

Bureau of Environmental Health  
 7178 Gateway Drive Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

## APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT # \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) Bob Horensky

DAYTIME PHONE 410-331-3191 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 2831 Kings Gift Drive E. City 21042  
STREET CITY, STATE ZIP

APPLICANT South Carol BACKhoe RELATIONSHIP TO OWNER: \_\_\_\_\_

DAYTIME PHONE 410-825-4197 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):**

**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)

**PROPERTY:**

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: \_\_\_\_\_
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

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.

*Benneth J. Khoury* 3-25-13  
 SIGNATURE OF APPLICANT DATE

A/P

(A)

2' Red Br  
Cl Loam

2.5' Red Br Sa  
Cl Loam

4' Or Br Sa  
Cl Loam -  
Sa Loam

4.5-5' Coarse  
Loamy Sa

~14' Trace Rock

16.5' Wet Mottled

(B)

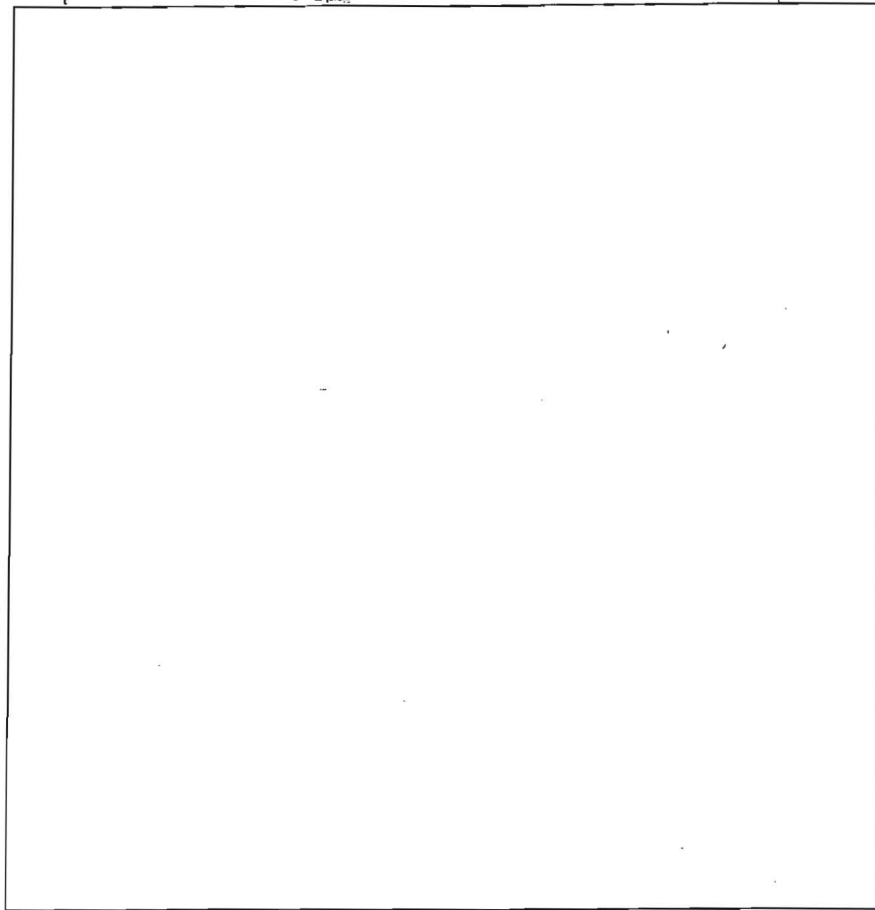
1.5-2' Red Br Cl  
Loam

2.5-4' Red Br Sa  
Cl Loam

5' Beige Sa  
Loam -  
Loamy Sa  
turning to  
a Loamy  
Sa Deeper  
Trace Rock

mottling  
~14.5'

16.5'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
4/4/2013	A	5/16.5'	11:04	11:07	11:11	4	P	
		6.5'	11:19	11:22	11:26	4	P	
	B	16.5'	—————>					P

REMARKS \_\_\_\_\_

SANITARIAN \_\_\_\_\_ BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_

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

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE S/W \_\_\_\_\_

