Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ (AP) 531069

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:
- ☒ CONSTRUCT NEW SEPTIC SYSTEM(S)
- ☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- ☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:
- ☐ NEW STRUCTURE(S)
- ☐ ADDITION TO AN EXISTING STRUCTURE
- ☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:
- ☐ CREATE NEW LOT(S)
- ☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
- ☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?
- ☐ YES
- ☐ NO

THE TYPE OF STRUCTURE IS:
- ☒ RESIDENTIAL WITH 3 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE ***UNKNOWN*** IF APPROPRIATE)
- ☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- ☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Harry and Linda Sichette

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 11943 Scaggsville Road (STREET) Fulton (CITY/TOWN) 20759 (STATE ZIP)

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____ (STREET) _____ (CITY/TOWN) _____ (STATE) _____ (ZIP)

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 11943 Scaggsville Road (STREET) Fulton 20759 (TOWN/POST OFFICE)

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

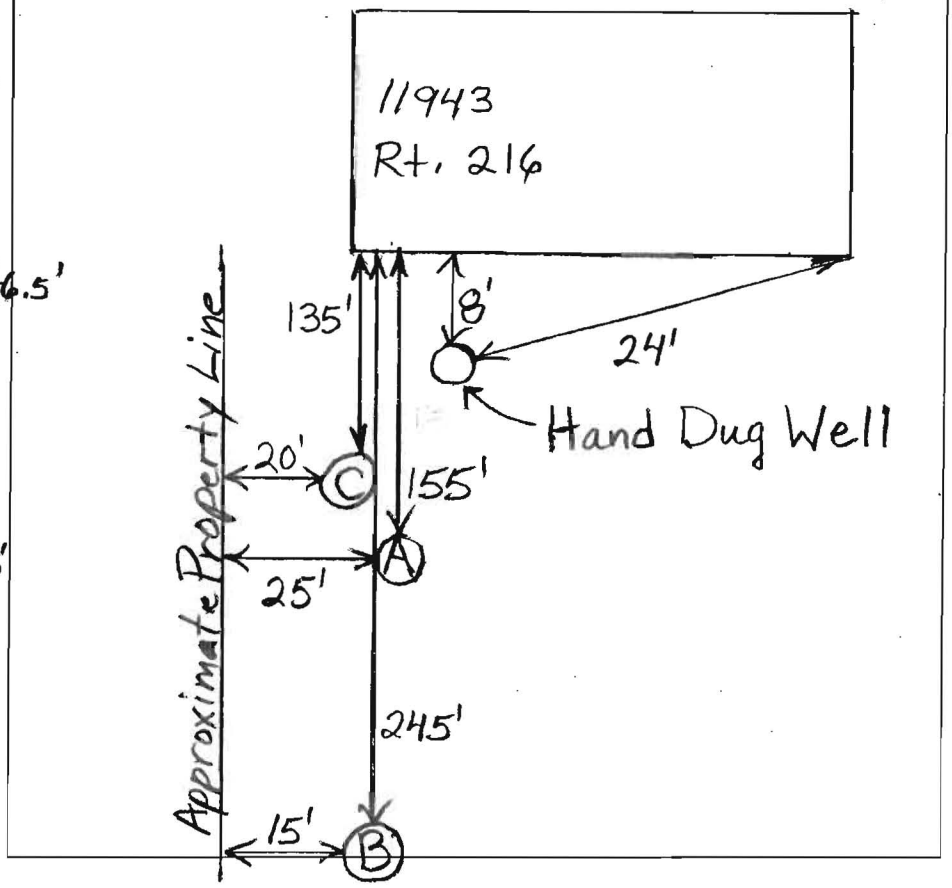
_____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

A/P _____

Route 216



(A)

br sbk loam	9"
red br sbk loam, fairly dense	6.0'-6.5'
Beige Sa Loam, ~5% saprolite	9'
mottling	10'
Water	11.5'

(B)

topsoil	6"
red br sbk loam, fairly dense	4'
red br sbk sacl loam	5'
Beige loamy sa, 5-10% saprolite	9'
mottling	9.5'
wet-caving	11.5'
Water	12.5'

(C)

red br sbk loam	1.5'-3'
beige sa loam turning to a loamy sa ~10% rock and saprolite	8'
mottling	9'
water	10'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/9/09	A	2.5'/11.5'	12:38	1:44	~1/16" From Top of 2nd Peg in 56 Minutes		
		5.5'	1:57	< 1/4"	in 15 Minutes		F
		6.5'-7'	2:22	2:34	2:50	16	H
	B	4.5'/12.5'	1:18	~1/4"	in 15 Minutes		F
	Close to 5	5.5'	1:37	1:43	1:54:30	11½	H
	C	5'/10'V	2:51	2:53:15	2:57:30	4	H
		3'	3:09:30	3:12	3:16:30	4½	P

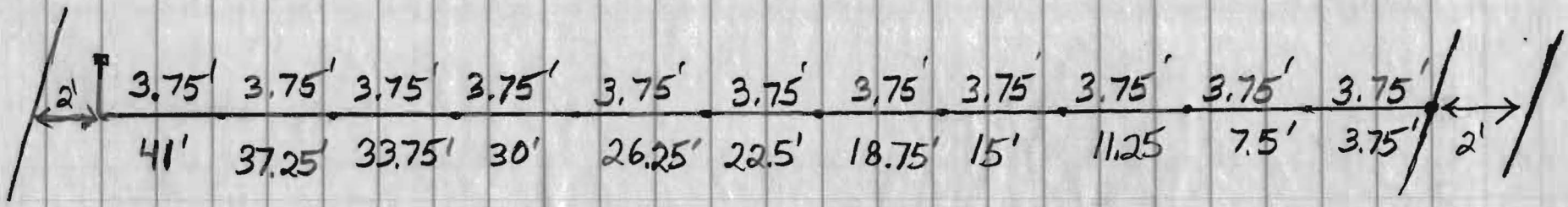
REMARKS Install Shallow Bed With LPD at Hole (C)

SANITARIAN B. Baker BACKHOE Hatfields OTHERS _____

TEST HOLES USED IN SDA C AVG. PERC TIME 4 SQ. FT/BR _____

TRENCH WIDTH Bed INLET DEPTH 1.5' MAX. BOT DEPTH 3' EFFECTIVE S/W _____

MDE Won't Reimburse Owner For Hoot System


2'
3.75'
3.75'
3.75'
3.75'
3.75'
3.75'
3.75'
3.75'
3.75'
3.75'
3.75'
2'
41'
37.25'
33.75'
30'
26.25'
22.5'
18.75'
15'
11.25
7.5'
3.75'

3' Depth In Middle Center of Bed and Keep Bottom, etc. Level

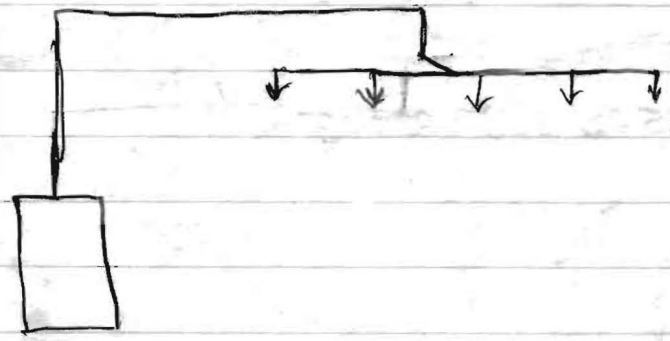
3' Head at Turnup
2.6' Head (Friction)
6' Static Head

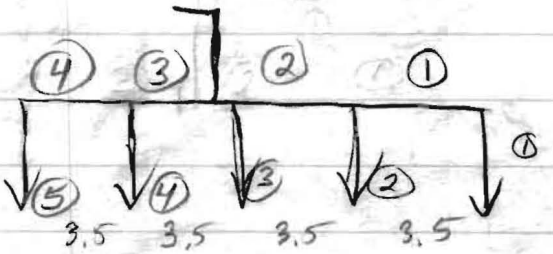
2.4' Head

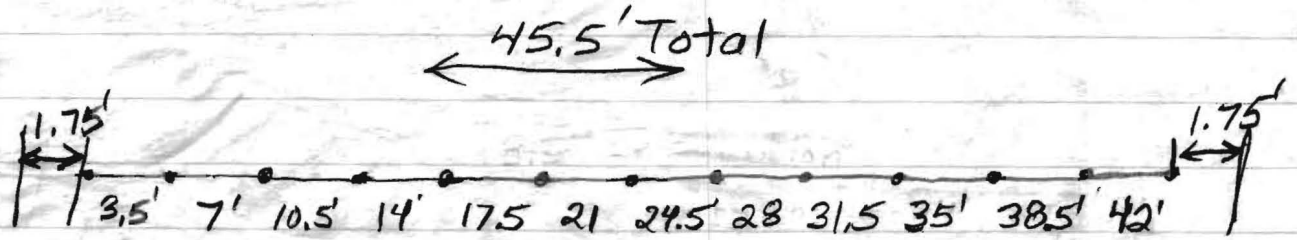
3.5' Separation

* 17.5' x 45.5'

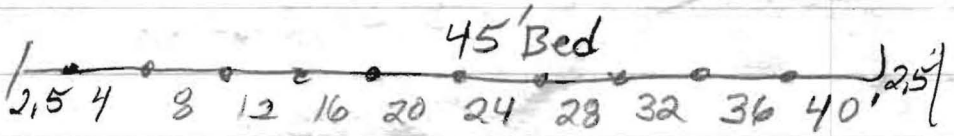
5 Laterals
13 orifices each
1/2 HP Goulds
1.28 gpm at 3' head

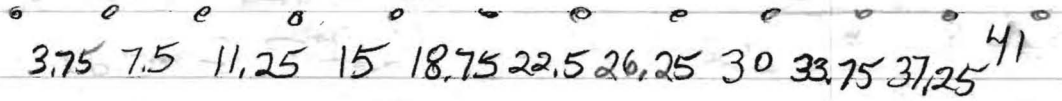






4.5' – 4 Laterals – 17.5' Bed
Separation





2.25 | 4.5 | 4.5 | 4.5 | 2.25

13.5
4.5
18'