



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

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

**APPLICATION  
 FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME 2035  
 PROPERTY ADDRESS 12237 Mount Albert Rd Ellicott City 21042  
STREET TOWN ZIP  
 TAX ACCOUNT # 297055 TAX MAP 0022 GRID 0018 PARCEL 0220 LOT NO. 70 PROPOSED LOT SIZE (ACRES)  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)** Michael Grazina McClure

DAYTIME PHONE 410 531 7180 CELL \_\_\_\_\_ EMAIL NA  
 MAILING ADDRESS 12237 Mount Albert Rd Ellicott City 21042  
STREET CITY, STATE ZIP

**APPLICANT** Hatfields Equipment

RELATIONSHIP TO OWNER: Contractor  
 DAYTIME PHONE 301 490 4289 CELL 410 984 4880 EMAIL khathfield@hatfieldsequipment.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

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:

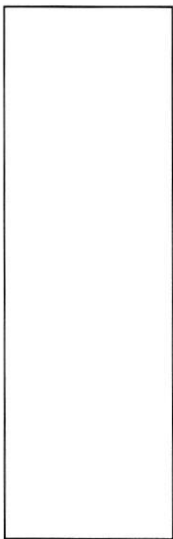
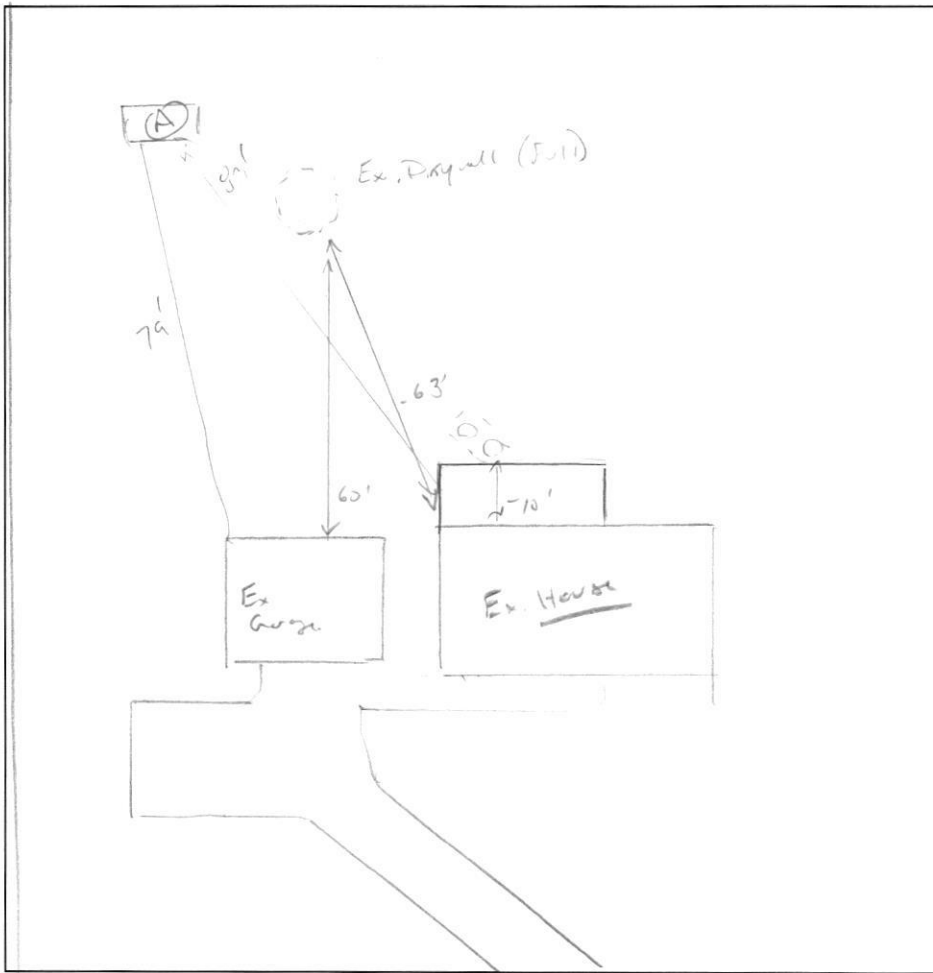
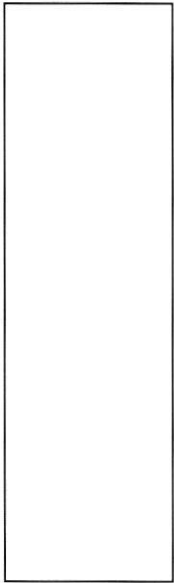
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE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

Ken Hatfield  
 SIGNATURE OF APPLICANT

7/12/22  
 DATE



12'  
 Br CL  
 m/cosbic  
 Dense rods  
 Feasible

5'  
 WK 15% spiral  
 1/2 Br | 1/4 SL  
 WK to SBK  
 Feasible  
 Feasible

8'  
 1/2 Br | 1/4 FSK  
 WK capL  
 Feasible  
 Feasible

12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/27/22	A	5 3/4" riv	00:32	00:36	00:43	7	P
		H <sub>2</sub> O	found @ 12'			5 mpi	P

REMARKS Ex. DW. over full

SANITARIAN K. Wolf BACKHOE Ken SR OTHERS owner's

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH 3' INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH 0' EFFECTIVE SW 5-8' (5')

$$3BR = \frac{450}{0.4} = 562 \div 3 = 187.5 (1.50) = 94$$