

TAX ID # 05366437

Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 1/23/2008 TEST TIME 9am A/P _____
 AGENCY REVIEW: testing for approval of adjacent well. 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) James B. Shaw
 DAYTIME PHONE 410 531 3031 CELL 301-399-6062 FAX _____
 MAILING ADDRESS 13079 Trizdelphia Mill Rd Clarksville MD 21029
 STREET CITY/TOWN STATE ZIP

APPLICANT SAME
 DAYTIME PHONE _____ CELL 410 531 3031 FAX _____
 MAILING ADDRESS _____
 STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
 SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
 STREET TOWN/POST OFFICE
 TAX MAP PAGE(S) 34 GRID _____ PARCEL(S) 174 EX. 1.426
 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

$$A/B$$

Br n ApSL

Yellow Red
SCL
very plastic

Brn Red
HSL
few qtz
cobbles

Auger
Refusal
cables?

C

Brn ApSL

YR SEL

Red Cost

Anger
Refusal



Brn HSL
35bk

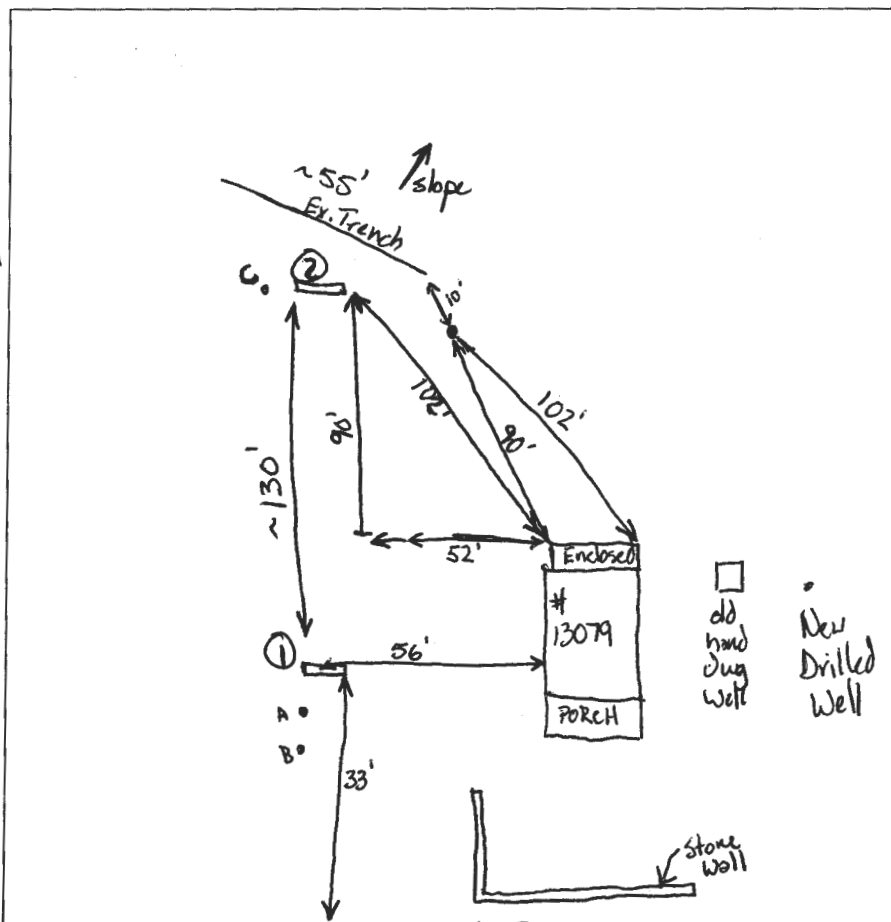
RYSCU

COSCL
5-10"
cobbles

Red Brn
(c0)HSL

Red COSL

~15%
ch. micas



Triad. Mill Rd.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/16/08	A	40" over 2 1/2"	Hand	Auger			Hold for Perc ↓
	B	40"	"				
	C	46"	"				
1/23/08	①	6' 11"	10:43	10:45	10:47	2m	P
	②	6' 11"	11:41	11:43	11:48	5m	P

REMARKS No fee charged. Percs to ensure approvable repairs for approval

SANITARIAN GAC BACKHOE Jim Shaw OTHERS N/A of 20j. well

TEST HOLES USED IN SDA 182 AVG. PERC TIME _____ SQ. FT/BR _____ Locatic

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____ *ON*

Still needs Perc Cert for additions

Parcel
353

PolyB SCL

str Brn
2 sbk
SCL

Red Brn
HCO₂L
qtz cobbles
15-20'.

Red Brn
cosl

Y15 1/2
qtz
w/ some
micas

4
fusion
on South
Wall

SHANABERGER & LANE

Surveying

Land Planning

Construction Stakeout

8726 Town & Country Blvd., Suite 201

Ellicott City, Md. 21043

phone: (410) 461-9563

fax: (410) 461-9693

home@shanlane.com

TRANSMITTAL

DATE: <u>12/14/07</u>	FROM: <u>RICH HARRITY</u>
TO: <u>MO. CO. HEALTH DEPT.</u>	PROJECT <u>SHAW PROPERTY</u>
ATTENTION: <u>GABE CREIGHTON</u>	PROJECT NO. <u>07-19</u>

INCLUDED HEREWITH:

PERCOLATION CERTIFICATION PLAN (3 PRINTS)

RECEIVED BY: _____

TRANSMISSION VERIFICATION REPORT

TIME : 11/30/2007 10:21
NAME : ENVIRONMENTAL HEALTH
FAX : 4103132648
TEL : 14103132648
SER.# : 000G4J161082

DATE, TIME	11/30 10:17
FAX NO./NAME	914104619693
DURATION	00:04:08
PAGE(S)	08
RESULT	OK
MODE	FINE
	ECM

P 10353 A 09910

DATE 4/7/65 4/1/65

13089
Location Philadelphia Application
Hold ()
Approved (✓)
Rejected ()

Lot _____ Installation
Hold ()
Approved (✓)

Applicant W. E. Shaw Approved

Owner L. W. Shaw Date 9/30/65

Permittee Edward Scaggs

HOWARD COUNTY HEALTH DEPARTMENT
Completed Septic System

P 52376 A repair
DATE 7/17/67

LOCATION 13089 Philadelphia APPLICATION
HOLD
APPROVED
REJECTED (✓)

LOT _____
APPLICANT Ronald P. Pette INSTALLATION
OWNER W. E. Shaw HOLD
PERMITTEE Ronald P. Pette APPROVED
DATE 7/17/67

Perceid
(4 holes)
wet-season?
not platted
no initials for Sanitarian