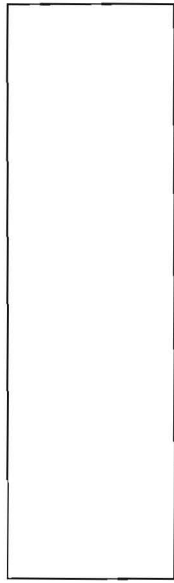
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

[Handwritten Signature]

11/01/16

SIGNATURE OF APPLICANT

DATE



(A)
 Br/Rd CL,
 wk-m SDK
 Friable, roots
 5% mica flakes
 CW,
 4'
 li Br - Br/Y
 m pl, Friable
 micaceous,
 10% cherted
 7'
 Br/Y/R s:l
 11'
 Br/Y/R VFSL
 moist, very
 wk pl,
 Highly micaceous.
 14'
 ↓

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/19/16	(A)	56' 14V	00:59	01:07	01:20	13	P

REMARKS _____
 SANITARIAN K. Wolf BACKHOE Jeff R. OTHERS owner
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 13 SQ. FT/BR 0.8
 TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 7 EFFECTIVE SW 5-7
(662)

$$3BR = \frac{450}{0.8} = 562.5 \div 3 \approx 180 \text{ (0.62)} \approx 116$$