



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 524039

AGENCY REVIEW: _____

DATE 1/6/2006

05-370264

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 4 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) Henry W. Horn

DAYTIME PHONE 301-498-8254 CELL 301-642-1122 FAX _____

MAILING ADDRESS 8208 Cool Creek Ct Laurel
STREET CITY/TOWN STATE ZIP

APPLICANT As Above

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 Fulton, Maryland LOT NO. _____

PROPERTY ADDRESS 11863 Scaggsville Road Fulton
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 41 GRID 19 PARCEL(S) 89 PROPOSED LOT SIZE 6.84

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

APR 7

Brown L 1'

Orange/Red micaceous Silice 5 1/2'

Yellow/Brown micaceous SL 10'

Red/Yellow sil w/ 10% gravelly Rock 14'

Brown L 2'

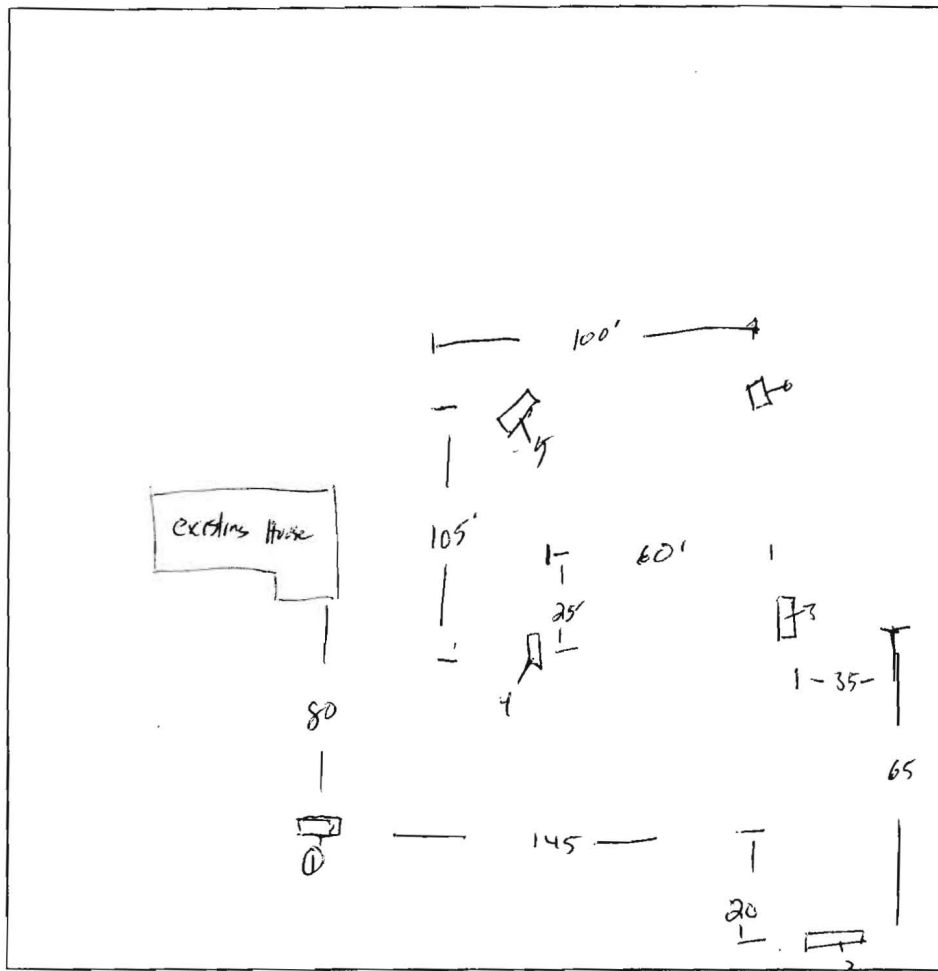
Red/Brown micaceous SCL 5'

Red/Yellow SL w/ 15% platy sandstone 14'

Brown L 2'

Orange/Brown micaceous SCL 5 1/2'

Red/Brown Yellow micaceous SL w/ 10% Rock 5 1/2'



Brown L

Yellow/Brown heavy CL

Red/Brown micaceous SL

Red/Yellow micaceous SL

Red/Yellow micaceous SL

Brown L

Yellow/Brown heavy CL

Red/Brown micaceous SL w/ 10% Rock

Brown L

Yellow/Brown heavy CL

Red/Brown micaceous SCL

Red/Yellow SL w/ 10% Rock

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3-3-06	1	6' / 14'	9:23	9:28	9:43	15 min	P
	2	5 1/2' / 11'	9:39	9:41	9:44	3 min	P
	3	6' / 15 1/2'	9:53	9:55	9:57	2 min	P
	4	6 1/2' / 15'	10:59	11:05	11:20	15 min	P
	5	6' / 15'	10:47	11:00	11:16	16 min	P
	6	6' / 15'	10:40	10:47	11:02	15 min	P

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

SITE PLAN 1"=50'
11863 SCAEESVILLE RD FULTON, MD

