



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

Repair

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

QIP 530333

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

DATE 3/11/09

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: Residence

- ☐ 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) George Ricaurte

DAYTIME PHONE 410 531-1608 CELL 410 979-9295 FAX \_\_\_\_\_

MAILING ADDRESS 13314 Springwood Ct Ellicott City Md 21042  
STREET CITY/TOWN STATE ZIP

APPLICANT Charles Jenkins (Jenkins Bros Septic Svc Inc)

DAYTIME PHONE 410 781 7133 CELL 410 971 8104 FAX 410 552-1100

MAILING ADDRESS 7670 Smiths Private Rd Sykesville Md 21784  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 13314 Springwood Ct Ellicott City Md 21042  
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.

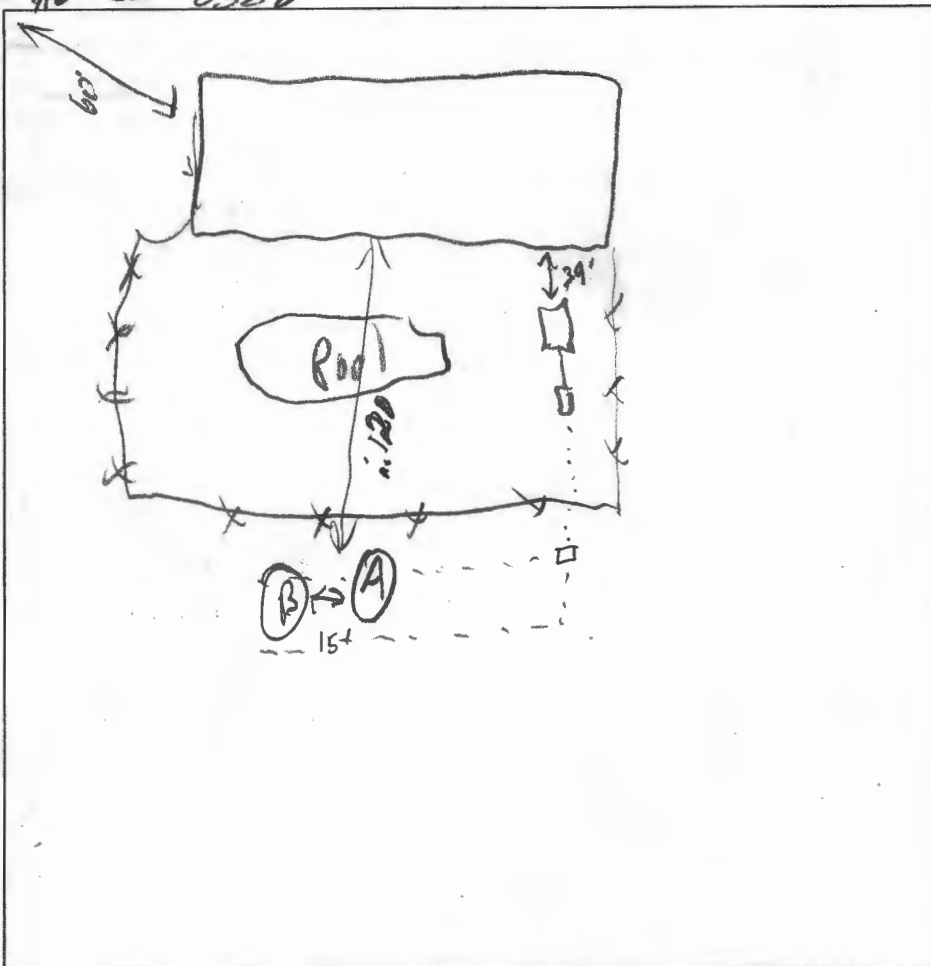
TEST RESULTS WILL BE MAILED TO APPLICANT.

Charles Jenkins  
SIGNATURE OF APPLICANT

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

A/P \_\_\_\_\_

• 40-8V-0580



(A) (B)  
 orange  
 clay silty  
 lean  
 4' 5" Tan Brown  
 lean  
 scattered frags  
 9" Tan  
 low mica  
 scattered frags  
 12"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/16/09	A	<del>4' 12"</del>	10:41	10:54	11:09	28	P
	B	<del>6'</del>	11:00	11:04	11:09	5	P
						30 ± 15	

REMARKS Pool in wrong location 3' vido 125  
 SANITARIAN SFO BACKHOE Charles OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 15 SQ. FT/BR 0.8  
 TRENCH WIDTH 3 INLET DEPTH 5 MAX. BOT DEPTH 8 EFFECTIVE SW 3