

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 525558
 AGENCY REVIEW: _____ DATE 9/15/06

DO NOT WRITE ABOVE THIS LINE

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

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 5 existing No Change PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Martin & Connie Wuerstlin

DAYTIME PHONE 301-854-3233 CELL 301-873-5820 FAX 301-854-3239

MAILING ADDRESS 12756 Scaggsville Rd Highland Md, 20727
STREET CITY/TOWN STATE ZIP

APPLICANT Martin Wuerstlin

DAYTIME PHONE 301-854-3233 CELL 301-873-5820 FAX 301-854-3239

MAILING ADDRESS Sam
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Martin Wuerstlin
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

COUNTY #

SOIL PROFILE

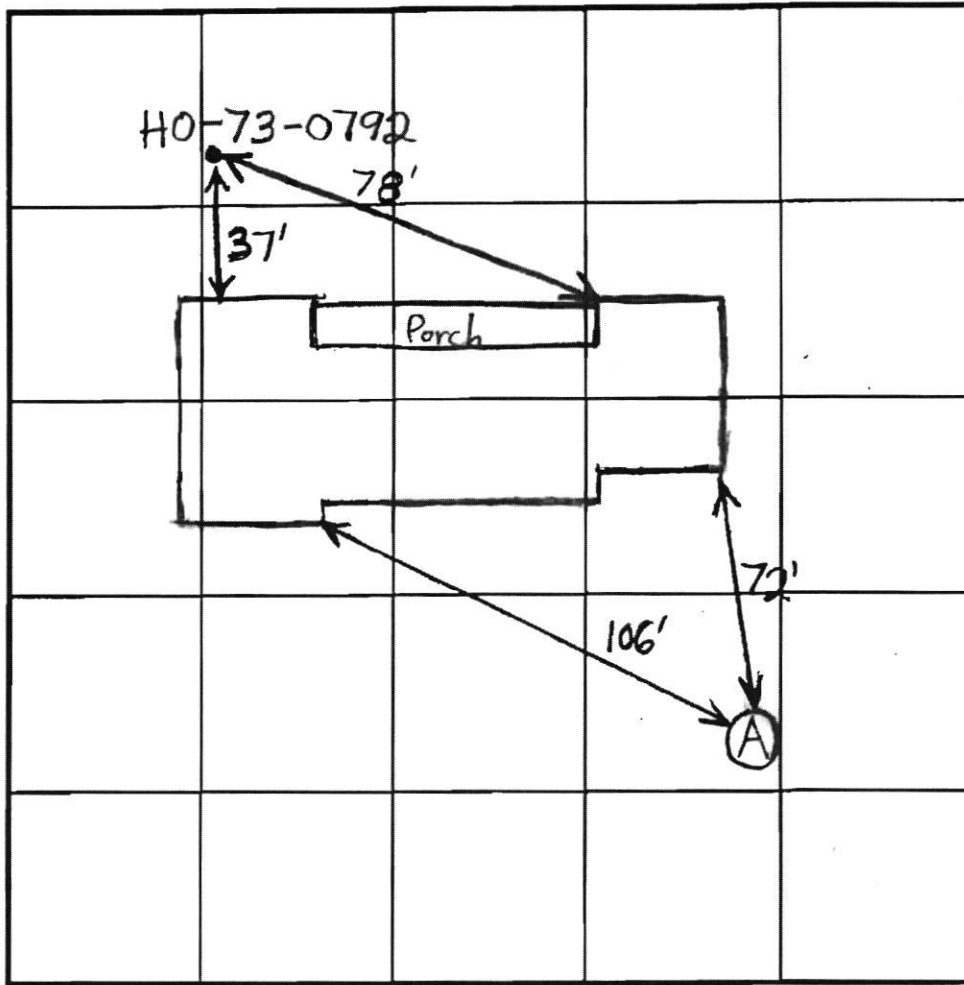
0'

Red Br
Cl Loam
Trace Rock

3'-4'

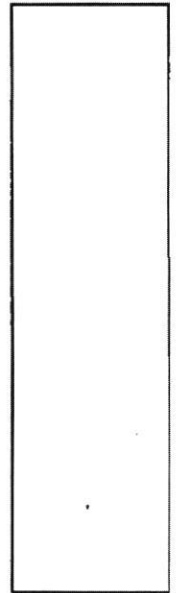
Mixture
of Red
Br Sa Cl
Loam and
Sa Loam,
Sandier
With Depth
Trace Rock

15'



SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/3/06	A	6'/15'					1
		Repour		1 1/4			1 1/2
		Repour					2
	Test Done In Sa Cl Loam	→ 5'		3 3/4			~ 8

REMARKS Water Poured in Bottom of Test Hole - Rate O.K.

TYPE OF SOIL Gladstone

TESTED BY B. Baker

ALSO PRESENT Dave Tolky, Homeowner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM 180



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Rock Repair

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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME
PROPERTY ADDRESS 12760 Scaggsville Road Highland MD 20777
TAX ACCOUNT # 2 TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)
ZONING CATEGORY TIER

PROPERTY OWNER(S) Anna Cher
DAYTIME PHONE CELL 917 628 7387 EMAIL
MAILING ADDRESS 11643 Masters Run Ellicott City MD 21043

APPLICANT Hatfield's Equipment Inc. RELATIONSHIP TO OWNER: Contractor
DAYTIME PHONE 301 490 4289 CELL 410 984 4880 EMAIL khatfield@hatfields.com
MAILING ADDRESS P O Box 519 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:

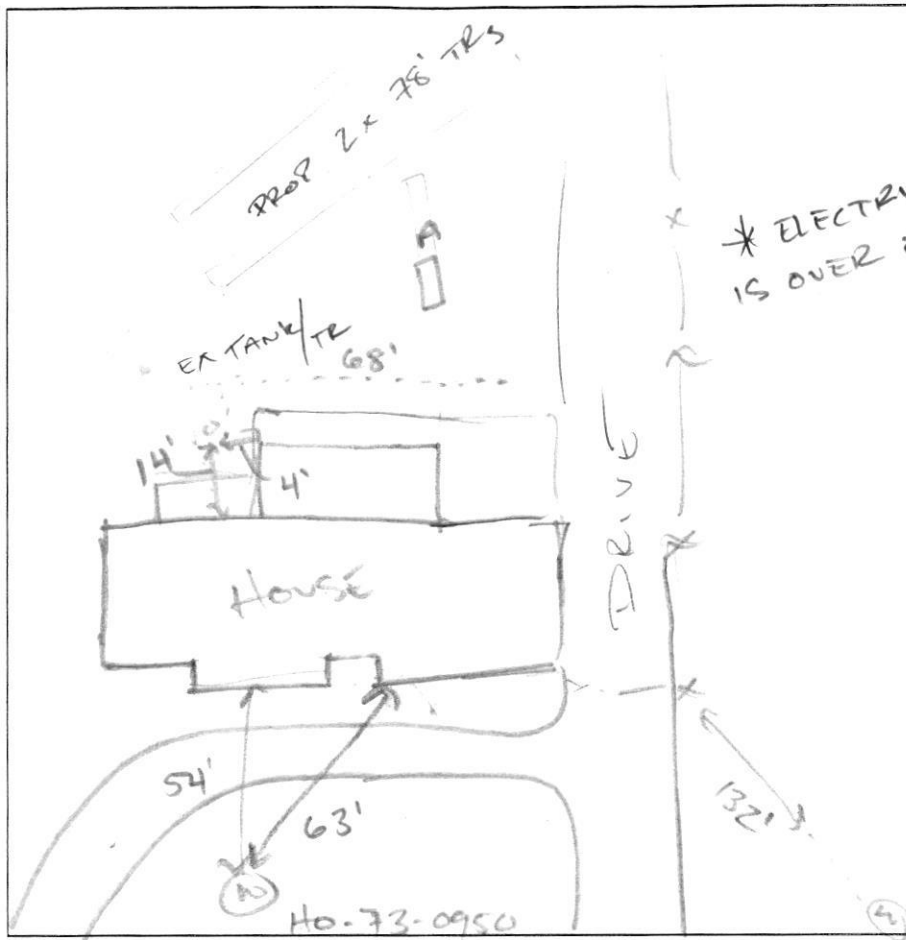
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE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

SIGNATURE OF APPLICANT

DATE 10/14/21



SHELF/BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/28/02	A	5.5' 14'	0:00	3:30	9:30	6m	P

0
10"
19"
43"
5.6'
10'

A
BRN SCL
SBL ROOT
MANY ARTS
YEL RED BRN
SCL ANGULAR
RED
CL TL FEAS MICR
L BRN
SCL DR Mn
RED BRN w/ YEL
PL LS W/ WHT
WHT PL

REMARKS EXTR IS UNDER ELECTRICAL TANK IS OVER FLOW; GREASE BUILD UP IN RISER EXTR
 SANITARIAN CABANUC, COPPER BACKHOE HATFIELDS OTHERS HYDRAULICALLY
 TEST HOLES USED IN SDA A AVG. PERC TIME 6m SQ. FT/BR 5 (LOADED)
 TRENCH WIDTH 2 INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 4.5'

562 938 / 2' w = 469' . 33 SWC = 155' 2 x 78' TERC STARTED
 462 780 / 2' w = 375' . 33 SWC = 124' 2 x 62' AS EXPLORATION
 534 938 / 2' w = 313' . 38 SWC = 119' 2 x 60' FOR EXTR.