



HOWARD COUNTY HEALTH DEPARTMENT

62405

DATE
1/17/17

AS

Received From Legacy Septic & Excavation LLC PHONE # _____

For Repair work - 11357 Haddock

CASH
 CHECK
NO. 4488

One hundred sixty four Dollars

\$ 105.00

Received By D Kemp



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

5900 Stanford Ct. Columbia 8-5

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

562405

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 11357 FREDERICK RD. ELLICOTT CITY 21042

TAX ACCOUNT # 303519 TAX MAP 0016 GRID 0021 PARCEL 0382 LOT NO. 2 PROPOSED LOT SIZE (ACRES) 2.2

ZONING CATEGORY TIER

PROPERTY OWNER(S) KURT HINES & CAITLIN BEANIE

DAYTIME PHONE CELL 443-695-0619 EMAIL

MAILING ADDRESS 11355 FREDERICK RD ELLICOTT CITY 21042

APPLICANT George Shook Legacy septic RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 410-840-8766 CELL 301-370-4121 EMAIL Jwalsch@LegacySeptic.com

MAILING ADDRESS 1538 MANCHESTER ROAD WESTMINSTER MD. 21157

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 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.

SIGNATURE OF APPLICANT

DATE

1-22-17

AP _____

(A)

0 dk brn loam
msbk roots

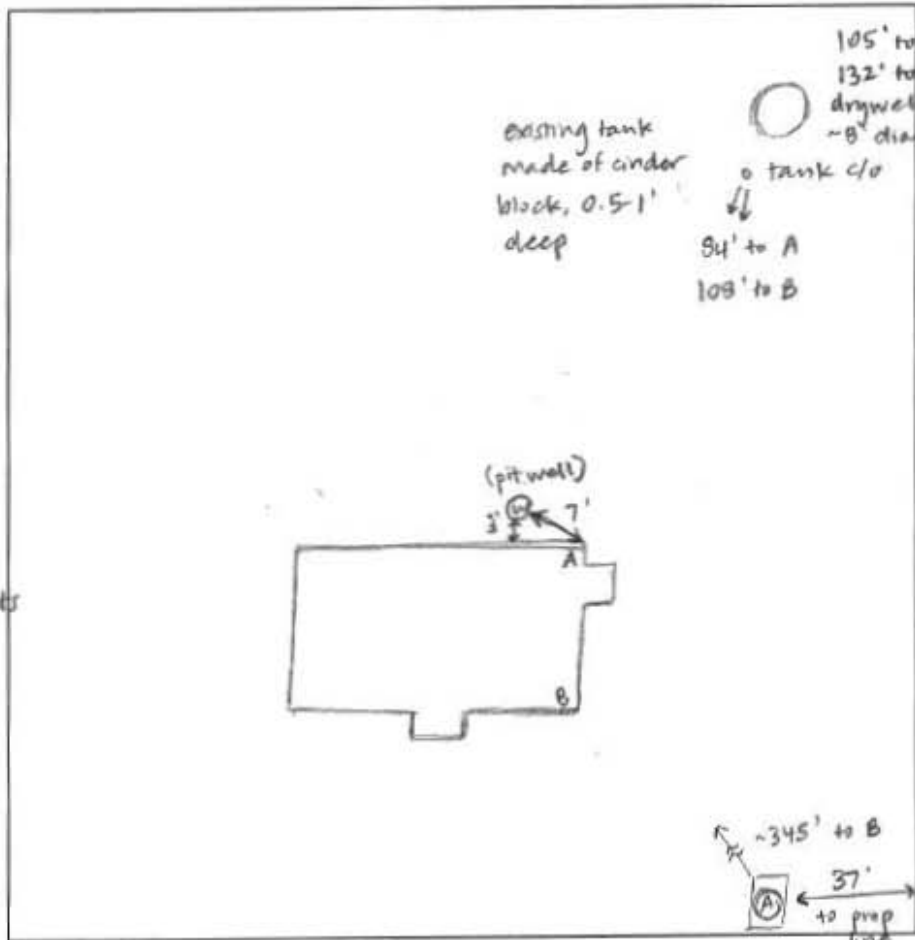
8" red brn cl
weak msbk
roots
many mica

5' lt brn sl
weak platy
many mica
20% rock

9' white/gray/
lt brn sl
friable, platy pockets

12' many mica

MOIST



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/29/18	A	9'	H ₂ O poured @ bottom ~ 10 mins				
	A	4.5'/12'	0:00	0:16	0:41	25	P
		4'/12'	0:14	45+ mins → pulled			
		5'/12'	0:49	0:53	0:59	6	P

REMARKS _____

SANITARIAN Sarah Collins BACKHOE Gaylen OTHERS George Schouley, Craig

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

TRENCH WIDTH 3' INLET DEPTH 2' MAX. BOT DEPTH 5' EFFECTIVE SW None