



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

ASL4095

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 14969 Triadelphia RD Glenek 21237

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Sherry & Rich Foster

DAYTIME PHONE 410-949-5346 CELL EMAIL

MAILING ADDRESS STREET CITY, STATE ZIP

APPLICANT South Carol Backhoe RELATIONSHIP TO OWNER:

DAYTIME PHONE CELL 410-596-3118 EMAIL

MAILING ADDRESS STREET CITY, STATE ZIP

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

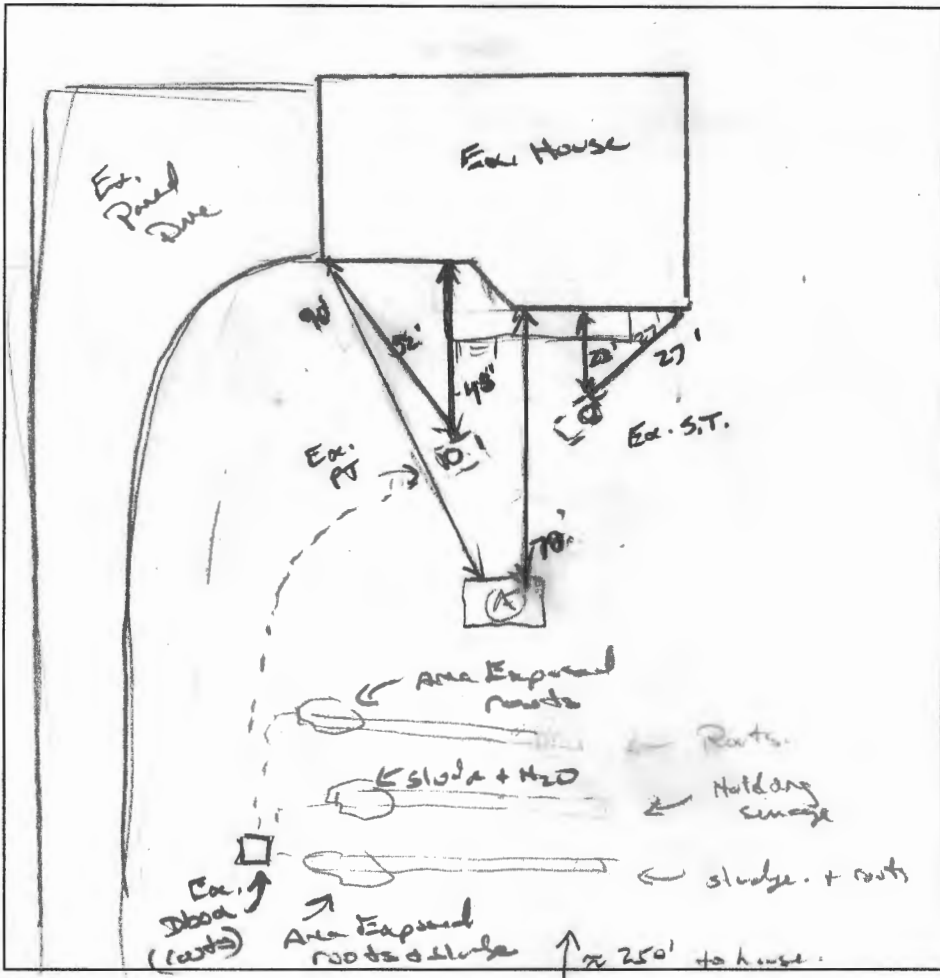
- BUILDING: RESIDENTIAL WITH EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

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. Ken Schmitt 12-13-18 SIGNATURE OF APPLICANT DATE



3'  
7'  
13'

(A)  
Br/Rd L.  
MSOK  
Frisble  
roots!

---

1 1/2 Br/Y FSL  
WK FSBK  
Frisble  
n/kairin.  
WK sprin  
~10%

---

Br/Y/Rd  
FSL  
WK Fpl  
Frisble  
10% of  
MSOK

H0-94.1556

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/4/19	(A)	44" / 13'	00:22	00:26	00:33	7	P
		H2O poured @ 13'				25 mpi	

REMARKS Ex trenches filled w/ roots and sludge.

SANITARIAN K. Wolf BACKHOE Kenny OTHERS Welp

TEST HOLES USED IN SDA 1 AVG. PERC TIME 7 SQ. FT/BR 0.8

TRENCH WIDTH 3' INLET DEPTH 2.5' MAX. BOT DEPTH 6.5' EFFECTIVE SW 4.5 (50)

4 BR =  $\frac{600 \times 500}{0.8} = 750 \times 1.5 = 1200$  (2x62)