



# HOWARD COUNTY HEALTH DEPARTMENT

63006

DATE 5/21/83

Received From

Hartfield's Equip. PHONE # 490-4289

For

Peru Paper 7570 Below bridge

CASH

CHECK

NO.

2960

One hundred sixty five Dollars

\$ 165.00

Received By

King



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

1503006

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 7510 Brown Bridge Road Highland MO

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Chris & Carol Hill

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 7510 STREET CITY, STATE ZIP

APPLICANT Hatfields Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS PO Box 519 Annapolis Junction MD 20701

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:

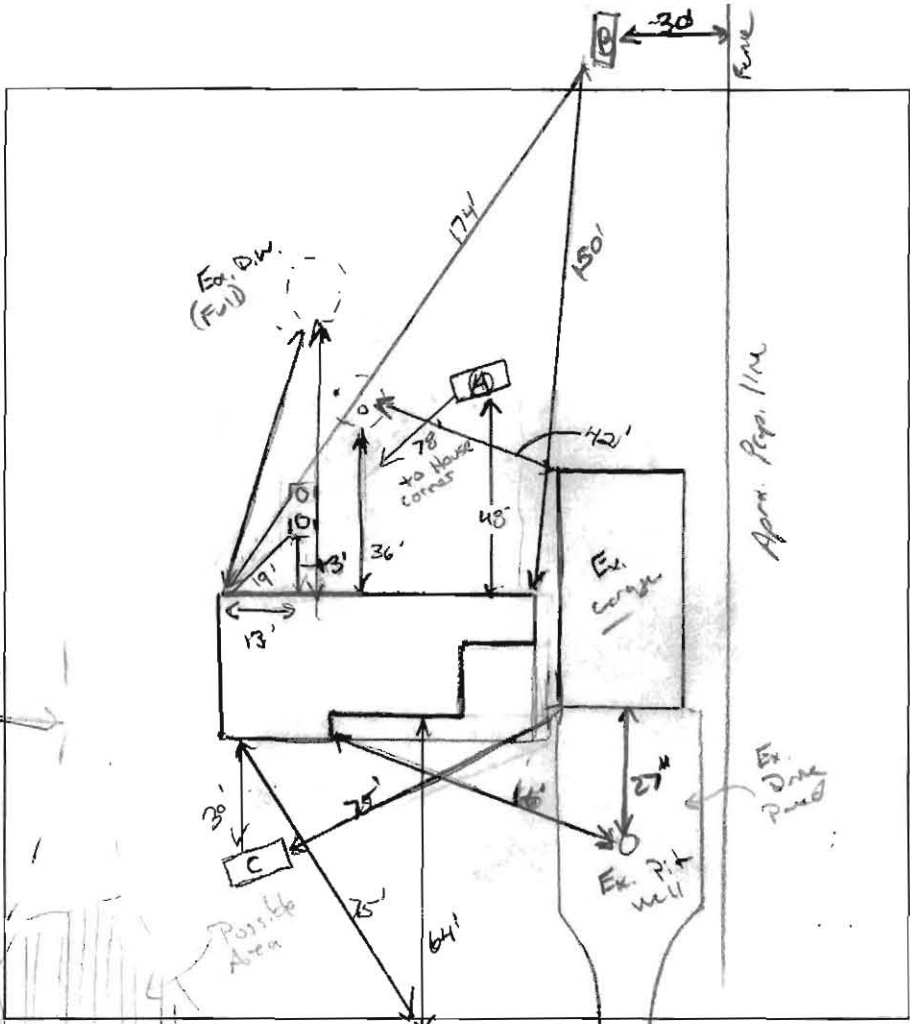
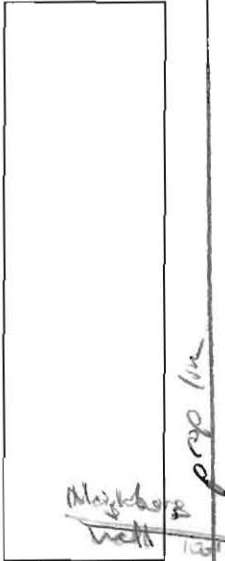
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE 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.

SIGNATURE OF APPLICANT [Handwritten Signature]

DATE 5/29/18



**(A)**  
 2'  
 Dk Br OM L  
 muck, Co, roots  
 Br/Yr. cl.  
 CS, str. sbrk  
 Friable, sticky  
 mix coarse mica  
 separate  
 10% rd.  
 10% sep.  
 5 1/2 - 6'  
 11 Br Fst.  
 wk F pl  
 Friable, moist  
 Intro from Factory  
 Caving (log)  
 8' 3"  
 Br/ll. Br. sil  
 Hg mica  
 wk sbrk, -  
 massive  
 water

**(B)**  
 3'  
 Dk Br. L.  
 muck, roots  
 Friable, ch  
 Few mica.  
 redox  
 Hi sil  
 common mica  
 wk Fpl.  
 5'  
 water seep.  
 loose LS  
 massive.  
 redox  
 8'

**(C)**  
 4'  
 Br/Rd L  
 wk F sbrk,  
 Friable,  
 roots  
 7'  
 Beige sl.  
 wk F pl.  
 Friable, ch  
 mica, roots.  
 12'  
 11 Br/Y LS  
 w/ pockets of  
 white/gray sbrk.  
 mica, roots.  
 wk pl  
 14'  
 H2O seep  
 Br/Rd/Y LS  
 wk F pl.

**(D)**  
 2'  
 Dk Br L.  
 muck - wk sbrk  
 roots, Friable.  
 5'  
 Br/Rd L.  
 wk F sbrk  
 Friable.  
 mica, roots  
 9'  
 Br - Br/Rd SL  
 wk F sbrk - wk Fpl  
 Friable, dry.  
 roots,  
 Highly mica.  
 Br/Y FSL  
 wk F pl  
 Friable, mica  
 no H2O  
 14 1/2"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/7/18	(A)	5' iiv	00:27	pulled	1/4" in	30 min	
		6'	00:58	01:05	01:12	7	P
	(B)	no test					F
	(C)	5' 1/4' iiv	00:18	00:19	00:20	1	P
		report	00:22	00:25	00:28	3	P
	(D)	visual	OK	14'			P
		H2O poured @ 14'			≈ 8mp		P

REMARKS Per A parcel @ 6' but  
 SANITARIAN K. Wolf BACKHOE Donnie OTHERS Todd (Hotfields)  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_  
 \* Use of back yard will be non-conventional (A-Horizontal) due to depth to ground water.