

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

APD 534013

AGENCY REVIEW: \_\_\_\_\_

DATE 9-2-10

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 5-6 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) Emerson Stidham

DAYTIME PHONE 301-854-3122 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 13930 WAYSIDE DR Clarksville MD 21029  
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfield's Equipment

DAYTIME PHONE 410-984-0047 CELL 410-984-0047 FAX \_\_\_\_\_

MAILING ADDRESS PO Box 519 Annapolis Junction MD 20701  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME 13930 WAYSIDE DR LOT NO. \_\_\_\_\_

PROPERTY ADDRESS Emerson Stidham Clarksville  
STREET TOWN/POST OFFICE

MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

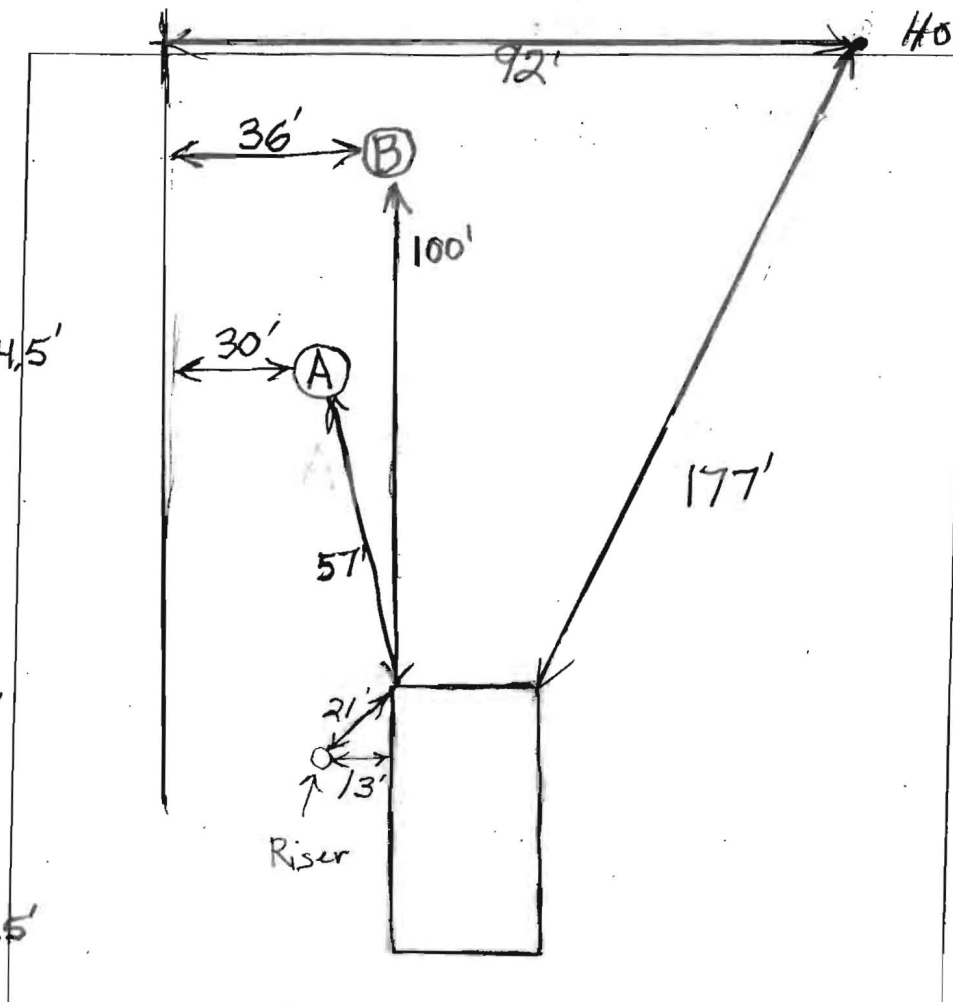
I, APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTED ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A FEASIBLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "S 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  
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

(A)  
Dense Or  
Br Cl Loam-  
Sa Cl Loam  
Lg sbk 4'-4.5'  
Beige  
Loamy Sa  
~20%  
Rock  
Hard  
Bottom 15'

Red Br Sa  
Cl Loam  
Lg sbk 4'-4.5'  
Red Br  
Sa Loam 5'  
Beige  
Loamy Sa  
~20%  
Rock  
Getting  
Rockier  
Near Bottom 15'



Wayside Drive

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/16/2010	A	5.5'/15'	11:21:15	11:28	11:30	2	P
		6.5	11:38	11:38:50	11:41:15	2 1/2	
		Repair	11:41:30	11:44:20	11:47:45	3 1/2	P

REMARKS: Water Poured in Bottom of Holes - Rates O.K.

SANITARIAN B. Baker BACKHOE Hatfields OTHERS

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

TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE SAW