Howard County Health Department

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P *524420*

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 _____ LOT NO. _____

PROPERTY ADDRESS *6617 Whitegate Road* _____
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
7178 COLUMBIA GATEWAY DRIVE   COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
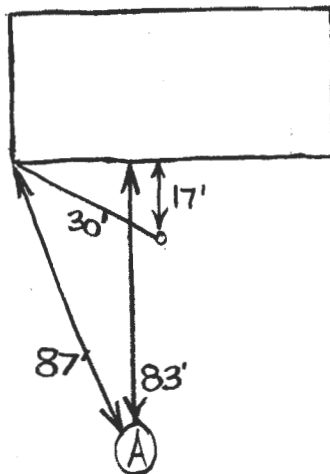TDD (410) 313-2323   TOLL FREE 1-877-4MD-DHMH

HD-216 (2/03)   PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

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Topsail

1'-1.5'

Light Br

Sa Loam

10%

Saprolite

14'

Well in Front
Somewhere? — Buried

17'

30'

87'   83'

Ⓐ

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/28/06	A	14'V					P

REMARKS _____

SANITARIAN B. Baker   BACKHOE Fogles   OTHERS _____

TEST HOLES USED IN SDA_____ AVG. PERC TIME _____ SQ. FT/BR 180

TRENCH WIDTH 3'   INLET DEPTH 2.5'   MAX. BOT DEPTH 3.5' EFFECTIVE S/W 1'