



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2540 | Fax: 410-313-2648
TDD 410-313-2323 | Toll free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hccohealth
Twitter: HowardCoHealthDep

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

Handwritten number: A562302A

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 2135 Rt 97 Cooksville MD 21723

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) David & Melissa Covalesky

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS

APPLICANT Marc D Hereth RELATIONSHIP TO OWNER:

DAYTIME PHONE 301-580-5977 CELL EMAIL marcdhereth@construction.com

MAILING ADDRESS 2551 Florence Rd Woodbine MD 21797

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 Marc D Hereth

Date: 10/16/17

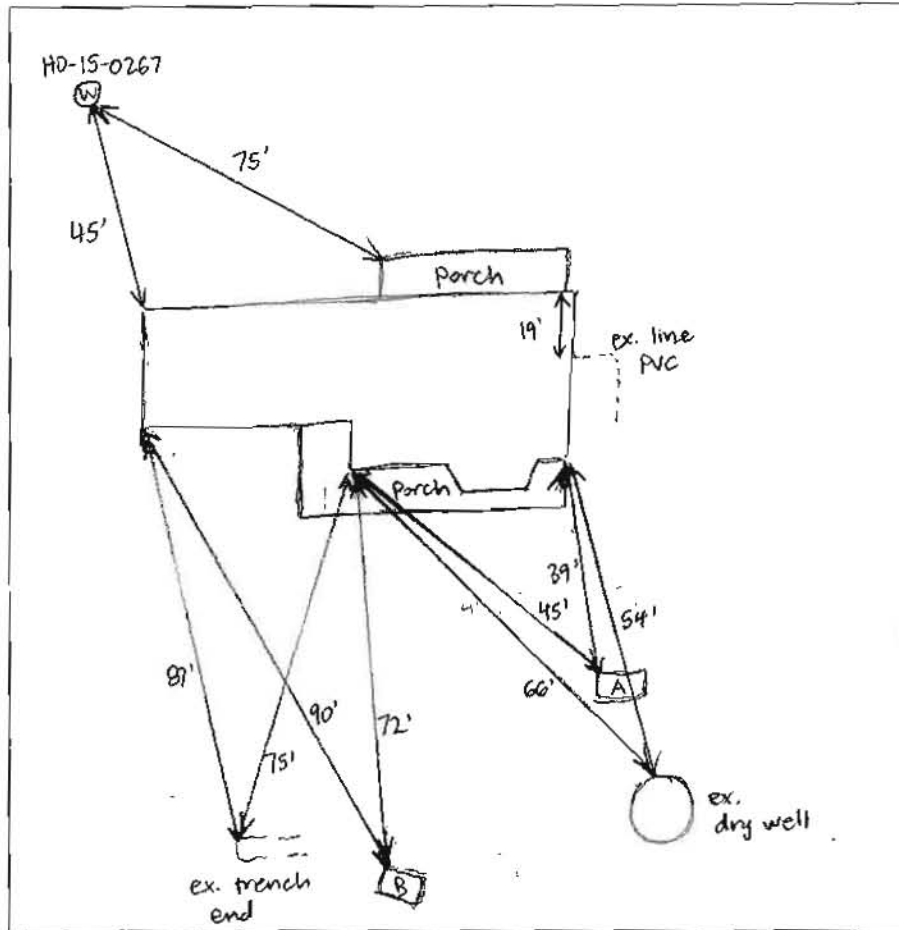
SIGNATURE OF APPLICANT

DATE

AP

(A)  
 0 dk brn loam  
 msbk  
 roots  
 8" brn clay  
 loam  
 weak msbk  
 roots  
 2' lt brn / yel  
 brn sct  
 weak platy  
 many mica  
 roots  
 4.5' lt brn fine  
 sl  
 weak platy  
 many mica

(B)  
 0 dk brn  
 loam  
 msbk  
 roots  
 8" brn cl loam  
 msbk  
 30-40% rock  
 roots  
 4.5' red brn v f  
 sl  
 weak platy  
 many mica



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/16/17	A	6' / 14'	0:00	2:53	7:10	4:17	P
		H <sub>2</sub> O poured @ bottom ~ 5 mins / inch					
	B	6' 3" / 14'	0:00	7:03	21:14	14:06	P
		H <sub>2</sub> O poured @ bottom ~ 20 mins / inch					

REMARKS \_\_\_\_\_  
 SANITARIAN Sarah Collins BACKHOE Marc Hereth OTHERS Clyde (helper)  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SAW @ 4.5'



# HOWARD COUNTY HEALTH DEPARTMENT

62302

DATE 10/16/17

AS/PS

Received From

Marc D Heron

PHONE # 301 580-5977

Construction

For

Repair Perc 114050 Philadelphia  
Perc. / 2135 RT 97

- CASH
- CHECK

NO.

CC

Four hundred ninety-five Dollars

\$ 495.00

Received By

King