



HOWARD COUNTY HEALTH DEPARTMENT

67905

P/S A/S

DATE 7/12/20

Received From

S. Carroll Backhoe

PHONE # 410 875-4197

For Pene Repair / 12410 Penelope Ct

CASH

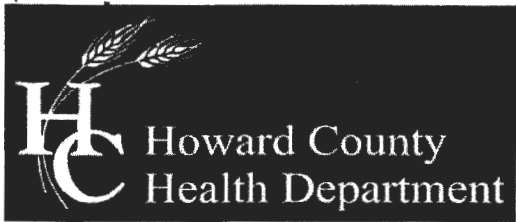
CHECK

NO. 55891

Three hundred thirty Dollars

\$ 330 00

Received By J King



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

**APPLICATION  
 FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME Kirk Shawham  
 PROPERTY ADDRESS 12410 Penelope CT Fulton 20759  
STREET TOWN ZIP  
 TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT NO. \_\_\_\_\_ PROPOSED LOT  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_ SIZE (ACRES) \_\_\_\_\_

PROPERTY OWNER(S) Kirk Shawham  
 DAYTIME PHONE 410-718-8125 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 MAILING ADDRESS 12410 Penelope CT Fulton 20759  
STREET CITY, STATE ZIP

APPLICANT South Carmel Backhoe RELATIONSHIP TO OWNER: \_\_\_\_\_  
 DAYTIME PHONE 875-4197 CELL 410-596-3618 EMAIL \_\_\_\_\_  
 MAILING ADDRESS 4410 Salem 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?

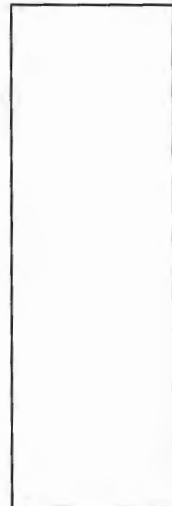
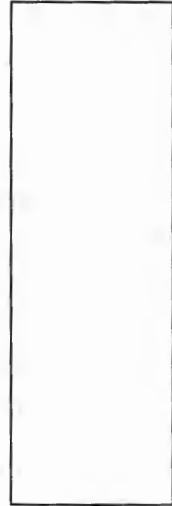
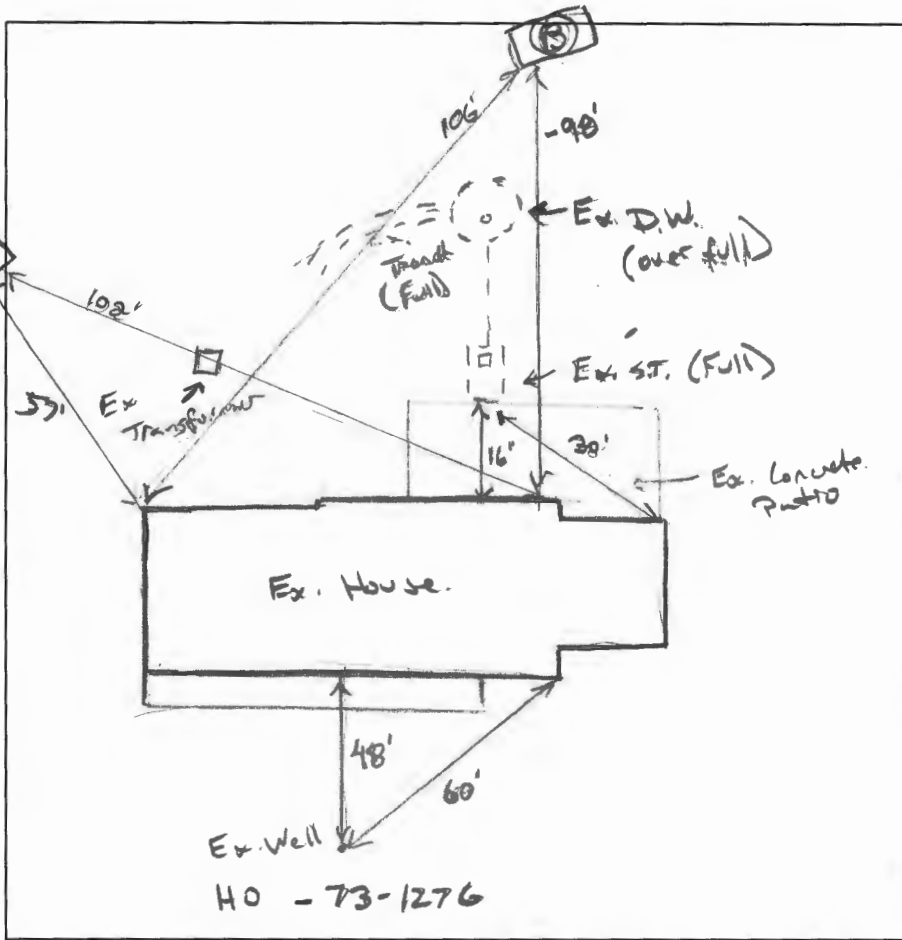
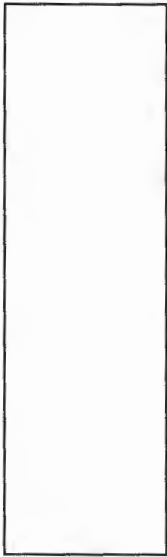
- YES
- NO

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.

Dennah D. Khesel 7-14-2020  
 SIGNATURE OF APPLICANT DATE



- 12" (A) Drk Brn roots MSBK
- 1 1/2" Br SCL Wk Co SBK Friable, many roots
- 5" 1 1/2" Br/Y FSL Wk Co SBK Friable, many 5% channels
- 7" 1 1/2" Br/Y FSL Wk f pl, highly
- 13" (B) H.G.F. L m Co SBK roots, Friable 20% R. 15% Sp
- 3" 1 1/2" Br SCL Wk Co SBK Friable, roots many roots 15% R.
- 5" 1 1/2" Br/Y SCL Wk Co pl, Friable, highly
- 7" 1 1/2" Br - Y Tan FSL Wk F. pl, many
- 14" 10% Sp

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/1/2000	(A)	4' / 13V	00:00	00:15 (+) pulled		1/2" imp 30 min	
		H <sub>2</sub> O	paired @ 13V			5 mpi	P
		5' 8"	00:31	00:37	00:50	13	P
	(B)	5' 8" / 14V	00:15	00:17	00:21	4	P

REMARKS Hole B = 1.2 gpd/ft<sup>2</sup> Hole A = 0.6 gpd/ft<sup>2</sup>  
 SANITARIAN K. Wolf BACKHOE Draw = small OTHERS Helpers  
 TEST HOLES USED IN SDA 2 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH 2' INLET DEPTH 3 MAX. BOT DEPTH 10" EFFECTIVE S/W 5.5 (.33)  
 $4 BR = \frac{600 \text{ gpd}}{1.2} = 500 \div 2 = 250 (.33) = 82.5$  2 x 50