

AP 556469

(A)

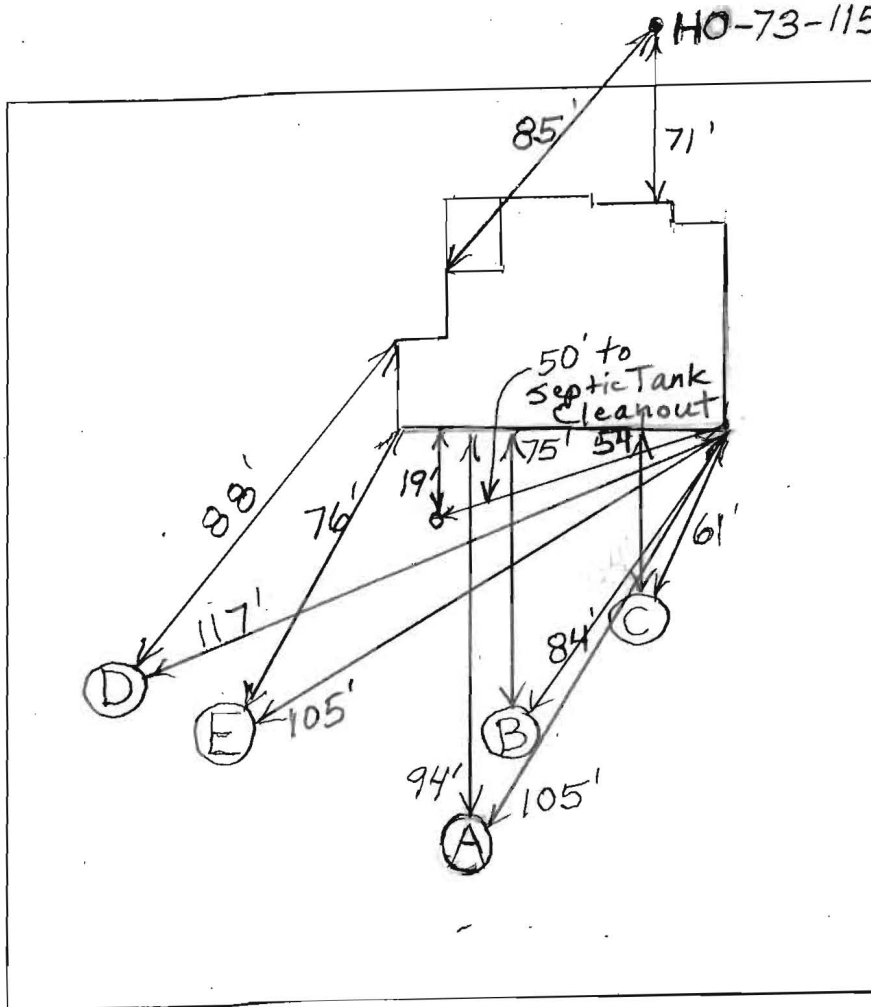
Very Dense  
Or Gravelly  
Cl Loam  
2'  
Dense Red  
Gravelly  
Cl Loam  
5.5'-6.5'  
Or and Red  
Gravelly  
Cl Loam  
and Course  
Sa Cl Loam  
Clay Decreasing  
With Depth  
>50% Rock  
Below ~6'  
Hard Bottom  
9.5'

(B)

Very Dense  
Br Cl Loam  
3'-3.5'  
Very Dense  
Fine Red Br  
Sa Cl Loam  
4.5'  
Very Dense  
Red Br  
Gravelly  
Cl Loam  
7.5'  
Very Dense  
Red Br  
Gravelly  
Loam  
>50% Rock  
Below ~8'  
Hard  
Bottom  
12'

(C)

Very Dense  
Br Cl Loam  
1.5'-2'  
Very Dense  
Red Br  
Cl Loam  
4.5'-5.5'  
Fine Red  
Br Dense  
Sa Cl Loam  
~9'  
Dense Sa  
Loam  
~10.5'  
Dense  
Course  
Loamy Sa  
12'  
~30%  
Rock  
14'



(D)

Very Dense  
Br Cl Loam  
1.5'  
Fine Very  
Dense Red  
Br Sa Cl  
Loam  
4.5'  
Dense Red  
Br Gravelly  
Cl Loam  
5'  
Very Dense  
Or Br  
Gravelly  
Loam  
Hard  
Bottom  
10'

(E)

Very Dense  
Red Br Med  
Sa Cl Loam  
3.5'-4'  
Mixture of  
Very Dense  
Red Br Med  
Sa Cl Loam  
and Or Br  
Sa Loam  
5.5'  
Very Dense  
Or Br  
Gravelly  
Loam and  
Loamy Gravel  
Close to  
50% Rock  
Below 7'  
Hard Bottom 10'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/5/2015	A	9.5' V	Hard Bottom				H
	B	5.5'/12' V	11:13	12:04	Pulled, slow		F
	C	7.5'/14' V	12:04	12:23	Pulled, Est. 40 Min		H
		8.5'	1:01	1:50	Pulled, slow		F
	D	5.5'/10' V	2:02	2:05	2:11	6	P
	E	6'/10' V	2:37	2:41	2:46	5	P

REMARKS \_\_\_\_\_  
 SANITARIAN B. Baker BACKHOE Hatfields OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

(A)

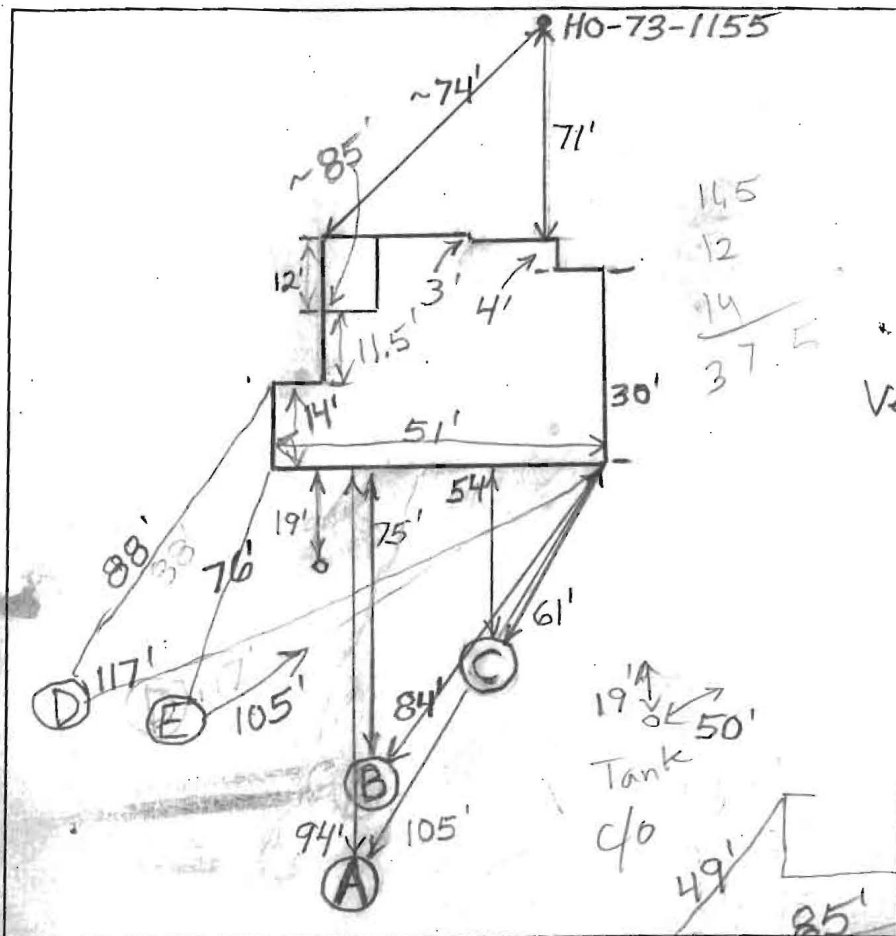
Very Dense  
Or Gravelly  
Cl Loam  
2'  
Dense Red  
Gravelly  
Cl Loam  
5.5'-6.5'  
Or and Red  
Gravelly  
Cl Loam  
and coarse  
Sa Cl Loam  
Clay decreasing  
With Depth  
>50% Rock  
Below ~6'

(B)

Very Dense  
Br Cl Loam  
3.5'  
Very Dense  
Fine Red Br  
Sa Cl Loam  
5'  
Very Dense  
Red Br  
Gravelly  
Cl Loam  
7.5'  
Very Dense  
Red Br  
Gravelly  
Loam  
6'  
>50%  
Rock Below  
~8' Dry

(C)

Very Dense  
Br Cl Loam  
1.5'-2'  
Very Dense  
Red Br Cl  
Loam  
4.5'-5.5'  
Fine Red  
Br Sa Cl  
Loam  
~9'  
Dense  
Sa Loam  
~10.5'  
Dense Coarse  
Loamy Sa  
Dry  
14'



(D)

Very Dense  
Br Cl Loam  
4.5'  
Fine Very  
Dense Red  
Br Sa Cl  
Loam  
4.5'-5.5'  
Dense Red  
Br Gravelly  
Cl Loam  
5'  
Dense Or  
Br Gravelly  
Loam  
Hard  
Bottom 10'

(E)

close to  
50% Rock  
Hard  
Bottom 10'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/5/2015	A	9.5'					
	B	5.5'/2'	11:13:30	12:04			
	C	7.5'/14'	12:04	12:22:30	Pulled Est. ~40 min		
		8.5'	1:01	1:50	Pulled		
	D	5.5'/10'	2:02	2:05	2:11	6	
	E	6'/10'	2:37	2:41	2:46	5	

REMARKS

SANITARIAN

B. Baker

BACKHOE

Hatfields

OTHERS

TEST HOLES USED IN SDA

AVG. PERC TIME

SQ. FT/BR

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH

EFFECTIVE SW



Howard County  
Health Department

Bureau of Environmental Health  
7178 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

Maura J. Rossinan, M.D., Acting Health Officer

## APPLICATION

### FOR PERCOLATION TESTING AND SITE EVALUATION

15524169

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

13517 Argo Drive

LOT #

PROPERTY ADDRESS

STREET

TOWN

ZIP

TAX ACCOUNT #

TAX MAP

GRID

PARCEL

ZONING DESIGNATION

PROPERTY OWNER(S)

June Keryea + Robert Knaws

DAYTIME PHONE

CELL

EMAIL

MAILING ADDRESS

STREET

CITY, STATE

ZIP

APPLICANT

Hatfield Equipment

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-984-0067

EMAIL

khfield@hatfield-equipment.com

MAILING ADDRESS

PO Box 519 Annapolis Junction MD 21771

STREET

CITY, STATE

ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

#### BUILDING:

- ☐ RESIDENTIAL WITH \_\_\_\_\_ EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE  
☐ COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

#### PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: \_\_\_\_\_  
☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT  
☒ REPAIR OR REPLACE FAILING OSDS  
☐ UPGRADE EXISTING OSDS

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- ☐ YES  
☒ NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Jeff Reed

SIGNATURE OF APPLICANT

5-28-15

DATE