

Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 2718 Rt 32 Westfriendship Md LOT# _____

PROPERTY ADDRESS 2718 Rt 32 Westfriendship MD TOWN _____ ZIP 21794-9308

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) Richard Turcotte III

DAYTIME PHONE ⁴⁴³ 745-4117 CELL _____ EMAIL _____

MAILING ADDRESS 2718 Rt 32 Westfriendship MD. 21794
 STREET CITY, STATE ZIP

APPLICANT Ronnie Neaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE ⁴⁴³ 277-7526 CELL _____ EMAIL _____

MAILING ADDRESS 425 Obrecht Rd. Sykesville MD 21784
 STREET CITY STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

- 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)

- PROPERTY:
 SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
 CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
 REPAIR OR REPLACE FAILING OSDS
 UPGRADE EXISTING OSDS

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.

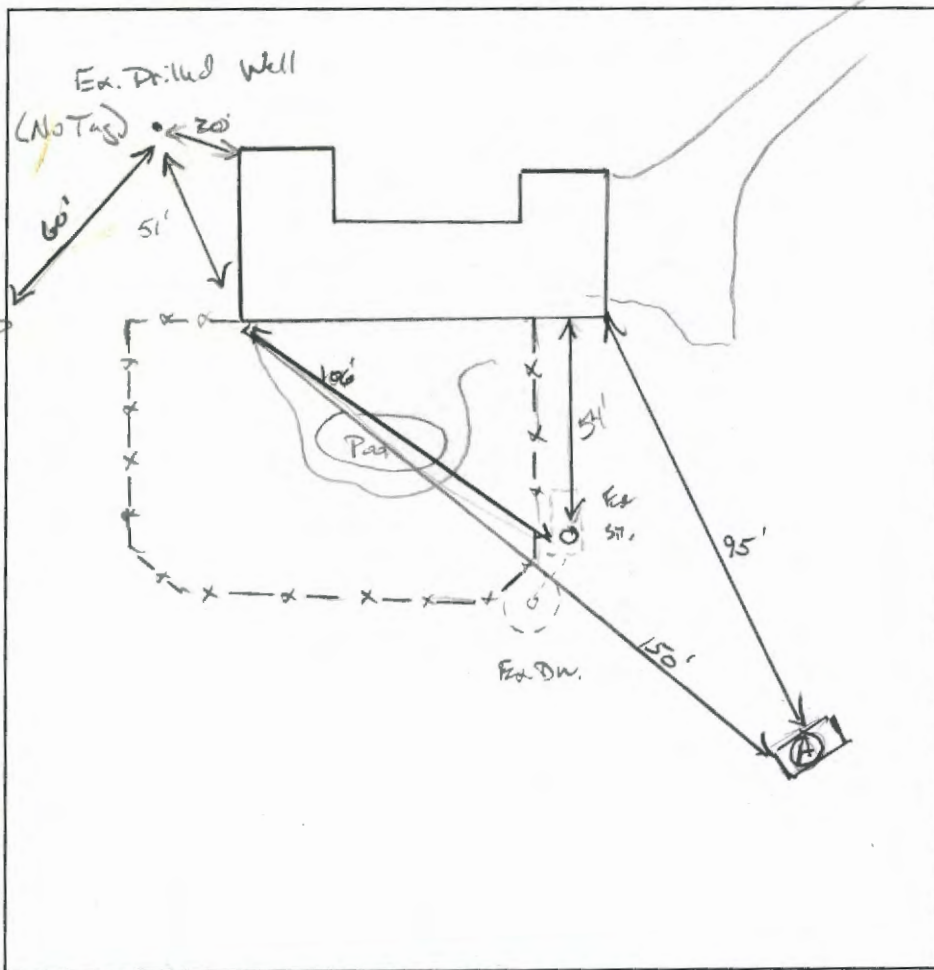
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property of directly related to the requested permit/service.

[Signature]

9/3/15

SIGNATURE OF APPLICANT

DATE



(A)
 7" Dark Br. L,
 WK-m SBK roots
 Br/Y L,
 Friable, WK SBK,
 Dry, cherty.
 3' Br/Y/R SL,
 WK platy
 Highly porous
 Friable
 8' WK Qtz
 9' Br/Y/R VFSL
 -LS, massive
 Dry,
 Highly porous

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/29/15	(A)	4'8 1/4"	00:25	00:27	00:30	3	(P)
		H ₂ O poured @	bottom		~ 5-7 mpi		

REMARKS _____
 SANITARIAN K. Wolf BACKHOE Jo Ke = Fugly OTHERS Heber
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 3 SQ. FT/BR 1.2
 TRENCH WIDTH 3 INLET DEPTH 3.5 MAX. BOT DEPTH 6' EFFECTIVE SW 4'
 $5(150) = \frac{750}{1.2} = 625 \div 208 (662) = 1302 \text{ LF}$ 2x65