



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 534698

AGENCY REVIEW: _____

DATE 11-19-10

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) S. Patricia Costello

DAYTIME PHONE 410-418-8900 CELL _____ FAX (410) 510-1572

MAILING ADDRESS 3230 Bethany Lane Srel Ell.ott City mo 21042
STREET CITY/TOWN STATE ZIP

APPLICANT owner

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 1704 Woodstock Rd LOT NO. _____

PROPERTY ADDRESS Woodstock 21163
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 10 GRID 18 PARCEL(S) p/0 136 PROPOSED LOT SIZE 0.8776 Acres

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

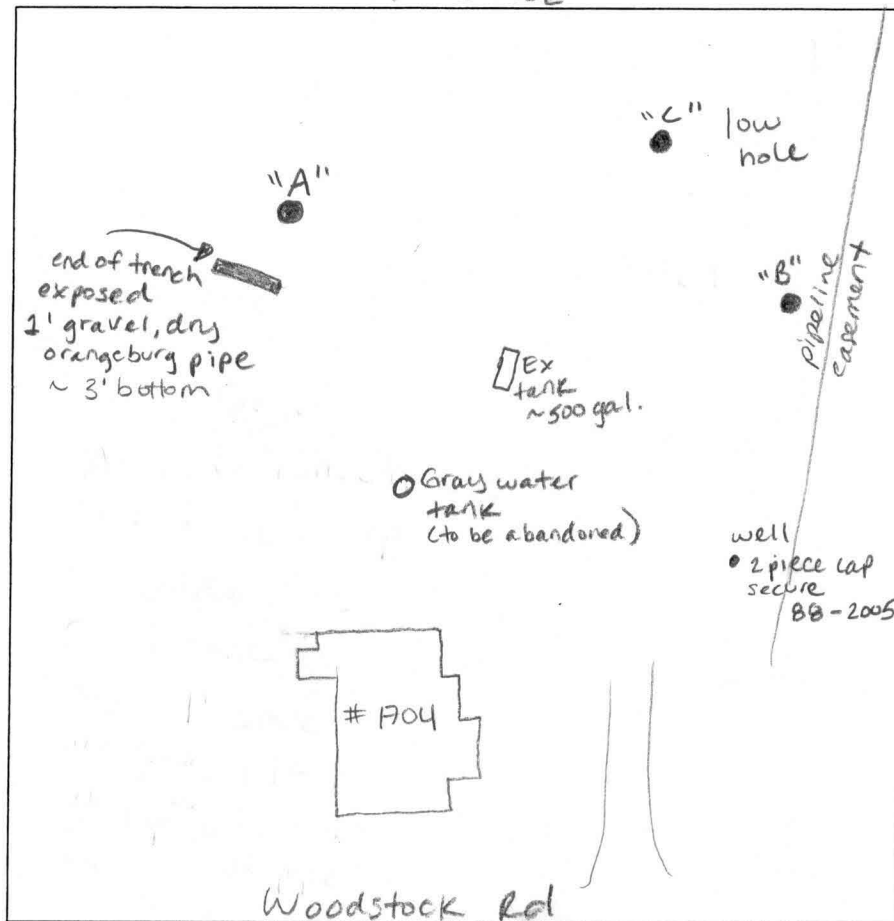
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

NOT TO SCALE

A/P

A
8" dk bml
red
bm scl
2msbk
2.8' bm micaceous
sl
↓
7.5' yellow brn
sl
↓
9' yellow brn fcl
moist @ 11'
decomposing
quartz
5% boulders
13'

B
1' dk bml
red brn
ch scl
1csbk
3' bm sl
↓
seep @ 9'
bm micaceous
fcl
9' moist @ 10'
quartz
Mn deposits @
10.5' H₂O @
seep 12'



C
bm l 10"
bm scl 2.5'
1csbk
bm sl micaceous
moist @ 6'
bm fcl micaceous
↓
decomposing quartz
Mn coatings
H₂O @ 12' 12' bottom
seep @ 10'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4-11-11	A	3.5' / 13'	9:34 ³⁰	9:35 ³⁸	9:37 ⁴⁵	2+	P
	B	4.5' / 12'	9:46 ⁰⁴	9:46 ⁴⁰	9:45 ⁵⁰	repair	
	B	4.5' / 12'	9:48 ⁵⁰	9:50 ¹⁵	9:52 ³⁵	2+	P
	C	4' / 12'	10:05 ²³	10:07 ⁰⁵	10:10 ⁴⁵	3+	P

REMARKS percs dug per stakes

SANITARIAN HS/MJ BACKHOE Fogles OTHERS Pat Costello

TEST HOLES USED IN SDA 3 AVG. PERC TIME 2 SQ. FT/BR

TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 5 EFFECTIVE SW 1-1.5'

MUST BE SHALLOW SYSTEM

