

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

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) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

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 Bewley LOT NO. 37

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 ACCEPT-
ABLE 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.

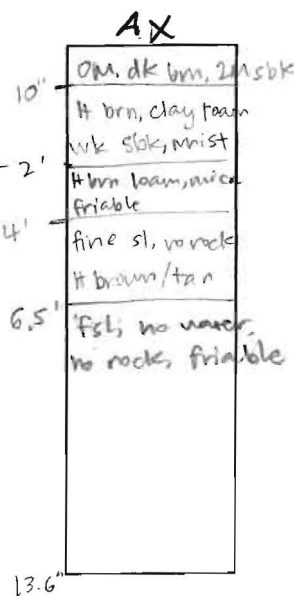
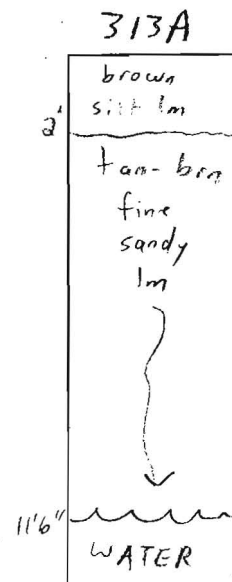
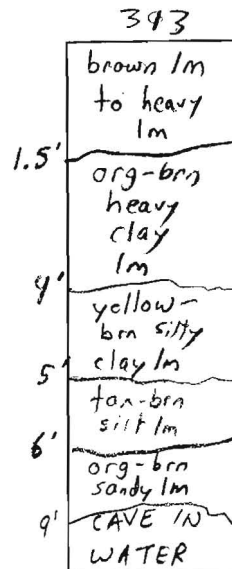
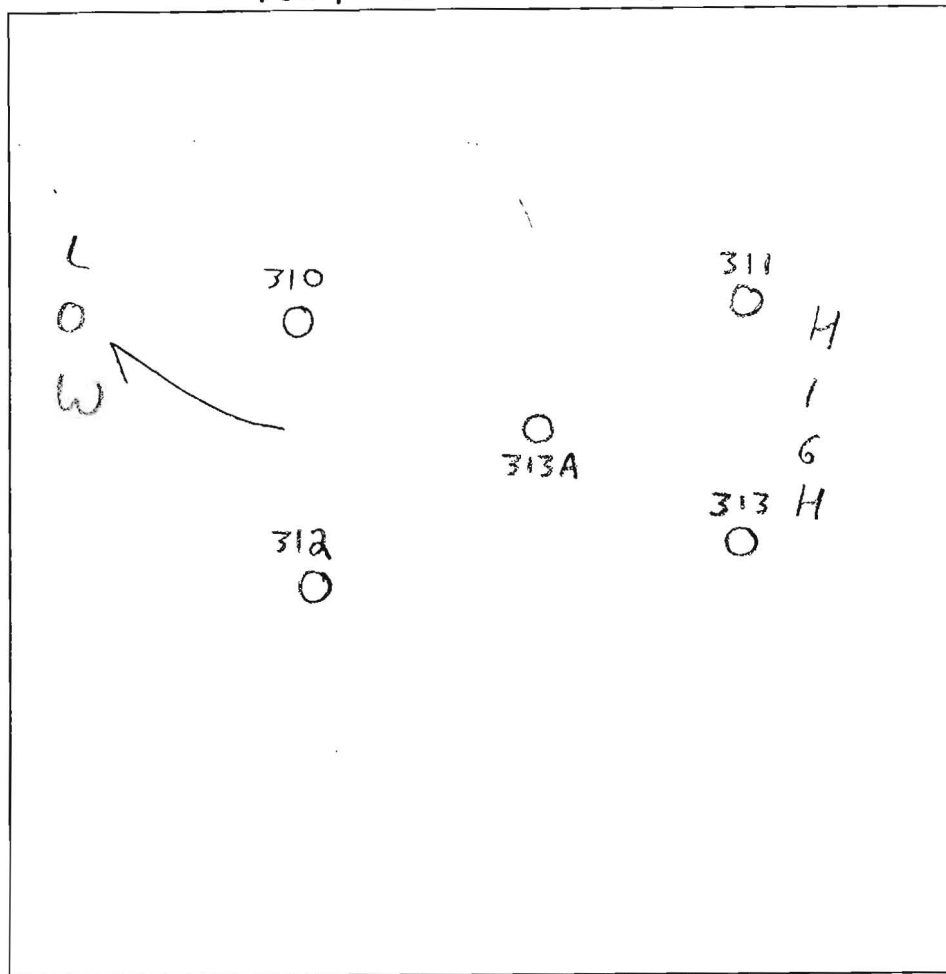
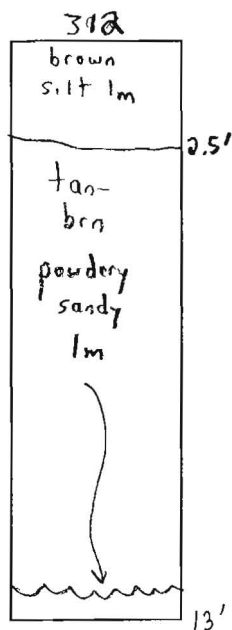
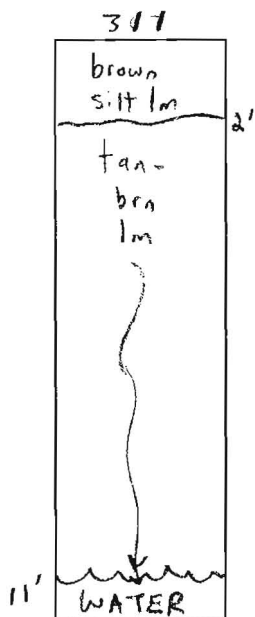
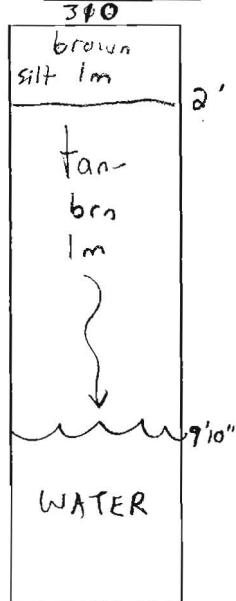
TEST RESULTS WILL BE MAILED TO APPLICANT.

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

NOT TO SCALE

AP 516057



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
7/23/03	310	4'T / 9'10"V	4:02	4:05	4:07	2min	P
4/22/15	AX	5' / 13'6"V	11:54	12:02			
	311	4'10" T / 11' V	4:13	4:16	4:19	3min	P
		3'8"	11:39	11:50	pulled	1/4" mount	
	312	4'4" T / 13' V	3:48	3:51	3:53	2min	P
	313	5'3" T / 10'10" V	4:23	4:28	4:36	8min	P
	313A	3' T / 11'6" V	4:00	4:02	4:05	3min	P

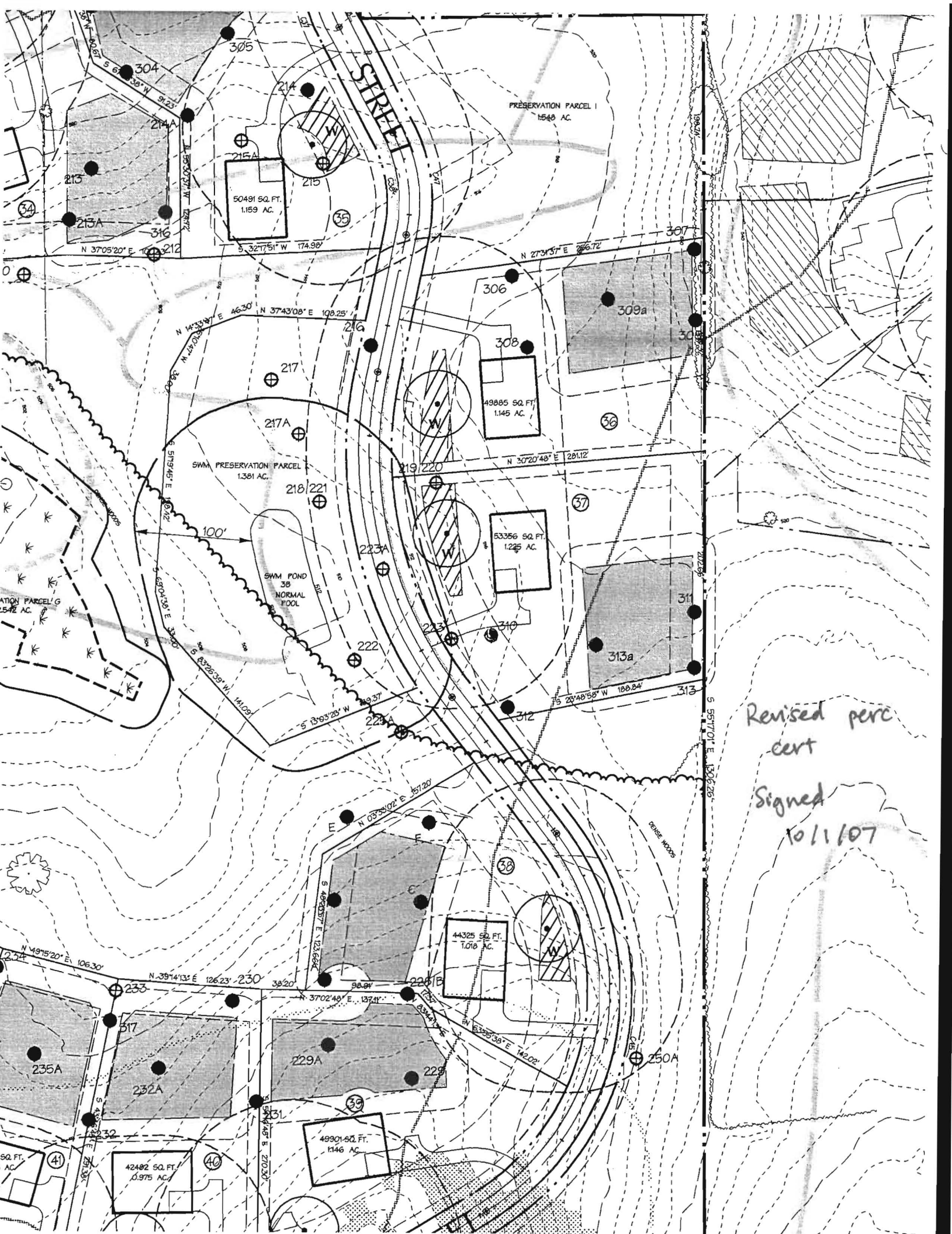
4/22/15 AX 3'8" T / 13'6" V 11:39 am 11:50 am 1/4" drop

REMARKS

SANITARIAN SRK BACKHOE Jeff Allen OTHERS

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

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 5' EFFECTIVE SW 2'4



PRESERVATION PARCEL I
1540 AC.

50491 SQ. FT.
1.159 AC.

49885 SQ. FT.
1.145 AC.

53356 SQ. FT.
1.225 AC.

44325 SQ. FT.
1.018 AC.

49901 SQ. FT.
1.146 AC.

42482 SQ. FT.
0.975 AC.

Revised perc
cert
Signed
10/1/07