

Bureau of Environmental Health

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

04-317734

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

A559786

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 14130 Burntwoods RD

PROPERTY ADDRESS Burntwoods Glenwood 21738

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Timothy Dapp Kristen Dapp

DAYTIME PHONE 410-489-7214 CELL EMAIL

MAILING ADDRESS Burntwoods Glenwood 21738

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER:

DAYTIME PHONE 410-798-3907 CELL 443-277-8226 EMAIL

MAILING ADDRESS Obrecht Rd Sylgessville 21784

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

PROPERTY:

- 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:

- 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.

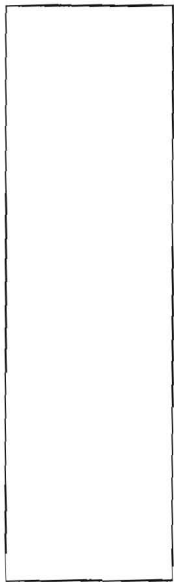
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Signature of applicant

10/3/16

SIGNATURE OF APPLICANT

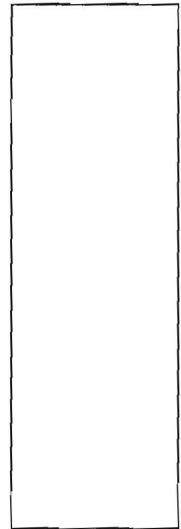
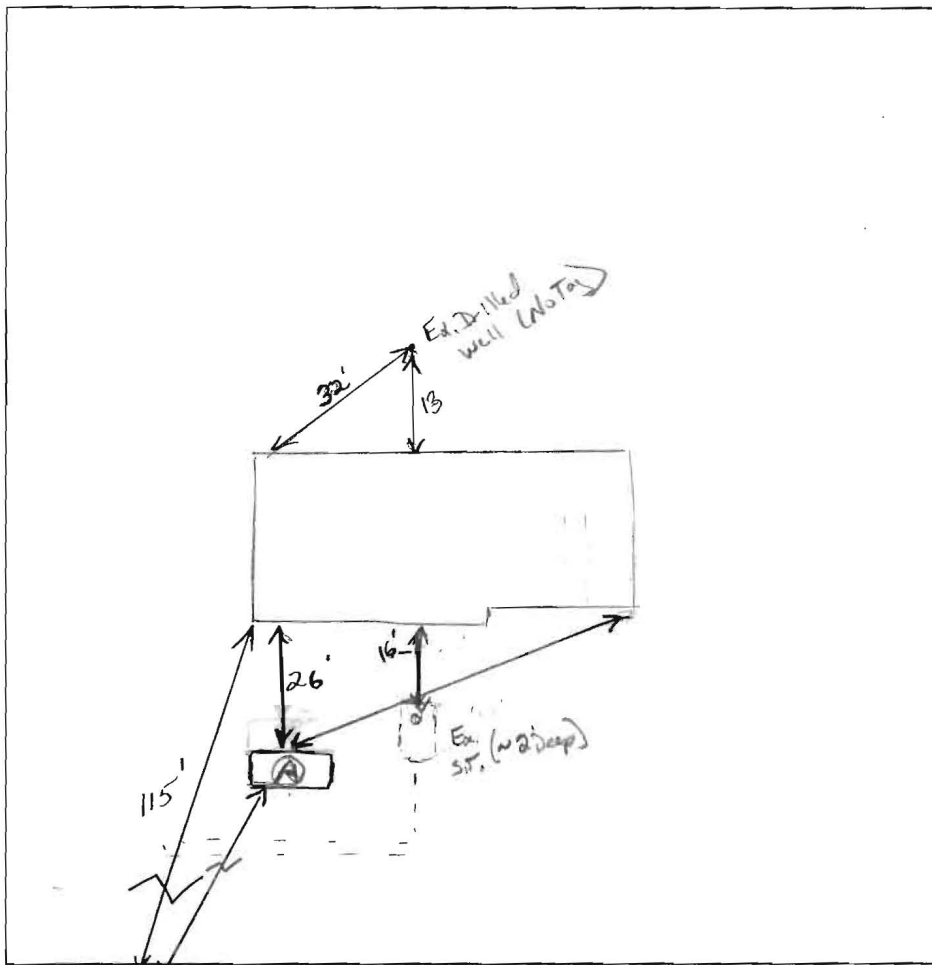
DATE



3' (A)
om. Dr. F. Gr.
ms BK
Br CL, Friable
CW, Dry, roots
ms BK.

7' Red/Br. CL
ms BK
Friable
5% chert
5% mica.
Br CL
NK Pl. Friable
rt cavity

10' Br/R/Y L
NK Pl. Friable
15' CW, Dry
many mica

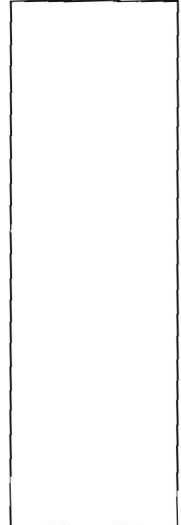


12' (B)
om. Dr. F. Gr.
ms BK roots
Br CL,

Burntwoods Road

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/14/16	(A)	8' 1/2"	00:24	pulled			H
		9' 3"	00:43	00:57	01:23	26	P
			H ₂ O poured @ 15'				~ 8 gpi
	(B)	7' 3" / 15'	00:09	00:17	00:22	15	P
			H ₂ O poured @ 15'				5 gpi

15'



REMARKS Only room for 1 report in front yard, Future
 SANITARIAN K. Wolf BACKHOE Ronnie Hps OTHERS Heipari
 TEST HOLES USED IN SDA 2 AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 2' INLET DEPTH 4.5' MAX. BOT DEPTH 11' EFFECTIVE SW 7'
 HBR = 600 gpd



HOWARD COUNTY HEALTH DEPARTMENT

59786

DATE 10/3/16

A5
410-489-1214

Received From

Timothy B. Dapp

PHONE #

For

Repair fence / 14130 Burntwood Rd.

CASH

CHECK

NO.

3316

Three hundred thirty Dollars

\$

331.00

Received By

Demp