

(410)988-9270

TaxID# 03-292185



Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

ATP 523256

AGENCY REVIEW: _____

DATE 9/6/05

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) CORTNEY WHITING

DAYTIME PHONE 413 531 3132 CELL 413 610 5051 FAX _____

MAILING ADDRESS 3777 Folly Quarter Rd Ellicott City MD 21043
STREET CITY/TOWN STATE ZIP

APPLICANT Fyock

DAYTIME PHONE 410 988 9270 CELL 240 882 4025 FAX _____

MAILING ADDRESS Po Box 89 Glenc Md 21237
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 3777 Folly Quarter Rd LOT NO. _____

PROPERTY ADDRESS _____
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.

Robert Fyock
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

AP (A)

Red Br
Sa Cl Loam
10-15% Rock

3'-3.5'

Red Br
Sa Loam
~15%
Rock

5'

Hard
Bottom

(B)

Topsoil
Or Br
Sa Loam
25-30%
Rock

6"

5'-6'

750%
Rock

10.5'

(C)

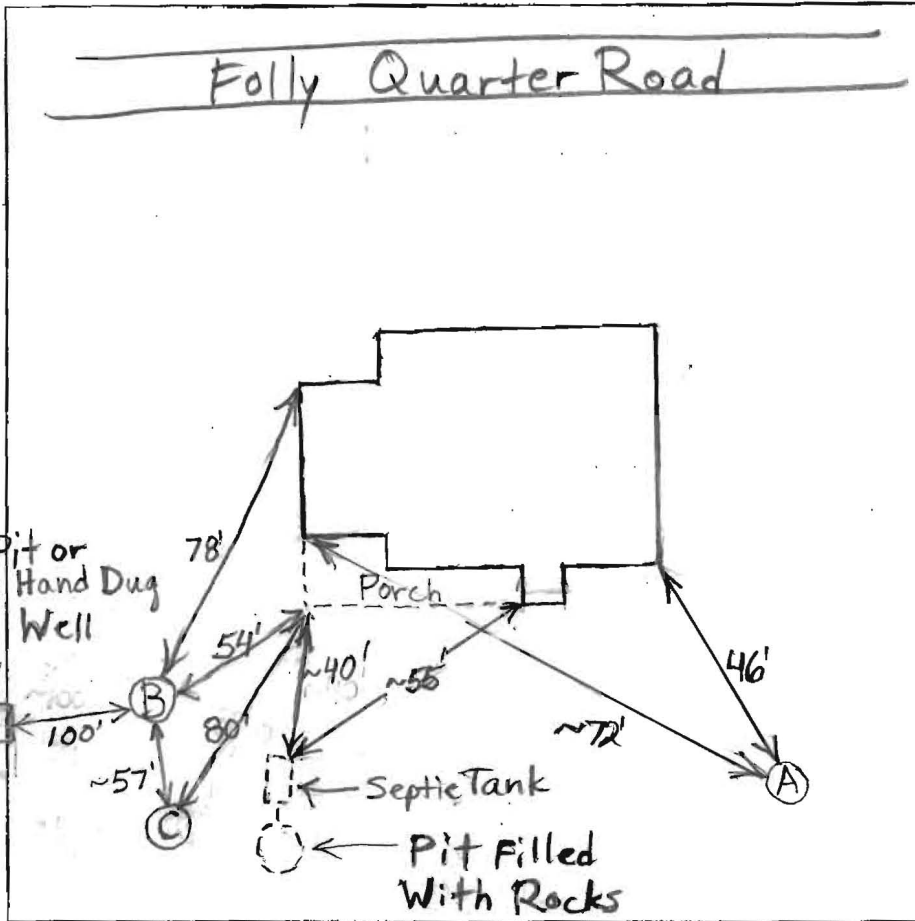
Red Br
Sa Cl Loam
~5% Rock

3'

Or Br
Sa Loam
~10%
Rock

8'

Hard
Bottom



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/14/05	A	5' V					F
	B	2' 9" / 10.5' V	12:11:30	12:12:15	12:13:25	70 sec	F
		Repour	12:22	12:23:30	12:25:25	~2	M
	C	2' / 8' V	1:14	1:20:30	1:31:30	11	P

REMARKS Water Poured in Bottom of B - Rate Marginally Fast
 SANITARIAN B. Baker BACKHOE Fyock OTHERS _____
 TEST HOLES USED IN SDA B+C AVG. PERC TIME 6 SQ. FT/BR 180
 TRENCH WIDTH 3 INLET DEPTH 1.5 MAX. BOT DEPTH 2.5 EFFECTIVE SAW 1'