Howard County Health Department

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _Meagan & Matt Wessel_

PROPERTY ADDRESS _14070 Stevens Valley Ct_ _Glenwood_ _21738_
STREET TOWN ZIP

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

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) _Meagan & Matt Wessel_

DAYTIME PHONE _301-366-9040_ CELL _____ EMAIL _____

MAILING ADDRESS _____ _21738_
STREET CITY, STATE ZIP

APPLICANT _Seth Conrad Backhoe_ RELATIONSHIP TO OWNER: _____

DAYTIME PHONE _____ CELL _410-596-3418_ EMAIL _____

MAILING ADDRESS _4410 Glen Bottom Rd Westminster 21157_
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.

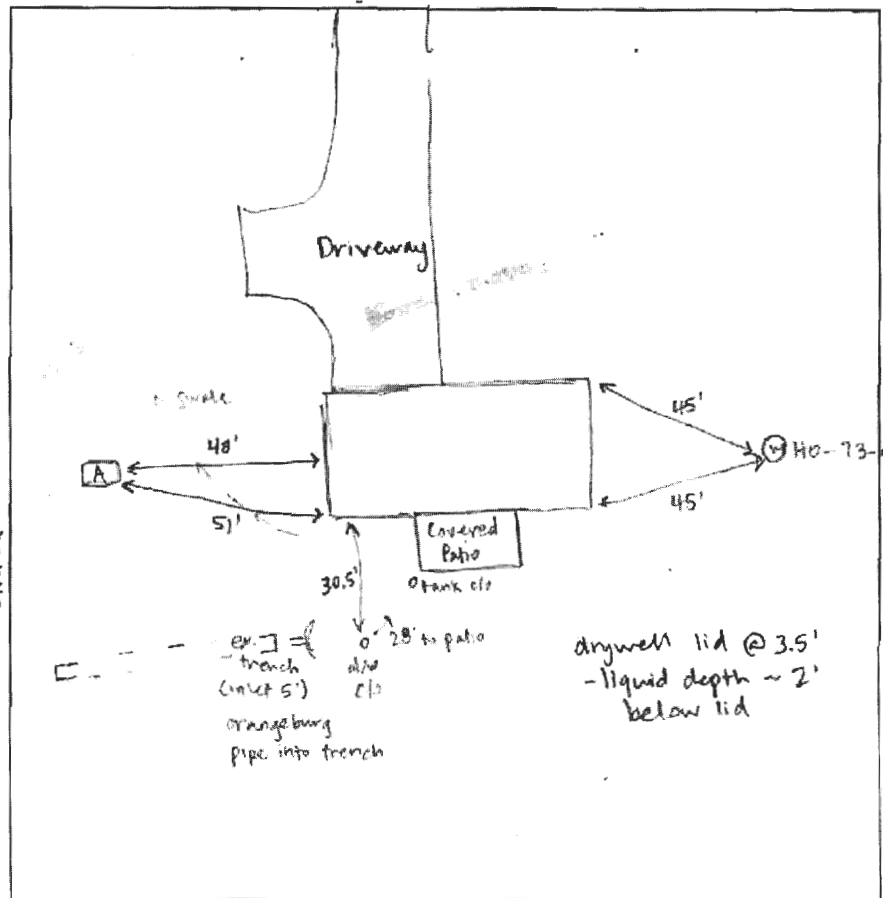_Kenneth G. Schisel_ _9-18-18_
SIGNATURE OF APPLICANT DATE

JW 10/29/15

A/P _____

Stevens Valley Dr

Ⓐ

0

| dk brn loam |
| msbk |
| roots |

1.5'

| lt brn scl |
| msbk |
| roots |

3'

| brn scl |
| few mica |
| roots |

4'

| red brn vfsl |
| many mica |
| 10% rock |
| roots |
| consistent |
| ↓ |
| Mn deposits |
| Moist @ bottom |

14'

Gravel Dr.

Driveway

Swale

48'

A

51'

30.5'

Covered Patio

O tank c/o

45'

45'

Ⓥ HO-73-0763

ex.⊐ =⟨ trench (inlet 5') | 0 28' to patio d/w c/o

orangeburg pipe into trench

drywell lid @ 3.5'
- liquid depth ~ 2' below lid

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/13/18	A	6'/14'	0:00	7:20	19:15	11:55	P

REMARKS _Swale cut into yard in 2015 by previous homeowner (for basement flooding)_

SANITARIAN _Sarah Collins_   BACKHOE _Ken Schissler_ OTHERS _Dave (helper) + Matt Wessel_

TEST HOLES USED IN SDA _A_   AVG. PERC TIME _12 min/SQ. FT/BR_ _4 BR_

TRENCH WIDTH _2'_   INLET DEPTH _5'_   MAX. BOT DEPTH _10'_   EFFECTIVE S/W @ 4'