

Bureau of Environmental Health

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

1562378

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Warfields Estates

Repair

PROPERTY ADDRESS 14520 MacClintock Court Glenwood 21738

TAX ACCOUNT # 04-316-657 TAX MAP 21 GRID 4 PARCEL 129 LOT NO. 10 PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Jan and Rosemarie Suszkiw

DAYTIME PHONE 443-706-9729 CELL 443-706-9945 EMAIL suszkiw@verizon.net

MAILING ADDRESS 14520 MacClintock Ct. Glenwood MD 21738

APPLICANT Jan Suszkiw RELATIONSHIP TO OWNER: Owner

DAYTIME PHONE same as above CELL same EMAIL same as above

MAILING ADDRESS same as above

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 perc permit
UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH 4 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

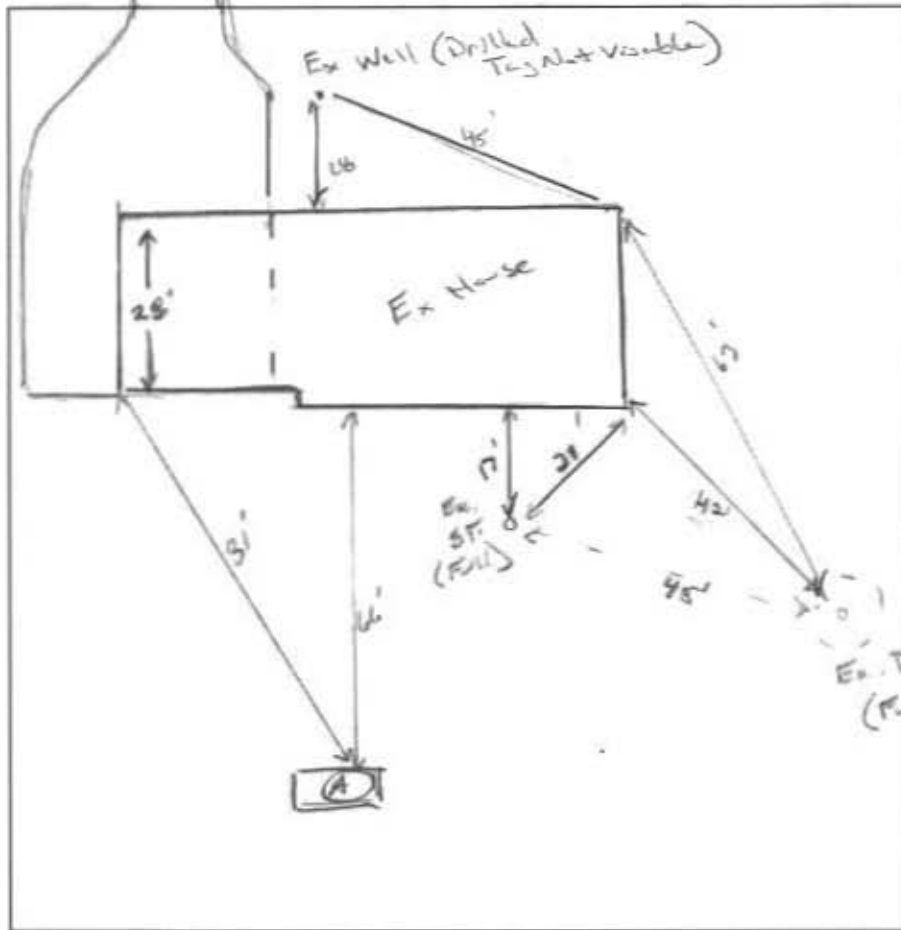
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

12/29/2017 DATE

AP _____



(A)
 Br/Ad CL,
 Dense,
 strong SSK
 many roots
 2'
 Br/Y-Lior
 L.S. m. soil
 Fracture, Dry
 roots
 6'
 Dry 5/6
 with SSK.
 change
 highly
 porous.
 8-9'
 Br/Y/R
 L.S. m. soil
 highly porous
 dry
 16'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/9/17	(A)	6' / 16'	00:33	00:42	00:57	15	P
		8'	00:01	00:07	00:	10	P

REMARKS small trash hole hit ~2' down on perc A
 SANITARIAN 1x hole BACKHOE Kenny Jr OTHERS help
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 15 SQ. FT/BR _____
 TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 10 EFFECTIVE SW 6

$$A.P.R. = \frac{60 \text{ m}^3/\text{d}}{0.2} = 300 \div 2 = 150 \left(\frac{1}{2} \right) = 75$$



HOWARD COUNTY HEALTH DEPARTMENT

62378

DATE
12 / 21 / 17

Received From

PHONE # 410 766 1125

For

CASH

CHECK

NO.

1003

Five hundred sixty five ^{00/100} Dollars

\$

151.00

Received By

[Handwritten Signature]