



HOWARD COUNTY HEALTH DEPARTMENT

70905

DATE 1/15/82

Received From

Hatfields Equip. PHONE # 30490-4289

For

Repair/Parts 3130
Flourmold.

- CASH
- CHECK

NO.

4509

One hundred sixty-four Dollars

\$

165.00

Received By

A King

P570877

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 1003
 PROPERTY ADDRESS 3130 Florence Road Woodbine 21797
STREET TOWN ZIP
 TAX ACCOUNT # 0431422 TAX MAP 0013 GRID 009 PARCEL 0025 LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Skylarh Jelen
 DAYTIME PHONE 603 359 2246 CELL _____ EMAIL _____
 MAILING ADDRESS 3130 Florence Rd Woodbine MD 21797
STREET CITY, STATE ZIP

APPLICANT Hatfield's Equipment Inc RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 301 490 4280 CELL 410 984 4880 EMAIL khathfield@hatfields.com
 MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701
STREET CITY, STATE ZIP

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

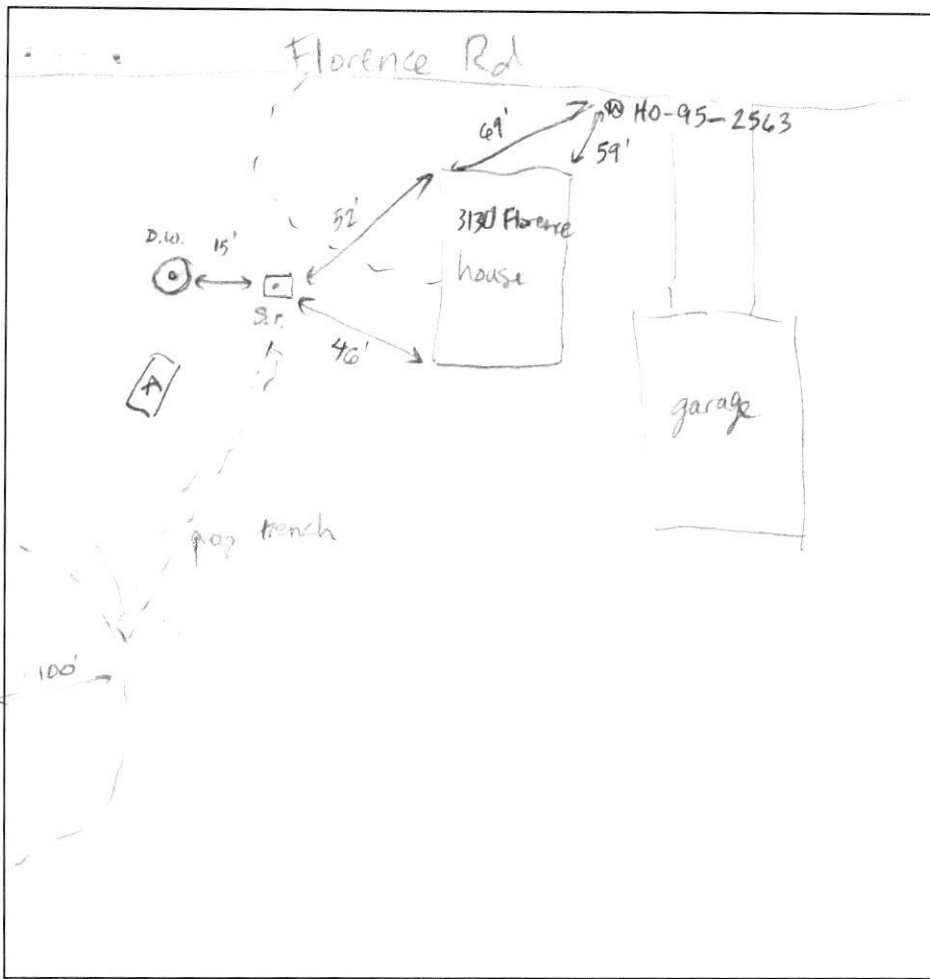
PROPERTY:
 SUBDIVISION: _____ NUMBER OF LOTS INCLUDING RESIDUE: _____
 SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
 CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
 REPAIR OR REPLACE FAILING OSDS
 UPGRADE EXISTING OSDS Block Tank + Drywell Failure
 BUILDING:
 RESIDENTIAL WITH 3 EXISTING 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.

Ka Hatfield 410 984 0101 12/17/21
SIGNATURE OF APPLICANT DATE



- 1' top soil
- 1' RB SiC, smooth, plastic mosaic/SBK, VF
- 4' YB LS friable, granular, VF
- 9' Saprolite and 30% rock platy
- 10.5' YB LS, friable granular VF
- 16' friable granular VF

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/4/22	A	4.5'	11:13	11:18	11:28	10min	P

REMARKS dry well full -
 SANITARIAN Susan Thomas BACKHOE Todd OTHERS Severnot Ahrilcar
 TEST HOLES USED IN SDA A AVG. PERC TIME 10' SQ. FT/BR _____
 TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 8.5' EFFECTIVE SW 4
 $3 \times 150 = 450 / 0.8 = 562.5 / 3 = 187.5 \times 0.38 = 71.25$
 $4 \times 150 = 600 / 0.8 = 750 / 3 = 250 \times 0.38 = 95$