



# APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 521970-D

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 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 unknown 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) JENNIE M. THOMPSON

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET CITY/TOWN STATE ZIP

APPLICANT HAILEY DEVELOPMENT LC; SUITE 105

DAYTIME PHONE 301.476.7715 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 3905 NATIONAL DRIVE BURTNSVILLE MD 20866

STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME THOMPSON PROPERTY - PARCELA LOT NO. 2

PROPERTY ADDRESS BROWNS BRIDGE RD (8067) 20777

STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 45 GRID 5 PARCEL(S) 13 PROPOSED LOT SIZE 3.10 Act

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. Monica Andrews AGENT

SIGNATURE OF APPLICANT

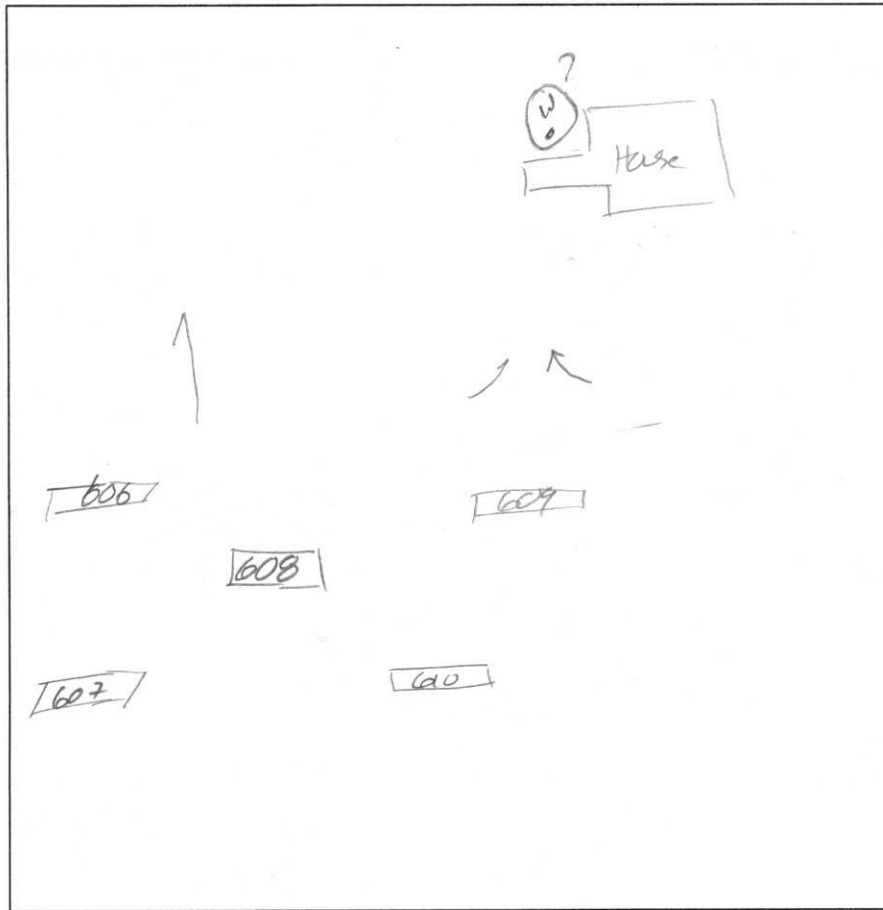
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

609  
 Brown c 1'  
 Red/orange micas Sel 2 1/2'  
 Brown/Yellow cl 4 1/2'  
 Red/Yellow Brown SL w/ 10% Saprolite 10'

610  
 Brown c 1 1/2'  
 Red/orange micas Sel 4'  
 Brown/Yellow micas SL w/ 10% Saprolite 10'

608  
 Brown c 1'  
 Yellow/Brown Sel 5'  
 Brown/Yellow micas SL 9'  
 Yellow/Brown Black S 11'



607  
 Brown c 1'  
 Red/Brown micas Sel 3 1/2'  
 Gray/Orange Brown cl 5'  
 Red/Orange Brown micas SL w/ 10% Rock 13'

606  
 Brown c 1'  
 Orange/Brown micas Sel 3 1/2'  
 Brown/Yellow micas SL 18'  
 Yellow/Brown S w/ trace Rock 12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/14/05	609	5' / 10'	8:54	8:56	8:58	2min	P
	610	5' / 12'	9:04	9:06	9:10	4min	P
	608	5' / 11'	9:12	9:14	9:17	3min	P
	607	5' / 13'	9:27	9:30	9:34	4min	P
	606	4' / 12'	9:36	9:37:30	9:39:30	2min	P

REMARKS 607 - Pocket of white sand (small)  
 SANITARIAN ESB BACKHOE K/R OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 45m SQ. FT/BR 150 1.2  
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 6 EFFECTIVE SW 1'