



HOWARD COUNTY HEALTH DEPARTMENT

69517

DATE 5/19/24

Received From

Hatfield's Equip

PHONE #

For

Per repair - 1443 Longfellow Rd.

- CASH
- CHECK

NO. 4434

One hundred sixty four Dollars

\$ 165.00

Received By

King



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** A529517

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_  
 PROPERTY ADDRESS 1443 Long Corner Rd  
STREET TOWN ZIP  
 TAX ACCOUNT # 309464 TAX MAP 0006 GRID 0010 PARCEL 0141 LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) \_\_\_\_\_  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)** Garland Beard  
 DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 MAILING ADDRESS 1443 Long Corner Road MT Airy 21771  
STREET CITY, STATE ZIP

**APPLICANT** Hatfields Equipment Inc RELATIONSHIP TO OWNER: \_\_\_\_\_  
 DAYTIME PHONE 301 490 4289 CELL 410 984 4880 EMAIL khathfield@hatfieldsequipment.com  
 MAILING ADDRESS P O Box 519 Annapolis Junction 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

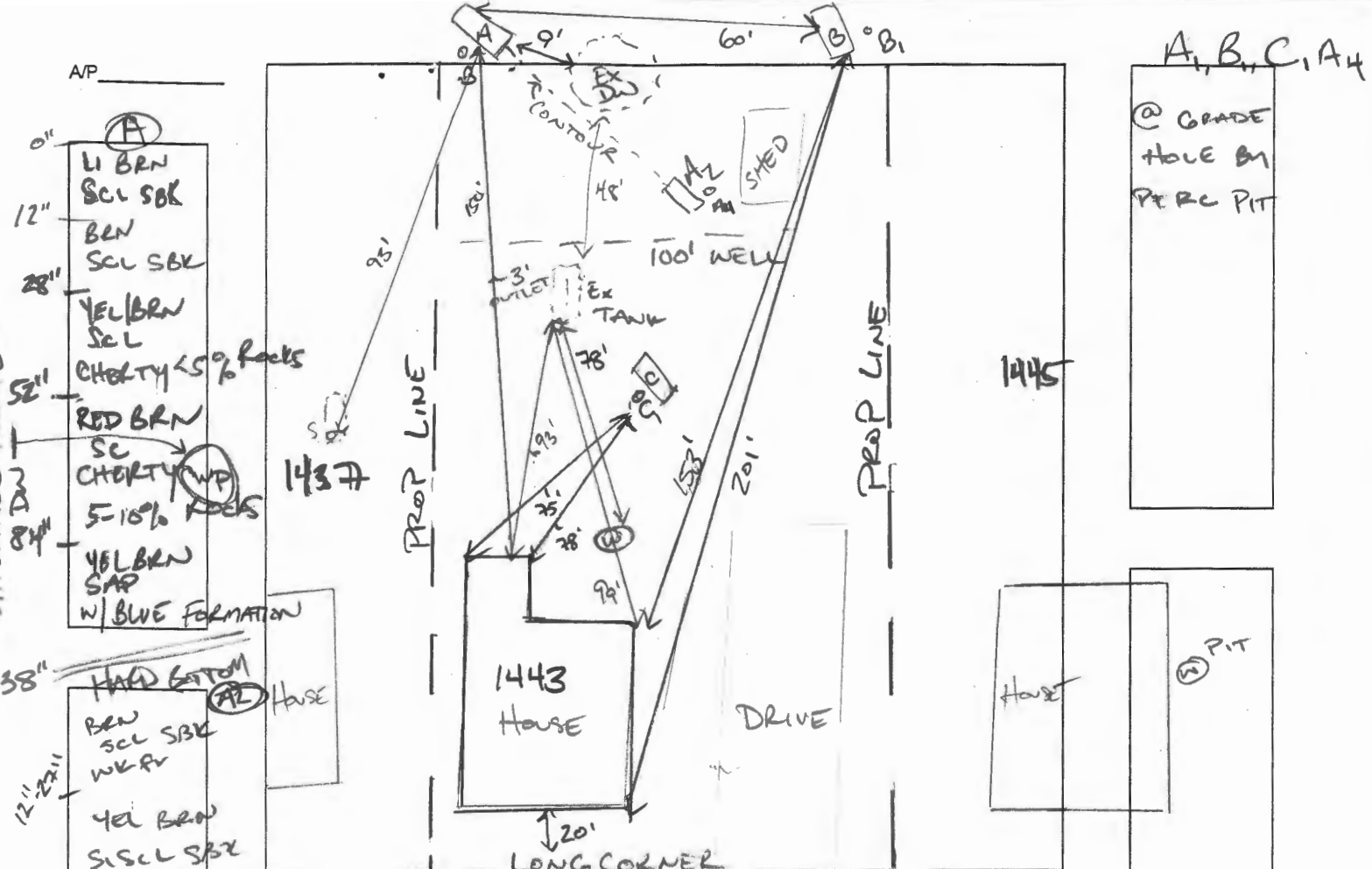
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

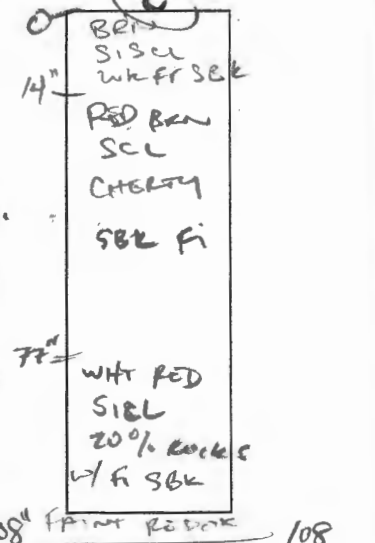
DATE



**SHELF/BOTTOM**

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
06/02/2021	A	3' / 11.5'	0:00	—	RESHELF	—	F	
06/02/2021	A <sub>1</sub>	1' / 1'	0:00	1:23	3:40	2:17	P	
06/02/2021	A	4' / 11.5'	0:00	60:00+	9' OFF DW	SATURATED	F	
06/02/2021	A <sub>2</sub>	5' / 14'	13:52	14:08	14:38	30m	P	
06/02/2021	B	9.5'	CANNOT DETERMINE WET FROM POOL 24"-48"					
06/02/2021	B <sub>1</sub>	1' / 1'	12:58	13:00	13:04	4m	P	
06/02/2021	A <sub>4</sub>	1' / 1'	14:22	14:27	14:37	10m	P	
06/02/2021	C	9'	VISUAL NO TREAT. ZONE					F
06/02/2021	C'	1' / 1'	13:33	13:39	13:52	13m	P	

ATTEMPT TO MAXIMIZE SIDE WALL CREDIT  
 1.6 w/ 4.5 SW = .8 w/ 3 SW



REMARKS EX DRY WELL DISCHARGING TO SURFACE TRACK  
 SANITARIAN CABANUG 001997 BACKHOE HATFIELDS OTHERS HOMEOWNER  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR 3  
 TRENCH WIDTH 3' INLET DEPTH 35 MAX. BOT DEPTH 9' EFFECTIVE SW 5  
150.3  
 100  
 77  
 31  
 3 x 35' TRENCH  
 + 1' SPEC SAND

# FILE INQUIRY NOTES

1443 LONG COR

DATE	RESULTS OF REVIEW FOR FILE
06/17	MET W/ K WOLF AND CONTRACTOR FOR SITE DESIGN.
	3x35' OFF CONTOUR TRENCH W/ 1' SPEC SAND.
	HOME OWNER TO CONTACT BRF.

