

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

repair -
AP 534480

AGENCY REVIEW: _____

DATE 2/23/11

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 4 Bed 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) William G Berg

DAYTIME PHONE 443-277-7526

CELL Sam

FAX

MAILING ADDRESS 3584 School Dr

Ellicott City

MD

21042

APPLICANT J.M. Contracting LLC / Ronnie Harps

DAYTIME PHONE 443-277-7526

CELL Sam

FAX

410-552-5815

MAILING ADDRESS 425 O Burch Rd

Sykesville

MD

21784

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Wainside Estates

LOT NO. 2

PROPERTY ADDRESS 3584 School Dr

Ellicott City

MD

21042

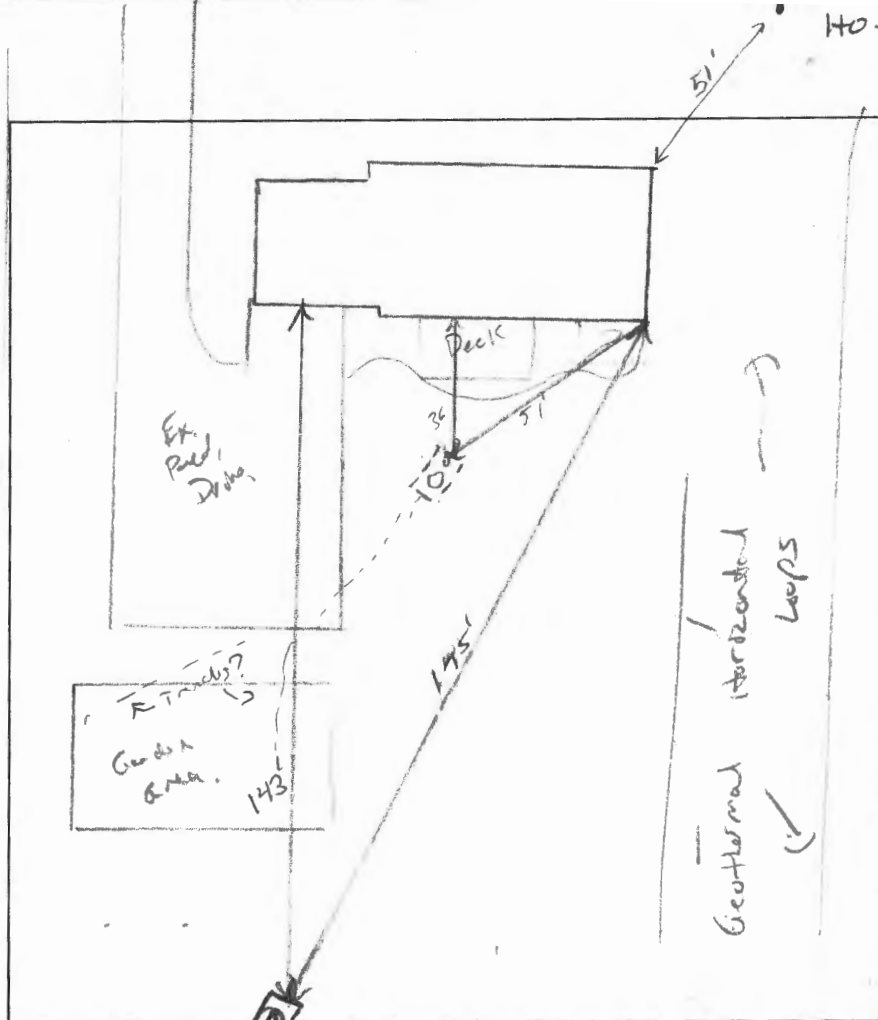
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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.

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/P 534480



10"
on low
many roots
Wk. St. Br.
Cl, m ssk,
Frisble, m. ssk.
Some roots.
yellow Br. L
moderate thick
pleaty, roots
Frisble, some m. ssk.
5"
yellow Br/Red.
SL, highly
micaceous,
Frisble L,
10% chamos,
10% ssk like,
many fine
m. ssk & w. ssk.

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[illegible]

Homeowner had horizontal geothermal loops installed on right side of property. Plenty of room for future repair.

SANITARIAN R. Wolf BACKHOE Ronnie Heger OTHERS Woody Featherston, 2 medical interns
TEST HOLES USED IN SDA ① AVG. PERC TIME 3' SQ. FT/BR _____
TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 9' EFFECTIVE S/W 6-9'

(14) $150 = 600 \div 1.2 = 500 \div 2 = 250 \text{ (1.57)} = \underline{142}$