

Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 52245T

AGENCY REVIEW: _____

DATE 5/9/05

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 _____ 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) James BrownDAYTIME PHONE _____ CELL 301 604-3026 FAX _____MAILING ADDRESS 7221 Tall pines way Clarksville MD 21029
STREET CITY/TOWN STATE ZIPAPPLICANT FyockDAYTIME PHONE 410 988-9270 CELL 240-882-4025 FAX 410 531-1356MAILING ADDRESS Po Box 89 Glenn/G MD 21730
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 7221 Tall pines way LOT NO. _____PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

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

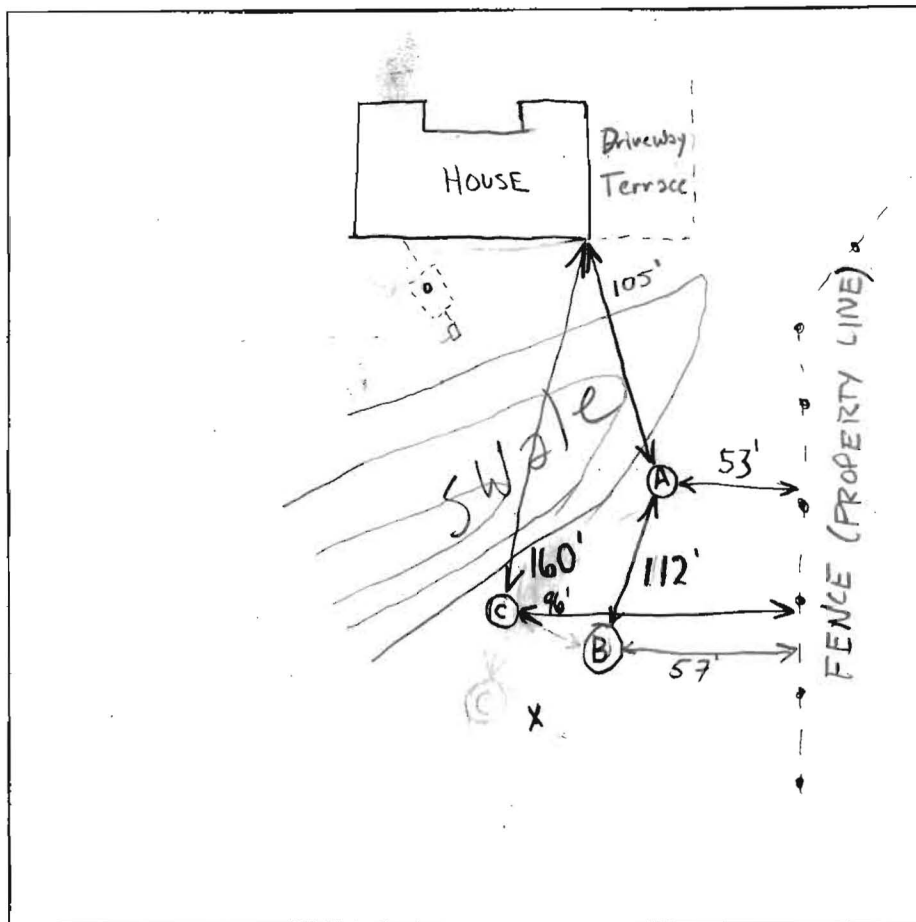
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. 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
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
 0' (A)
 Soil
 Red Orange
 10% flaggy rock
 3'
 Soil
 Red Brown
 30% flaggy mica
 5'
 Red Brown
 Soil
 50% mica
 flaggy
 9'
 Orange
 Mica 60%
 10'
 Red Mica 60%
 Soil
 Hard Bottom
 12'
 (B)
 0' A layer
 1/2' Yellow Red
 Loam
 3'
 Reddish
 w/some
 Orange
 Soil
 5% rock
 11'
 Strongly
 decomposed
 Mica 50%
 13'
 Soil
 (C)
 0' A Horizontal
 1/2' Loam
 Orange
 2-2 1/2'
 Sand
 Loam
 Red/Orange
 Rock vein
 Intruding
 Rock increasing
 w/depth
 10'
 Heavily
 decayed
 Mica 50%
 13'
 Soil



X
 groundhog
 hole
 w/
 good
 soil.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/12/05	A1	3'	Pour	on shelf		< 1min	F
	A2	12'	Pour in Bottom			< 1min	F
	B	3.5	2:57 ²⁰	2:58 ²⁰	3:00 ⁵⁰	2.5m	P
	C	3.5	3:31	3:32 ⁰⁵	3:34 ³⁵	2.5m	P

REMARKS Keep system shallow 2'-4'
 SANITARIAN GAC & BB BACKHOE Robert Fyock OTHERS _____
 TEST HOLES USED IN SDA (B) & (C) AVG. PERC TIME 2.5 SQ. FT/BR 180
 TRENCH WIDTH 3 INLET DEPTH 2 MAX. BOT DEPTH 4 EFFECTIVE S/W 2'