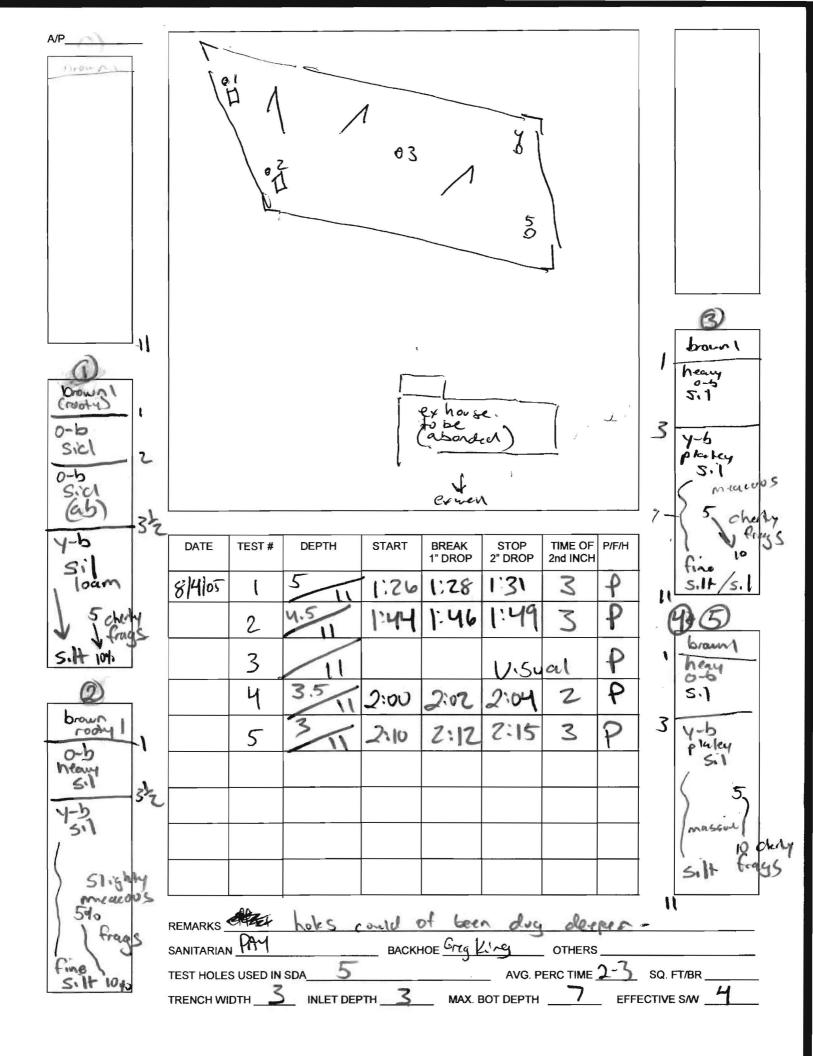


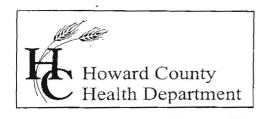
## **APPLICATION**

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)			TEST TIME		A/P	
AGENCY REVIEW:					DATE	
		DO NOT \	WRITE ABO	/E THIS LINE	-	
HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISS CHECK AS NEEDED:  CONSTRUCT NEW SEPTIC SYSTEM(S)  REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM				UANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO: 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 STR  RESIDENTIAL V COMMERCIAL INSTITUTIONAL	VITH(PROV	PROPOSED BED IDE DETAIL OF N (PROVIDE DETAI	DROOMS IN THE IUMBERS AND T L OF NUMBERS	COMPLETED STRUCTURE YPES OF EMPLOYEES/ CUS AND TYPES OF EMPLOYEE	(NOTE <i>UNKNOWN</i> IF TOMERS ON ACCOM S/USERS ON ACCOM	APPROPRIATE) IPANYING PLAN) IPANYING PLAN)
PROPERTY OWNER(S	S)			·		
DAYTIME PHONE CEI			L	FAX		
MAILING ADDRESSSTREET			·	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					LOT N	O
PROPERTY ADDRESS	8					
TAX MAP PAGE(S)	GRID _	P	ARCEL(S)	PRO	OPOSED LOT SIZE	
AS APPLICANT, I UND	ERSTAND THE FO	LLOWING: THE	SYSTEM INS	TALLED SUBSEQUENT TO	O THIS APPLICATION	ON IS ACCEPT-
ABLE ONLY UNTIL PU	BLIC SEWERAGE I	S AVAILABLE.	THIS APPLICA	TION IS COMPLETE WHE	EN ALL APPLICABL	E FEES AND A
SUITABLE SITE PLAN	HAVE BEEN RECE	IVED. I ACCE	PT THE RESPO	NSIBILITY FOR COMPLIA	NCE WITH ALL M.	O.S.H.A. AND
"MISS UTILITY" REQUI	REMENTS. APPR	OVAL IS BASEI	D UPON SATIS	FACTORY REVIEW OF A	PERC CERTIFICAT	TON PLAN.
TEST RESULTS WILL	BE MAILED TO APP	PLICANT.		SIGNATURE OF APP	ICANT	
				SIGNATURE OF APPI		

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





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

## Penny E. Borenstein, M.D., M.P.H., Health Officer

August 8, 2005

Mr. Greg King 17311 Parson Grove Terr. Olney MD, 20832

RE: PERCOLATION TEST RESULTS-A18873

Tax Map 34, Parcel 354 Lot 8, Cortina Dr.

Dear Mr. King

Percolation testing conducted August 4, 2005 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

- 1) Actual locations and elevations of all excavated test holes
- 2) A suitable house and well site for each lot
- 3) Two replacement well sites or approximately 1500 square feet of approvable well area for each lot
- 4) All existing wells and septic reserve areas on the property
- 5) Locations of any other relevant features such as streams, swales, or existing structures
- 6) A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
- 7) A note indicating that depicted topography reflects field-matched information
- -8) A health officer signature block stating "approved for private water and private sewerage systems"
- 9) A MDE sewage disposal area statement is required

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Respectfully,

Peter A. Yencsik

Development Coordination Section

Well and Septic Program

PY

Enclosures

cc:

File

