LOTS 16, 17

Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

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

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 _____ 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) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS Meriweather
STREET TOWN/POST OFFICE

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

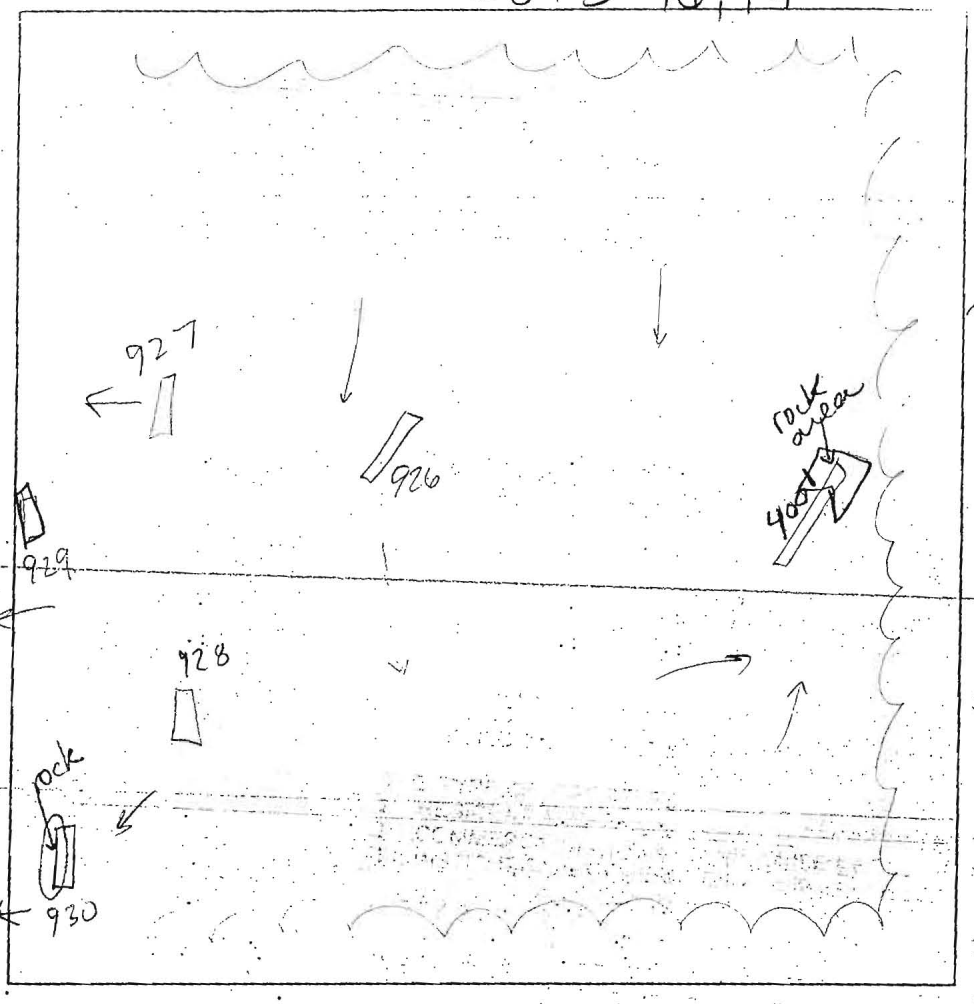
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. 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
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

Lot 17-34 Area

LOTS 16, 17



A/P 4001

Brown L

Orange brown SL gr CW sbk 5% gravels

~4'

yellow brown SL gr

downhill	uphill
25% cobbles stony	10% cobbles

7'7"

926

Brown L

brown hSL sg 10% cobbles 15% gravels

~4'

yellow brown lS sg 10% chert/coarse chert

10'

927

Brown L

Orange brown dSL CW 5-10% stony cobbles

5'

yellow brown SiL sg 5% cobbles

11'

929

brown L

yellow orange brown hl → sl <5% gravels CW sbk

~4'11"

orange yellow brown dsl gr CW rock prom gravels/cobbles

6' – 10'

928

Brown L

orange brown hl → sl gr/sbk 5% gravels

5'11"

yellow brown sg/s CW 5-10% cobbles uphill side

5'9"

9'10"

930

Brown L

red brown hl → sl sbk CW

gray brown ls sg downhill CW rock 10% cobbles <5% chert

~5'

6'6"

10'

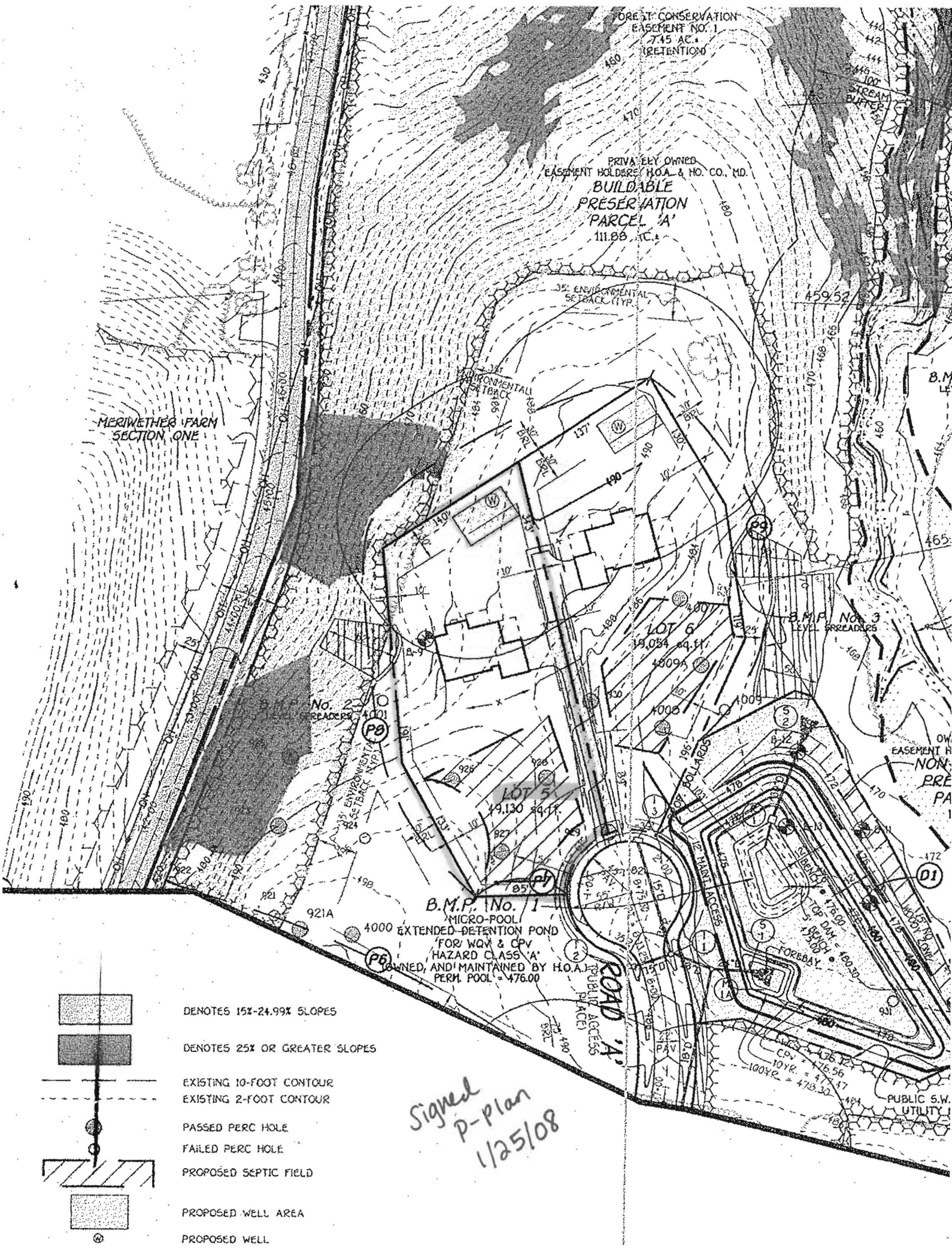
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
6-28-05	4001	3'10" / 7'7"	2:10 49	2:23	dense soil too slow		F
Lot 22	926	2'11 / 10'	2:14 24	2:18 13	2:23 54	5 41	P
	927	5'10" / 11'	2:51 07	2:54 50	2:59 30	4 20	P
LOTS 16/17	929	4' / 10'	2:25 33	2:34 09	2:45 31	11 22	P
LOT 17	930	3'3" / 10'	2:30 36	2:40 25	2:56 55	16 30	P
Middle	928	4' / 9'10"	2:38 16	2:50 30	3:10 33	20 03	P
	LOT 16						
926, 927	4001-LOT 16)						

REMARKS Holes dug per plan - '4001' was field located

SANITARIAN SF BACKHOE Level Land OTHERS Jeremy Rutter / Tim Fragé

TEST HOLES USED IN SDA _____ AVG. PERC TIME 11.5 SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



Signed P-Plan 1/25/08