



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

558052

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 12549 R+216 Highland MD 21029

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Mike Johnson

DAYTIME PHONE 410 405 2414 CELL 410 415 2414 EMAIL

MAILING ADDRESS 12549 R+216 Highland MD 21029

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443 277 7526 CELL SAME EMAIL

MAILING ADDRESS 425 Obercht Rd. Sykesville MD 21780

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 3 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.

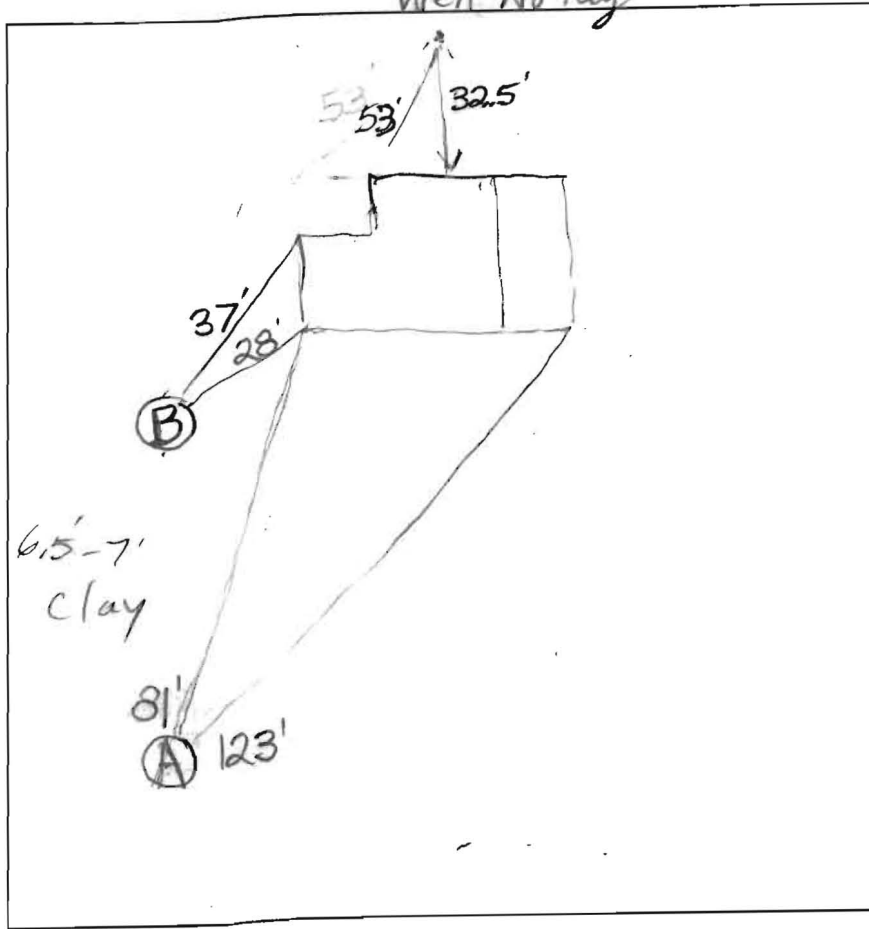
[Handwritten Signature]

3/29/14

SIGNATURE OF APPLICANT

DATE

Well-No Tag



(A)

Moderately Dense Br Si Cl Loam + Cl Loam

6.5-7'

Br Sa Cl Loam

~8.5'

Very Fine Br Sa Loam - Loamy Sa

10.5-11'

Trace Rock Water Seepage Water

13.5'

(B)

Dense Br Si Cl Loam

3.5'

Fine Dense Beige Sa Cl Loam - Sa Loam

4.5'

Fine Beige Fairly Dense Sa Loam

Fine Mod. Dense Beige Loamy Sa Trace Rock

11.5'

Water Seepage Water

12.5'

14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/6/2016	A	7/3.5'	11:14	~1/8" in 30 min			F
	B	4.5/14'	12:10	A Little slow - Pulled Est. 40 minutes			H
		5.5'	12:33	12:44	1:06:30	22 1/2	P

REMARKS

SANITARIAN B. Baker BACKHOE R. Heaps OTHERS _____

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

TRENCH WIDTH 3' INLET DEPTH 4.5' MAX. BOT DEPTH 7' EFFECTIVE SW _____