



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 5 27936

AGENCY REVIEW: _____ DATE 12/5/07

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) James + Pontius

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 4081 Sharp Rd Glencly MD 21732
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfield's Equipment

DAYTIME PHONE 301-854-6172 CELL 410-984-0047 FAX 301 490-5794

MAILING ADDRESS P.O. Box 519 Annapolis Junction MD 21
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME The Heritage LOT NO. 68

PROPERTY ADDRESS 4081 Sharp Rd Glencly Md 21732
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.

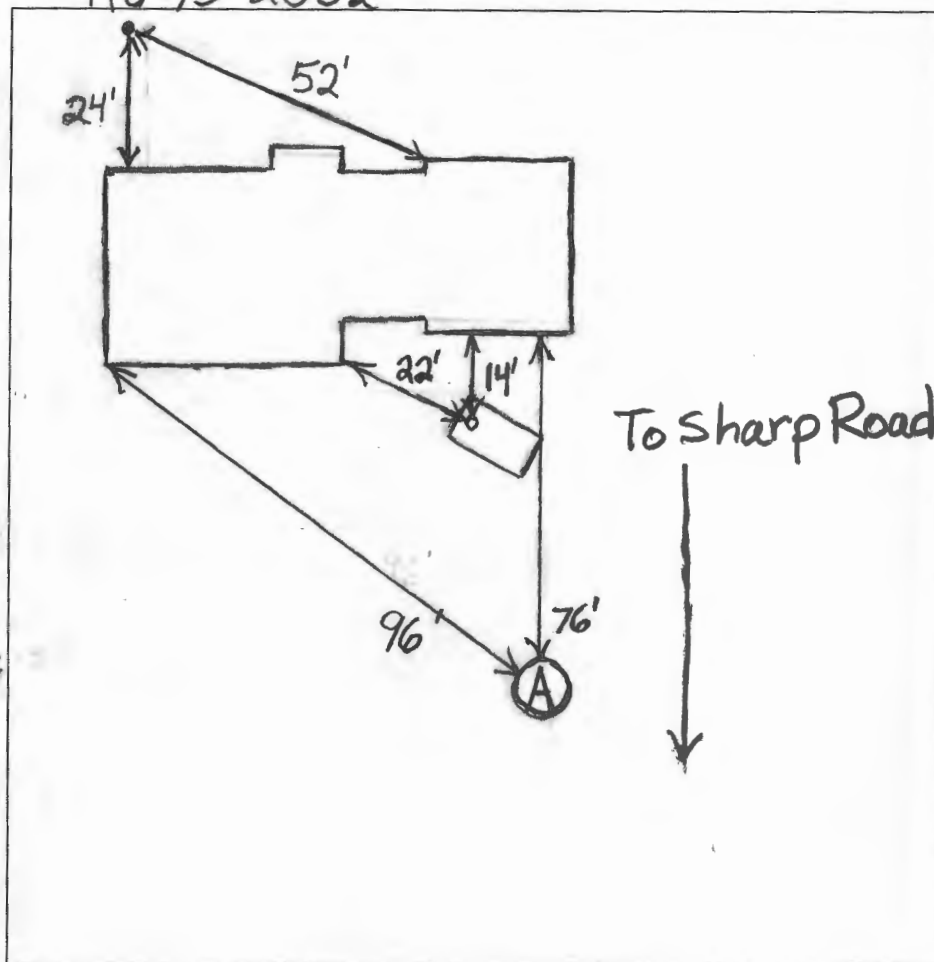
TEST RESULTS WILL BE MAILED TO APPLICANT.

Jeff Rea
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

H0-73-2852

(A)
 1' Topsoil
 Br Loam
 Trace Rock
 3.5' Or Br Very
 Fine c/w
 sa Loam
 Trace Rock
 5' Very Fine
 Micaceous
 Beige Loamy
 Sand, ~10%
 Saprolite
 14' 35-40% Rock
 15' Dry



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/19/07	A	5.5' / 15'	11:11:15	11:13:15	11:16:15	3	P

REMARKS Water Poured in Bottom of Hole - Rate O.K.
 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 _____