

158604

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME INDIAN HILL
 PROPERTY ADDRESS 12561 INDIAN HILL DRIVE SYKESVILLE 21784
STREET TOWN ZIP

TAX ACCOUNT # 294919 TAX MAP 0009 GRID CO12 PARCEL 0136 LOT NO. 4 PROPOSED LOT SIZE (ACRES) 1.24 ACRES
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) JANICE MAW & WENDY MAW HER DAUGHTER
 DAYTIME PHONE 301-707-8778 CELL _____ EMAIL MINW012@GMAIL.COM
 MAILING ADDRESS SAME AS PROPERTY ADDRESS
STREET CITY, STATE ZIP

APPLICANT SAMS CREEK RELATIONSHIP TO OWNER: EXCAVATOR
 DAYTIME PHONE 443-690-0082 CELL _____ EMAIL SAMS.CREEK@AOL.COM
 MAILING ADDRESS 2810 SAMS CREEK ROAD NEW WINDSOR, MD 21776
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 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:

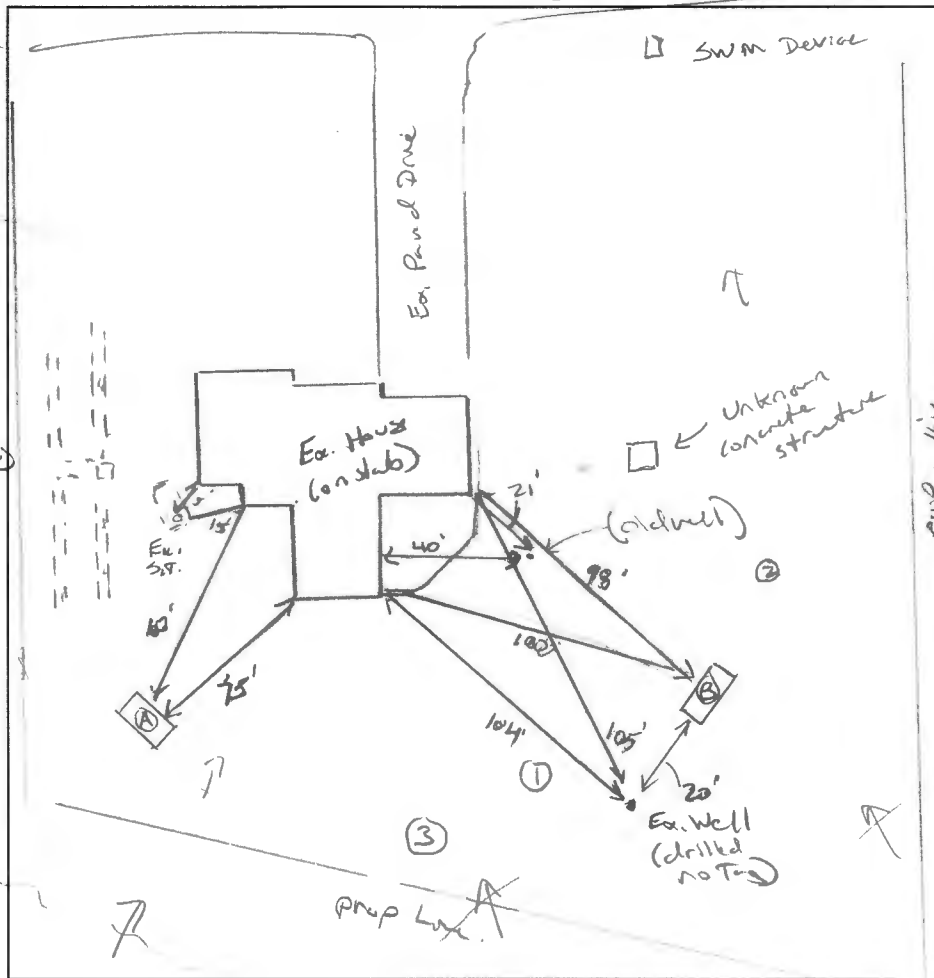
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE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

Jessica Perry 3/15/24
SIGNATURE OF APPLICANT DATE

Indian Hill Drive

AVP



Ex. Sump (Flooded)
2' - 2' Dep.

(A)
Dk Brn CL, m Co SBK, sticky
1/4" ribbon, ch
Fr. ble
11 Br CL,
m Co SBK, sticky
1/2" - 3/4" ribbon
sticky, weak redox.
H2O seep
Br / rd / y sil cl
wk + pl, wk redox
sticky
water

(D)
Dk Brn CL
m Co SBK, sticky
1/4" - 1/2" ribbon
sticky
11 Br CL, carving
1/4" ribbon, sticky
wk Co SBK
H2O seep
redox, carving
lanthanum
Br / rd / y sil cl
wk F SBK,
sticky, moist
H2O seep
11 Br / y sil cl
wk + pl
slight sticky
water

SWM Device

Unknown concrete structure

Ex. Well (drilled no top)

Prop. Lux.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/4/2024	(A)	48"					F
	(B)	12'					F
4/26/2024	Auger tests w/ Steve Koenig (MOE)						
	→ 3 Auger holes						

neighbor well

Auger #1
Dk Brn CL, m Co SBK, sticky
1/4" ribbon, 1/2" ribbon
wk Co / y sil cl
m Co SBK, low redox, moist
sticky, 1/2" ribbon

Auger #2
Same as #1

Auger #3
Br / rd / y sil cl
m Co SBK, sticky
1/2" ribbon

REMARKS Both holes left open for several hours. 18" rock.

SANITARIAN K. Wul & BACKHOE Joe = Sanscrack OTHERS Buyer / seller Agents

TEST HOLES USED IN SDA 2 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____