



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 537869-R

AGENCY REVIEW: _____

DATE 6-28-12

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 5 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) GILLIECE FAMILY LLC
DAYTIME PHONE 410-531-0797 CELL 410-916-4164 FAX _____
MAILING ADDRESS 13111 LINDEN CHURCH Rd CLARKSVILLE MD 21029-1174
STREET CITY/TOWN STATE ZIP

APPLICANT DEVELOPMENT DESIGN CONSULTANTS - BRIAN COLLINS
DAYTIME PHONE 410-386-0560 CELL 410-336-6362 FAX 410-386-0564
MAILING ADDRESS 192 EAST MAIN STREET WESTMINSTER MD 21157
STREET CITY/TOWN STATE ZIP

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

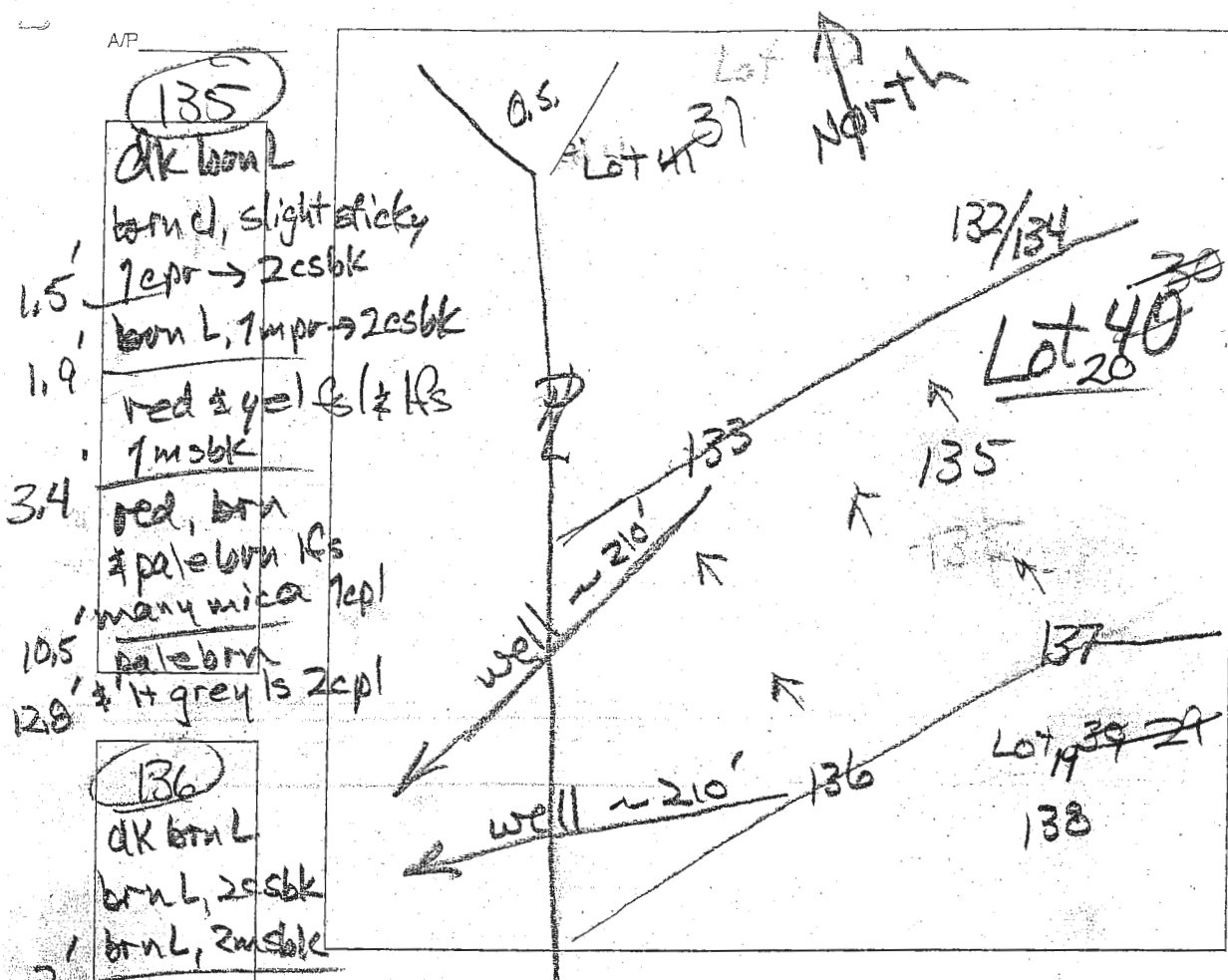
PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME RESUBDIVISION of Lot 2 of THE DIEHL Prop. LOT NO. 19
PROPERTY ADDRESS 5/E RIVER ROAD SYKESVILLE 21784
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 09 GRID 06 PARCEL(S) 66 PROPOSED LOT SIZE 1.08 AC

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



132/134

0.7' dk brn L
 1.4' 1cpr → 2csbk
 2' brn L
 2.5' 1cpr → 2csbk
 2' yet-red L
 2.5' 1msbk
 brn, palebrn
 & red lfs
 many fine & v. fine
 mica
 9.4' brn, palebrn
 & lt. grey fsl
 many fine & v. fine
 mica
 12.7'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/9/14	132/134	5.2' / 12.7'	10:29	10:31	10:34	3	P
1/9/14	133	12'	Visual		side wall 25'-8"	1.2 gpd/gr ²	P
1/9/14	135	12.8'	Visual		side wall 11.9'-8"	1.2 gpd/gr ²	P
1/9/14	136	4.5' / 13'	11:28	11:34	11:43	9	P
1/9/14	137	4.2' / 11.5'	11:56	11:58	12:01	3	P

137

0.7' dk brn L
 1.9' brn L, 2csbk
 few mica

REMARKS

SANITARIAN

R. Bricker

BACKHOE

Chuck Zapp

OTHERS

Jeremy Rutter

TEST HOLES USED IN SDA

AVG. PERC TIME

SQ. FT/BR

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH

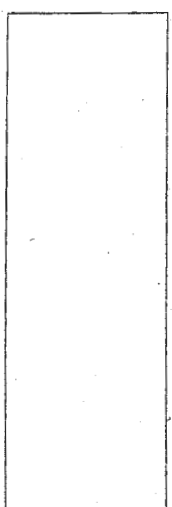
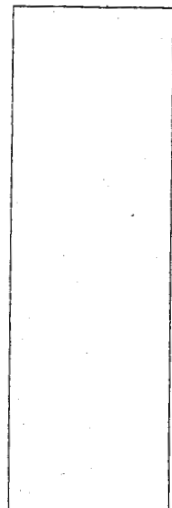
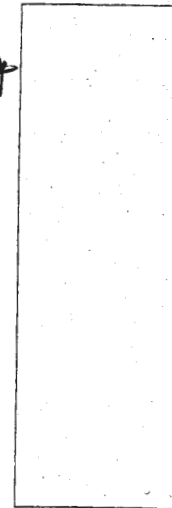
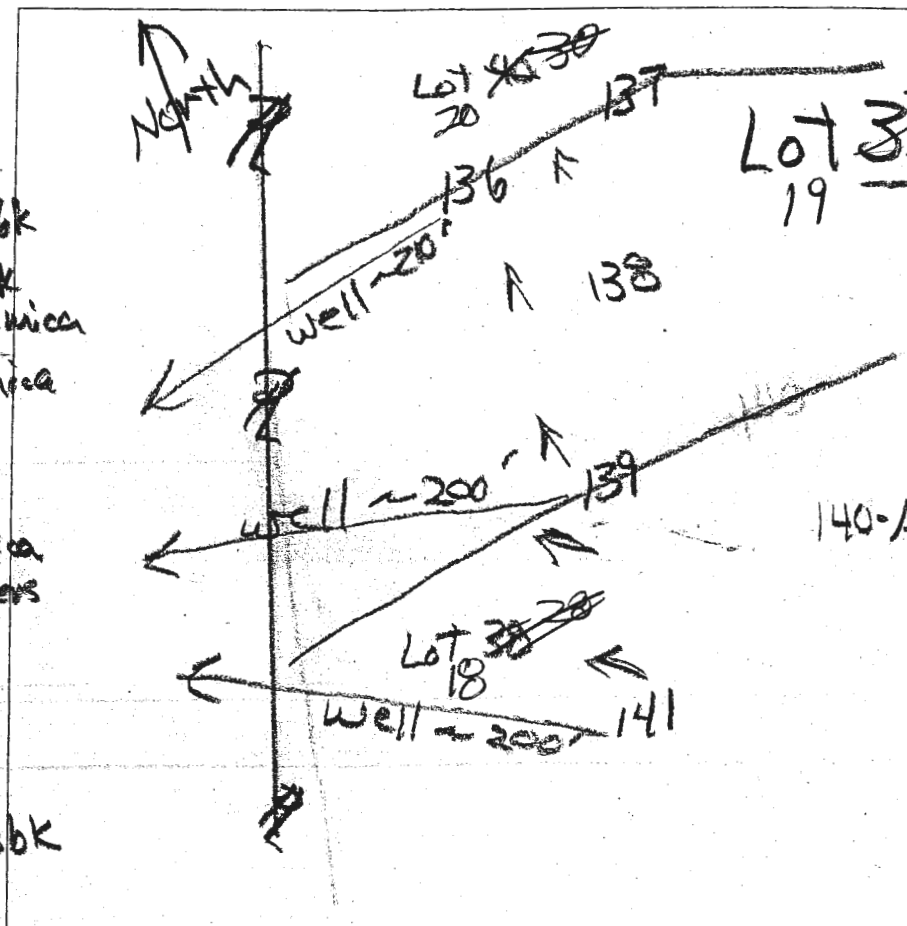
EFFECTIVE SW

11.5'

2.4' palebrn, red
 & blk lfs, dense
 many mica
 3' palebrn, red
 & blk lfs, many mica

138

0.8' dk brn L
 1.5' brn L
 1.5' 1cpr → 3csbk
 2' brn L, 2csbk
 red & brn com. mica
 1fs, many mica
 1msbk
 2.5' red, brn
 & pale brn
 1fs, many mica
 few channels
 12.5'



0.4' dk brn L
 brn L
 1.4' 1cpr → 2csbk
 brn L
 2msbk
 1.8' red & brn sl
 c 1p (blk)
 few mica
 2.4' yellow & brn
 1fs, many mica
 to red & brn
 3' lt grey ls
 many mica
 13'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/9/14	138	4.5'	12:25	12:28	12:33	5	P
1/9/14	139	4.8' / 13'	12:58	1:00	1:03	3	P

REMARKS #140 Not Dug; location 140-A added on Lot 38
 SANITARIAN R Bricker BACKHOE Chuck Zapp OTHERS Jeremy Rutter
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

