Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P 537320

AGENCY REVIEW: _____ 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 ONE:
- ☐ CREATE NEW LOT(S)
- ☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
- ☐ BUILD ON AN EXISTING PARCEL OF RECORD

CHECK AS NEEDED:
- ☐ NEW STRUCTURE(S)
- ☐ ADDITION TO AN EXISTING STRUCTURE
- ☐ REPLACE AN EXISTING STRUCTURE

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) Michael Bowen

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 3625 Ten Oaks Road _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 3625 Ten Oaks Road _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 3625 Ten Oaks Road _____
STREET TOWN/POST OFFICE

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

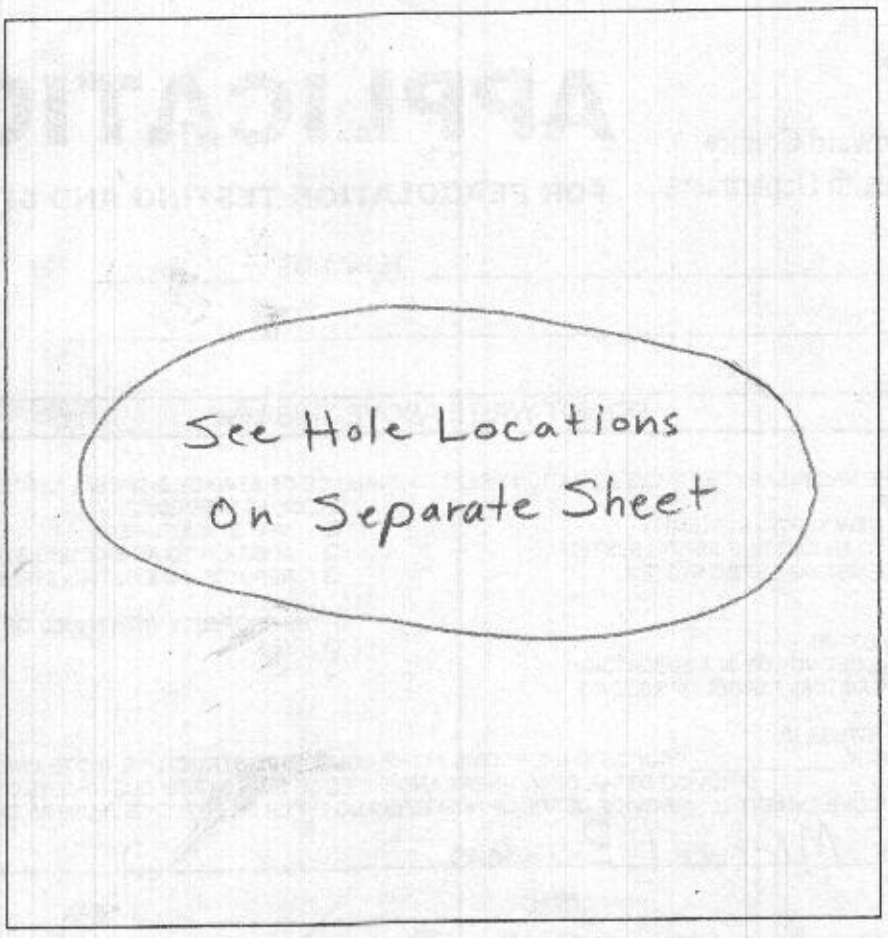
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. _____
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

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

A/P 537320



(G)
Sa Cl Loam (Fill)?
2'
Dense Si Cl Loam
6.5'
Caving
7.5'
Water
9.5'

(H)
Dense Si Cl Loam - Cl Loam
32"
Mottling From Surface Water
5'

(I)
Br Sa Cl Loam, Sbk
2.5'
Sa Cl Loam - Sa Loam, Sbk Moderate Structure
3'

(J)
Br Sa Cl Loam, Moderate Structure
2.5'
5.5'

(K)
Sa Cl Loam, Moderately Dense, Some Structure
2.5'
Sa Cl Loam - Sa Loam
3'
Sa Loam
4'

(L)
Sa Cl Loam, Moderately Weak Structure
3'-3.5'
Sa Loam
5'

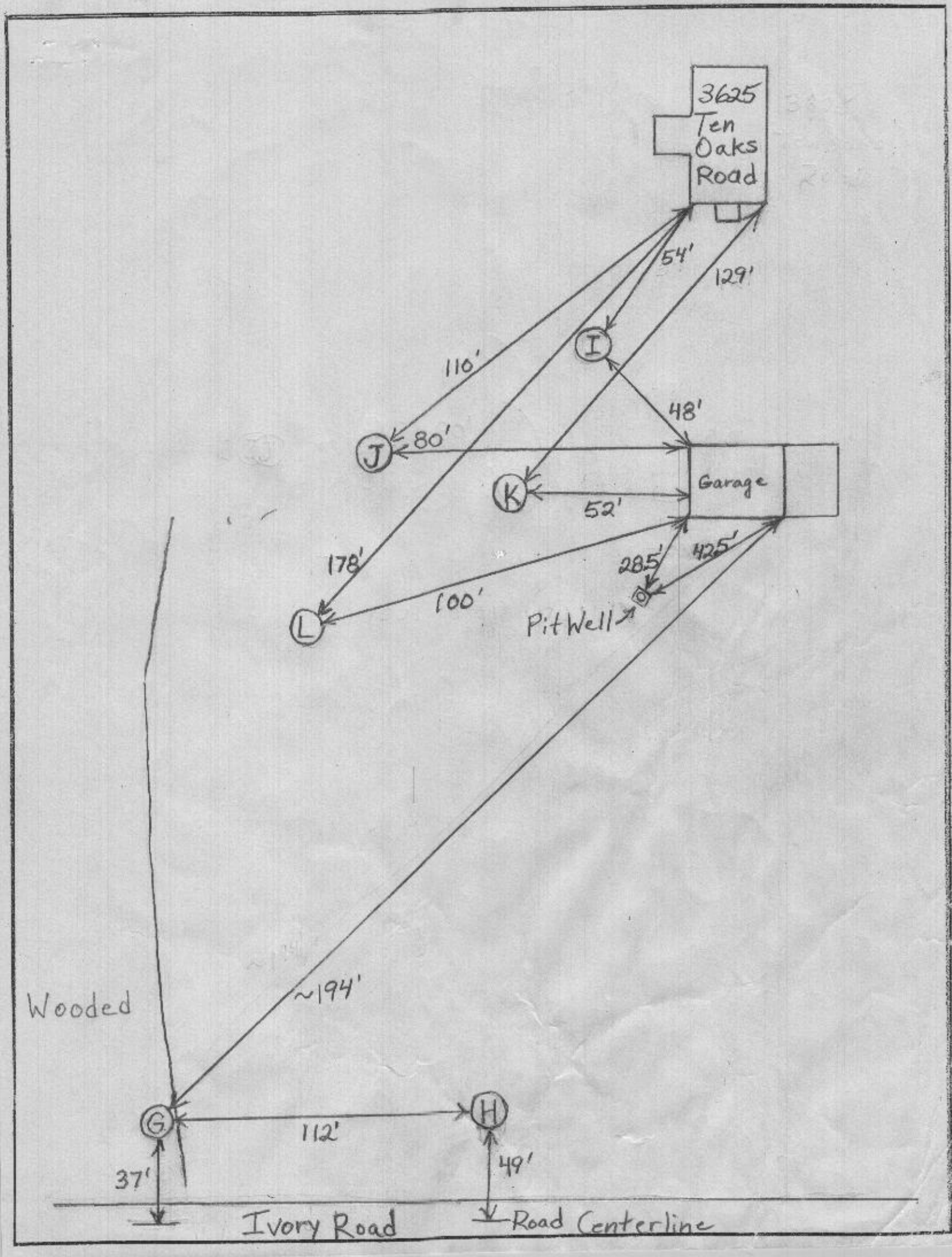
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/19/2012	G	9.5'					
	H	5'					
	I	2'/3'V	10:38	11:14	1:20	126	
	J	2'/5'V	12:26	12:29	12:33	4	
	K	2'/4'V	1:22	1:48	3:09	81	
	L	2'/5'V	2:09	Pulled - Very Little Movement			
		3'	2:38	3:10		?	

REMARKS

SANITARIAN B. Baker BACKHOE Freedom OTHERS

TEST HOLES USED IN SDA I, J, K+L AVG. PERC TIME SQ. FT/BR

TRENCH WIDTH 3' INLET DEPTH 1' MAX. BOT DEPTH 3.5' EFFECTIVE S/W None


3625
Ten
Oaks
Road
54'
129'
110'
I
48'
J
80'
Garage
K
52'
178'
285'
425'
100'
L
Pit Well
Wooded
~194'
G
H
112'
37'
49'
Ivory Road
Road Centerline

MOUND TEST DATA SHEETS

Property I.D. 3625 Ten Oaks Rd Lot # _____ Date 7/19/2012

Sanitarian B. Baker Landscape Position _____

% Slope _____ Soil Type _____ Contractor Freedom Septic

HOLE # G DEPTH OF TEST 17" START TIME 9:09

Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	% Change
6"	0			
5"	8 (9:17)	1"		
6"	0 (Reset)	0		
5 7/16"	8 (9:25)	9/16"		
4 5/16"	12 (9:37)	12/16"	9:42 Reset to 6"	
5 7/32"	10 (9:52)	25/32"		
3 17/32"	24 (10:16)	1 11/16"	10:20 Reset to 6"	
4 7/16	29 (10:41)	1 9/16"	10:49 Reset to 6"	
1 2/16"	78 (12:07)		12:12 Reset to 6"	
4 7/16"	24 (12:36)	1 9/16"		

~15 Minutes Per Inch

HOLE # _____ DEPTH OF TEST _____ START TIME _____

Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	% Change