Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P 532661

AGENCY REVIEW: _____ DATE 11-29-11

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 4 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) KEVIN & BARBARA HIDEN

DAYTIME PHONE 301-461-7085 CELL 301-461-7085 FAX _____

MAILING ADDRESS 8494 Reservoir Rd Fulton MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT Kevin Hiden

DAYTIME PHONE 301-461-7085 CELL _____ FAX _____

MAILING ADDRESS 8494 Reservoir Rd Fulton MD 20759
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Beaufort Park LOT NO. 4P

PROPERTY ADDRESS Same
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 ACCEPTABLE 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
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P ___________

(A)

6-8" OM, SK1C loose

Br Heavy CL.
slightly sticky
not very wet

2.5' Br./Rd. Loam,
Friable,
Somewhat Dry
< 10% rock
wk SBK 2% chunks

4-5' wk ll/Gr. L,
Friable,
micaceous,
5% saprolite
SBK => wk platy
↓ L> Fractured

10' Hrd. Bottom from Rx

(B)

OM, m SBK
Many Roots.

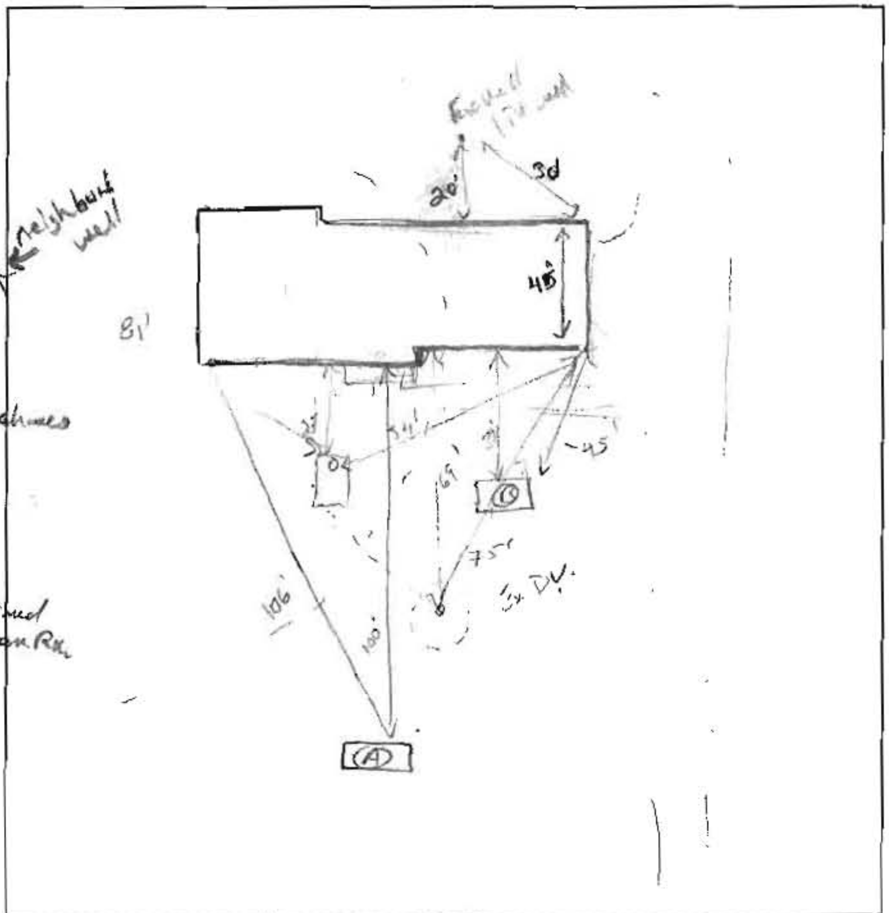
8" Br/Rd CL-L.
20% clay,
Dry, wk plates

2-3' Rd/Br/Y L
mSBK -> wk platy
% sheet chunks

4' 10" Br/Y L
Friable, Dry,
5% chunks,
many mica.
5-10% Sp.

10' L. - SL, loose
Heavy micaceous
Dry. ↓

12'6"



Reservoir Rd.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/13/11	(A)	5'4" / 10'	10:58	11:01	11:05	4	P
		3'9"	11:14	11:24	11:43	19	P
	(B)	4'6" / 12'6"	11:28	11:34	11:48	14	P

REMARKS Restrictive Perc @ bottom of yard - 10', => Rock In-crop, broke out of up hill.

SANITARIAN K. Wolf BACKHOE Jeff Allen OTHERS Helpers, owner

TEST HOLES USED IN SDA 2 AVG. PERC TIME 12 SQ. FT/BR 0.8

TRENCH WIDTH 2' INLET DEPTH ________ MAX. BOT DEPTH ________ EFFECTIVE S/W ________

148' LF

$4(150) = \frac{600}{0.8} = 750 \div 2 = 375\ (.4) = 150\ LF$

46, 50, 52