

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)			TEST TIME	A/P	
AGENCY REVIEW:				DATE	
A. 1. 1. 1	<u>,</u>				
	DC	O NOT WRITE A	BOVE THIS LINE		
CHECK AS NEEDED: CONSTRUCT NEW REPAIR/ADD TO A		'STEM	DISSUANCE OF SEWAGE DISP CHECK AS NEEDED: NEW STRUCTURE ADDITION TO AN REPLACE AN EXI	E(S) EXISTING STRUCTURE	
the second	(S) TING LOT IN A SUBDIV TING PARCEL OF REC		IS THE PROPERTY WIT	'HIN 2500' OF ANY RES	ERVOIR?
THE TYPE OF STRUCTU RESIDENTIAL WITH COMMERCIAL INSTITUTIONAL/GOV	PROPO (PROVIDE DE	TAIL OF NUMBERS AN	THE COMPLETED STRUCTURE ID TYPES OF EMPLOYEES/ CU ERS AND TYPES OF EMPLOYE	JSTOMERS ON ACCOM	PANYING PLAN)
PROPERTY OWNER(S)					
		CELL		FAX	
	TREET		CITY/TOWN	STATE	ZIP
		CELL		FAX	
MAILING ADDRESSS	TREET		CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE: DE	EVELOPER BUI	LDER BUYER	RELATIVE/FRIEND	REALTOR	CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY I	NAME			LOT N(0
PROPERTY ADDRESS	STREET				
TAX MAP PAGE(S)		PARCEL(S)	PF		
			NSTALLED SUBSEQUENT		
			SPONSIBILITY FOR COMPL		
			TISFACTORY REVIEW OF		
TEST RESULTS WILL BE M					
			SIGNATURE OF AP	PLICANT	
	IILLS DRIVE, ELLIG	COTT CITY, MARY	VIRONMENTAL HEALTH LAND 21043-4544 (410) FREE 1-877-4MD-DHMH		
HD-216 (2/03)	PLEASE SUF	MITORIGINALSO	NLY (BY MAIL OR IN PE	RSON)	

S A/P_ RedBr HeavyLoam Red Br 22 Tracebock Heavy Loam 445 ~ 10% Rock Red Br RedBrSic 4.5 SICI LOGM Trace Rock 00m,~15 BrSa Loam Rock: ~20% Rack 93 6 Red Brand Wader Uphill Rock 8 Cominyin Br Moderately Hard DenseSalpam 97/1.5 20-25% Rock 1 14 Br Heavy CLoam 20-257 Rock 4 Red Br CLOam -257 Rock DATE START BREAK STOP TIME OF P/F/H TEST # DEPTH 71 1" DROP 2" DROP 2nd INCH Red Br P 3:28 3:35 3:49 14 SaCILoam 06 ~4070 14'1 4:08 4:14 4:26 12 P SoftRock 14 NearBottom N (M)HeavyLoam Rock Starting 972' 44,5 50-60% Rock throughout REMARKS Hard ____ BACKHOE _____ OTHERS _ SANITARIAN _ Digging TEST HOLES USED IN SDA_ _____ AVG. PERC TIME _____ SQ. FT/BR TRENCH WIDTH ______ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W 114

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	Howard County
	Howard County Health Department

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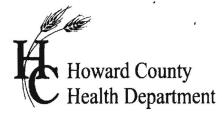
AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

CHECK AS NEEDED: CONSTRUCT N REPAIR/ADD T	E NECESSARY TESTING/EVALUATIO IEW SEPTIC SYSTEM(S) O AN EXISTING SEPTIC SYSTEM XISTING SEPTIC SYSTEM		HECK AS NEEDED: NEW STRUCTURE	(S) XISTING STRUCTURE	(S) TO:
	LOT(S) XISTING LOT IN A SUBDIVISION XISTING PARCEL OF RECORD	C	THE PROPERTY WITH YES NO	HIN 2500' OF ANY RESE	RVOIR?
COMMERCIAL	CTURE IS: TH PROPOSED BEI (PROVIDE DETAIL OF N GOVERNMENT (PROVIDE DETAI	IUMBERS AND TYPES	S OF EMPLOYEES/ CU	STOMERS ON ACCOME	PANYING PLAN)
PROPERTY OWNER(S)					
DAYTIME PHONE	CEL	L		FAX	
MAILING ADDRESS	STREET		CITY/TOWN	STATE	ZIP
				SIAIE	21F
	CELI			FAX	
MAILING ADDRESS		9			
	STREET		CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE:	DEVELOPER BUILDER	BUYER F	RELATIVE/FRIEND	REALTOR	CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERT	TY NAME			LOT NO	l
PROPERTY ADDRESS _	STREET	<u> </u>			
	GRID P				
	RSTAND THE FOLLOWING: THE				
	LIC SEWERAGE IS AVAILABLE.				
	AVE BEEN RECEIVED. I ACCEP				
	EMENTS. APPROVAL IS BASE	D UPON SATISFAC	ORY REVIEW OF P	PERC CERTIFICATI	UN PLAN.
TEST RESULTS WILL BI	E MAILED TO APPLICANT.		SIGNATURE OF API	PLICANT	
HOWARD COUNTY 1 3525-H ELLICOT	HEALTH DEPARTMENT, BURI T MILLS DRIVE, ELLICOTT CI TDD (410) 313-23	EAU OF ENVIRON TY, MARYLAND 323 TOLL FREE 1	21043-4544 (410) 3	I, WELL AND SEPTI 313-1771 FAX (410)	C PROGRAM 313-2648
HD-216 (2/03)	PLEASE SUBMIT OR	UGINALS ONLY (I	BY MAIL OR IN PE	RSON)	

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		1			<u></u>			~	1.5	
a. 4										
						.5				100
Bottom										1
N2070 Rock Hard	4 100	J	7'/13'V		2:51:30		16	P	-8C	
and Br Dense Sa Loam.	6/9/06	I	GLEEN	1:40	1:42	1:45	3	P		
Red Br	DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H	20	
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Red Br									in the second se	1
Loam Trace Rock									360	
J Red Br Heary										
SoftRock										
Loam N 357.										
Orbrand Brsacl										
Troce Rock							·			
Or Br Si Low							3 5			
Depth										
CI Loam, Sandier With										
se Red Br Sa	1							1	1	

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FOR PERCOLATION TESTING AND SITE EVALUATION

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TEST DATE(S) ______ TEST TIME _____

A/P _____

DATE

AGENCY REVIEW:

DO NOT WRITE ABOVE THIS LINE

CHECK AS NEEDED CONSTRUCT REPAIR/ADD		SYSTEM	ISSUANCE OF SEWAGE DISPO CHECK AS NEEDED: NEW STRUCTURE(ADDITION TO AN E REPLACE AN EXIS	S) XISTING STRUCTURE	
CHECK ONE:	LOT(S) EXISTING LOT IN A SUBE EXISTING PARCEL OF RE		IS THE PROPERTY WITH YES NO	IIN 2500' OF ANY RES	
THE TYPE OF STRUCE CONTRACTOR CONTRACTOR COMMERCIAL	Ucture IS: /IthPro (Provide I	POSED BEDROOMS IN T DETAIL OF NUMBERS AN	HE COMPLETED STRUCTURE D TYPES OF EMPLOYEES/ CUS RS AND TYPES OF EMPLOYEE	STOMERS ON ACCOM	PANYING PLAN)
PROPERTY OWNER(S)			-51	
DAYTIME PHONE		CELL		FAX	
MAILING ADDRESS	STREET		CITY/TOWN	STATE	ZIP
APPLICANT				01/112	2.1
. *				FAX	
MAILING ADDRESS					
	STREET		CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE:	DEVELOPER B	UILDER BUYER	RELATIVE/FRIEND	REALTOR	CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPER	TY NAME)
PROPERTY ADDRESS	OTDEET		TOWN/POS		
			PR0		
and control of			ISTALLED SUBSEQUENT TO		
ABLE ONLY UNTIL PUE	BLIC SEWERAGE IS AV	AILABLE. THIS APPL	ICATION IS COMPLETE WHE	EN ALL APPLICABLI	E FEES AND A
SUITABLE SITE PLAN	HAVE BEEN RECEIVED	D. I ACCEPT THE RES	PONSIBILITY FOR COMPLIA	NCE WITH ALL M.C	D.S.H.A. AND
"MISS UTILITY" REQUI	REMENTS. APPROVA	L IS BASED UPON SAT	ISFACTORY REVIEW OF A	PERC CERTIFICAT	ION PLAN.
TEST RESULTS WILL E	BE MAILED TO APPLIC	ANT	SIGNATURE OF APP	LICANT	
HOWARD COUNTY 3525-H ELLICO	IT MILLS DRIVE, ELI	LICOTT CITY, MARY	VIRONMENTAL HEALTH, LAND 21043-4544 (410) 3 REE 1-877-4MD-DHMH	WELL AND SEPT 13-1771 FAX (410)	IC PROGRAM) 313-2648
HD-216 (2/03)	PLEASE SU	JBMIT ORIGINALS O	NLY (BY MAIL OR IN PER	SON)	
1.					

(F)22 Red Br Heavy Loan RedBrSicl Trace Rock Loam ~150 5-107, Rack 4' 5-45 Very Dense Red Br Red Br Sa Saloam Loam,~40% Transition Rock to Saprolite 63 117 Mixture Grave -22 5 OrBrand 750%.Roc yard 90 BeigesaLoams 1221 Hard Notas Dense 111 6 Hard Sociality WD) 14.5 Bottom 31 Br Loam and [opsoil 153 Dense Red Br SaciLoan ~10% Rock 2,5 Mixture of Dense and Moderately DATE TEST # DEPTH START BREAK STOP TIME OF P/F/H 2" DROP 1" DROP 2nd INCH Dense Schoams -207, Rock 5 145 14 06 C 36 ninute 5 Moderately 1213 12:33 65 20 ired Dense Brs 0RM, 30-3 14.5 12 P Hom a te. 5 F 5/14.5V D 11:51:30 12:03:30 12:27:3 24 Red Br Heavy elLoam In Bot Woter Om cO. -5% Rock F 12:41:30 12:50:3 8 P 16 V 12:36:30 Moderately Rock Belon 15 Dunse Yellow Or Sa Loam Similiar E Hard Bottom 6 55 15-2070 4 otom Hard $[\prec$ Saprolite REMARKS BACKHOE Spanky SANITARIAN B Baker OTHERS TEST HOLES USED IN SDA AVG. PERC TIME SQ. FT/BR 16 TRENCH WIDTH _____ INLET DEPTH MAX. BOT DEPTH EFFECTIVE S/W



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) ______ TEST TIME _____

AGENCY REVIEW:

G1324447 DATE 5/5/06

DO NOT WRITE ABOVE THIS LINE

	E NECESSARY TESTING/EVAL NEW SEPTIC SYSTEM(S) O AN EXISTING SEPTIC SYST EXISTING SEPTIC SYSTEM		ANCE OF SEWAGE DISPO CHECK AS NEEDED: NEW STRUCTURE(ADDITION TO AN E REPLACE AN EXIS	S) XISTING STRUCTURE	TO:
	LOT(S) EXISTING LOT IN A SUBDIVISIO EXISTING PARCEL OF RECOR	ON	IS THE PROPERTY WITH YES NO	IN 2500' OF ANY RESERV	OIR?
COMMERCIAL	ITH PROPOSE	L OF NUMBERS AND TYP	ES OF EMPLOYEES/ CUS	TOMERS ON ACCOMPAN	YING PLAN
PROPERTY OWNER(S)					
DAYTIME PHONE		CELL		FAX	
	STREET				
			CITY/TOWN	STATE	ZIP
DAYTIME PHONE		CELL		FAX	:
MAILING ADDRESS	STREET		CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE:	DEVELOPER BUILDI	ER BUYER	RELATIVE/FRIEND	REALTOR C	ONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPER	TY NAME			LOT NO	
PROPERTY ADDRESS	TY NAME 3625 Syraw STREE	rore Vallag K	TOWN/PO	ST OFFICE	
TAX MAP PAGE(S)	GRID	_ PARCEL(S)	PR	OPOSED LOT SIZE	
AS APPLICANT, I UNDE	RSTAND THE FOLLOWING	: THE SYSTEM INSTA	LLED SUBSEQUENT T	O THIS APPLICATION I	S ACCEPT-
ABLE ONLY UNTIL PUB	LIC SEWERAGE IS AVAILA	BLE. THIS APPLICATI	ON IS COMPLETE WH	EN ALL APPLICABLE F	EES AND A
SUITABLE SITE PLAN H	IAVE BEEN RECEIVED. 1	ACCEPT THE RESPON	SIBILITY FOR COMPLIA	ANCE WITH ALL M.O.S.	H.A. AND
"MISS UTILITY" REQUIR	REMENTS. APPROVAL IS I	BASED UPON SATISFA	CTORY REVIEW OF A	PERC CERTIFICATION	PLAN.
TEST RESULTS WILL B	E MAILED TO APPLICANT.				
	HEALTH DEPARTMENT, BIA GATEWAY DRIVE TDD (410) 3		AND 21046 (410) 313-	WELL AND SEPTIC I	

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

Br CI Loam ace Rock										
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B										Contraction of the second
								6.5		
	DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H		
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	REMARKS									111
	SANITARIAN _								SQ. FT/BR	

