



Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 1/13 9:30 AM TEST TIME _____ A# 519636

AGENCY REVIEW: _____ DATE 10/22/03

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 ONE:

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

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
☒ ADDITION TO AN EXISTING STRUCTURE
☐ REPLACE AN EXISTING STRUCTURE

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
☒ NO

THE TYPE OF STRUCTURE IS:

- ☐ RESIDENTIAL WITH _____ 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) Ken Ellis

DAYTIME PHONE 301-725-4190 CELL _____ FAX _____

MAILING ADDRESS 11722 Wayne Ridge St Fulton MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT Charles H. Shaw & Son

DAYTIME PHONE 410-531-5405 CELL 410-925-2447 FAX 410-531-1877

MAILING ADDRESS 2040 Guilford Rd CLARKSVILLE MD 21029
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Moore's Field LOT NO. 3

PROPERTY ADDRESS 11722 Wayne Ridge St Fulton MD 21029
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 41 GRID _____ PARCEL(S) 293 PROPOSED LOT SIZE 1/2 acre

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.

J. Ronald Shawee
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

A

Strong Red
Brown
SiCLL

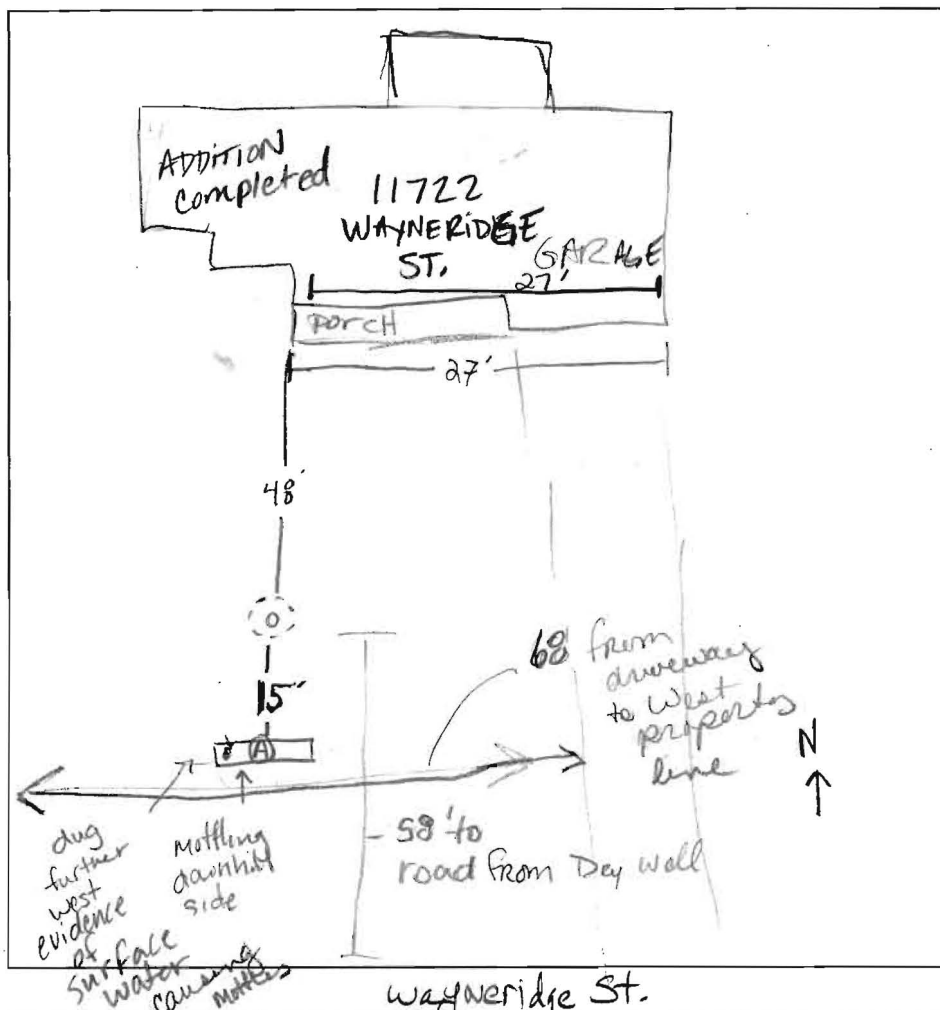
6'±

Fine Brown
Red
Sa CIL

8'

Fine micaceous
Sand S1Rock
5-10%

14'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
1/13/04	A	5'	10:18	SLOW BUT MOVING			
			1st approx.	25 min.			
		Est 210 per bedroom 6' and below;					
		Current trench same soils & still functioning.					
		Mottles spotty - deduced to be from surface run-off. <u>NO</u> fragipans					
		Effluent in Dry well approx 4' below grade					
		Soils dug near dry well, per hole & existing trench consistent					

REMARKS 2 1/2' → 6' uphill mottling from effluent (NW) ??

SANITARIAN KN / KB BACKHOE Charles Shaw OTHERS ELLIS

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

TRENCH WIDTH 2 INLET DEPTH 5 MAX. BOT DEPTH 10 EFFECTIVE SW 4