



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 1729 Oakdale Dr Cooksville 21723

TAX ACCOUNT # TAX MAP 8 GRID 18 PARCEL 110 LOT NO. 26 PROPOSED LOT SIZE (ACRES) 1.14

ZONING CATEGORY TIER

PROPERTY OWNER(S) James & Becky Alder

DAYTIME PHONE 410 227 3790 CELL 410 227 3790 EMAIL

MAILING ADDRESS 1729 Oakdale Dr Cooksville 21727

APPLICANT James Harrison RELATIONSHIP TO OWNER:

DAYTIME PHONE 410 596 0059 CELL 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 4 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:

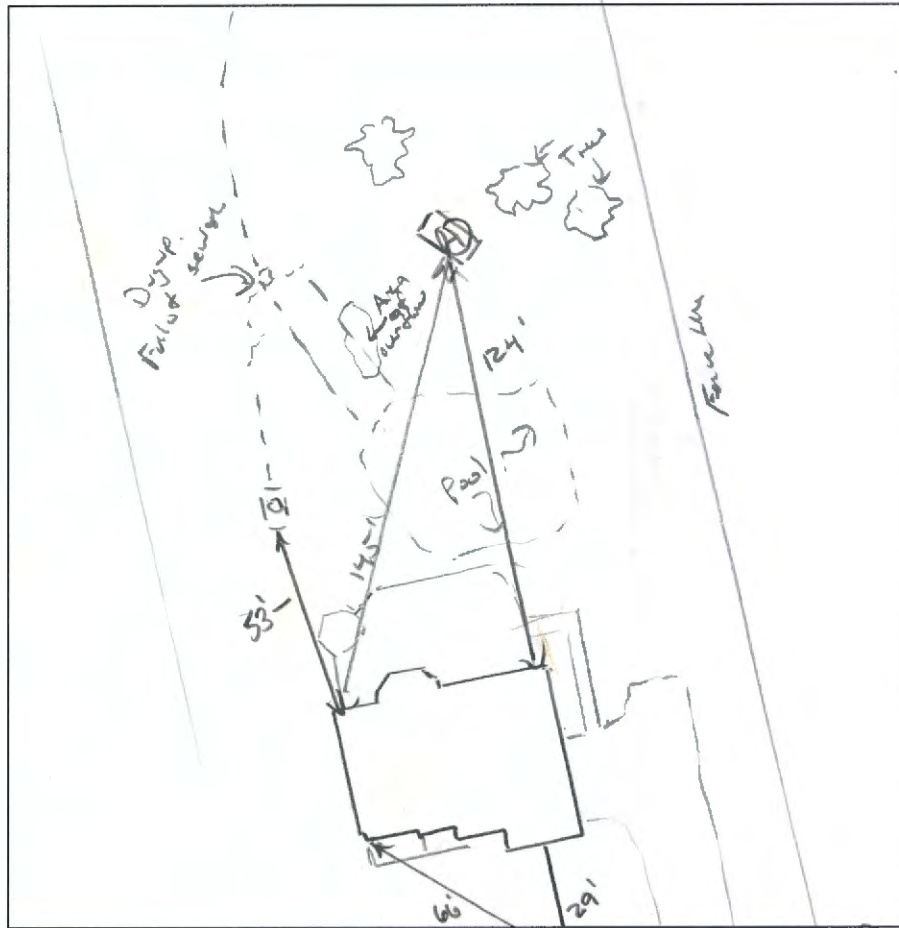
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE 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 10/29/15



(A)

2'  
Dk Bc L,  
25% BK, Rbk  
Bc/Rd, L  
MSBK, WSP  
CW, roots,  
5% subat  
chamg

5'  
Bc/Rd SKL  
WK FSBK  
10% chamg,  
sawd  
mzard

8'  
11B/Rd/YSL  
WK FPL,  
10% mchast  
chamg

1'  
Frtable  
smooth bndry



60' 29' Ex. Well (Tag Buried)

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/14/18	(A)	8'6" / 15'	00:44	00:50	01:07	17	P
		H <sub>2</sub> O poured @ 15'				~ 5	

WSP = slightly sticky

REMARKS Initial system installed in clay. A lot of H<sub>2</sub>O use.

SANITARIAN K. Wolf BACKHOE JV. Heron OTHERS Helper

TEST HOLES USED IN SDA 1 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR 0.25 ft<sup>3</sup>

TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 11 EFFECTIVE SW (40)

$SBR = 750 \div 0.8 = \div 2 = 468.75 (0.4) = 188 LF$