

Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 11314 Old Hopkins Rd Clarksville MO 21029

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

ZONING CATEGORY TIER

PROPERTY OWNER(S) Charles Scherr

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS Same as above

APPLICANT Hatfields Equipment Inc RELATIONSHIP TO OWNER:

DAYTIME PHONE 301 490 4289 CELL 410 984 4880 EMAIL khatfield@hatfields-equipment.com

MAILING ADDRESS P O Box 519 T.H. 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:

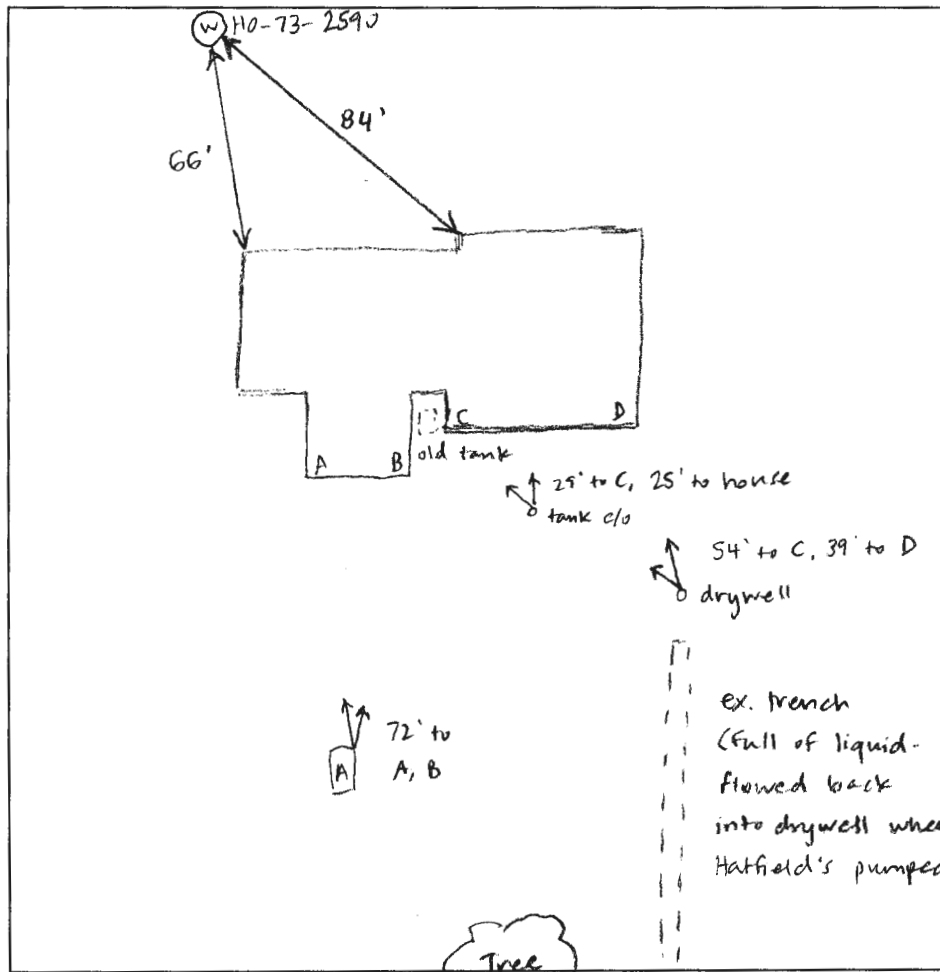
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE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

Handwritten signature of applicant

3/26/19
DATE



0
 (A)
 dk brn sel
 mskk
 mats
 8'
 brn/red brn
 sel dense
 many mica, mats
 3'
 red brn/
 yel brn
 fs! weak platy
 many mica
 roots to ~10'
 Mn deposits
 consistent
 ↓
 14' dry bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
4/2/19	A	6' / 14'	3:20	5:55	11:25	5.5	P	
		H ₂ O poured @ bottom 5-10 mins/inch						

REMARKS Keep trenches on house side of tree, downgrade from tree due to well at 7394 Hallmark Dr.

SANITARIAN S. Collins BACKHOE Donny OTHERS Todd Tracy, Charles, helpers

TEST HOLES USED IN SDA A AVG. PERC TIME 5.5 SQ. FT/BR 5 BR

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 10' EFFECTIVE SW @ 3'



HOWARD COUNTY HEALTH DEPARTMENT

64805

A5

DATE
3/26/19

Received From

Hotfields Equipment & Delivery also services. PHONE #301-490-4284

For

Repair - Perc

CASH

CHECK

NO.

4095

One Hundred Sixty Five

Dollars

\$ 165.00

Received By

Shelia Beatty