

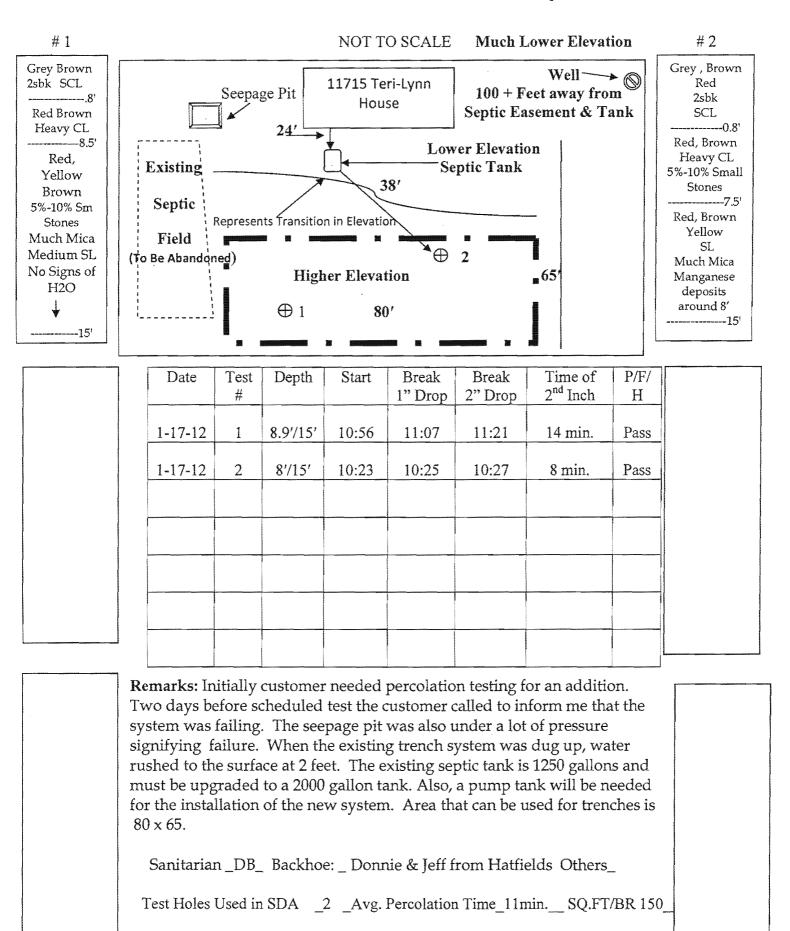
APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

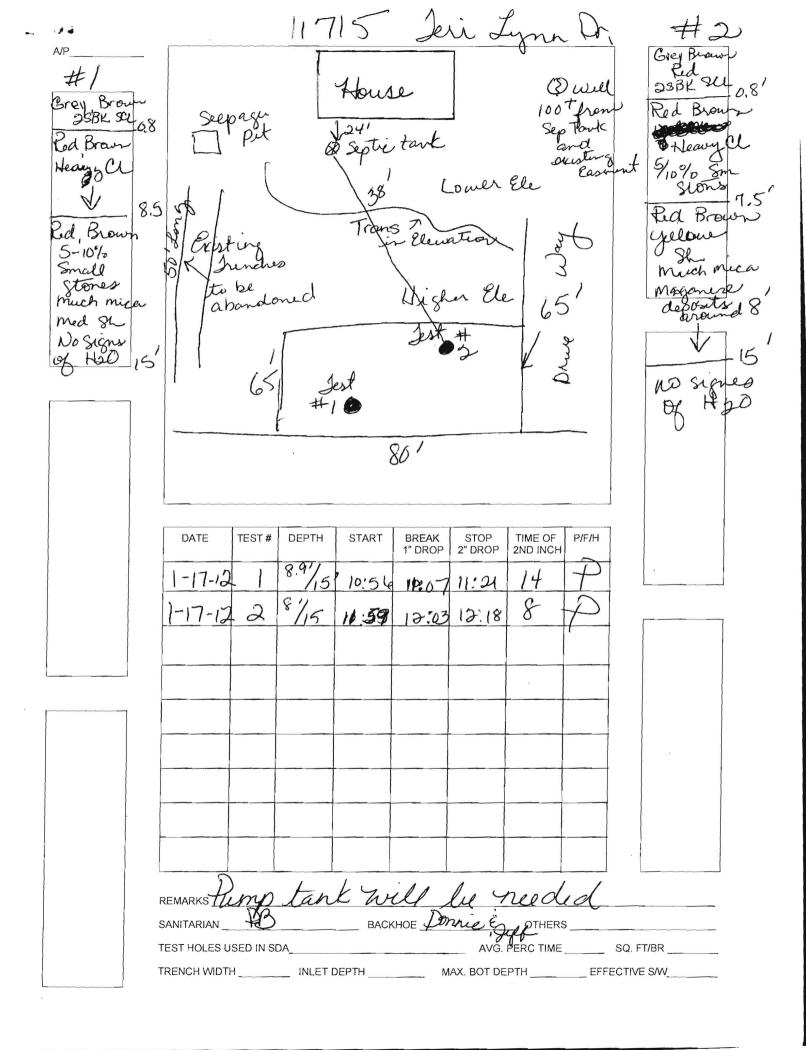
TEST DATE(S)	TEST TIME	_ Op 536700
AGENCY REVIEW:		DATE <u> -2612</u>
DO	O NOT WRITE ABOVE THIS LINE	
I HEREBY APPLY FOR THE NECESSARY TESTING/E CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM		S) SISTING STRUCTURE
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDING BUILD ON AN EXISTING PARCEL OF REC	/ISION □ YES	N 2500' OF ANY RESERVOIR?
THE TYPE OF STRUCTURE IS: RESIDENTIAL WITH PROPULATION PROVIDE DE INSTITUTIONAL/GOVERNMENT (PROVIDE DE PROPERTY OWNER(S)	OSED BEDROOMS IN THE COMPLETED STRUCTURE (ITALL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES	NOTE <i>UNKNOWN</i> IF APPROPRIATE) OMERS ON ACCOMPANYING PLAN) USERS ON ACCOMPANYING PLAN)
	•	
DAYTIME PHONE	CELL	FAX
APPLICANT Hatfields Equ	city/town Dipment	STATE ZIP
DAYTIME PHONE 301-804-6172	CELL 410-984-0047 F	=AX 30-490-5794
MAILING ADDRESS P.D. Box 5	19 Annapolis Jet MD 2070	,
APPLICANT'S ROLE: DEVELOPER BUI	LDER BUYER RELATIVE/FRIEND	REALTOR CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME 11715	Ted Lyn Drive Marrofiel	d LOT NO4
PROPERTY ADDRESS 11715 Te		T OFFICE
TAX MAP PAGE(S) 41 GRID 9	PARCEL(S) 4/6 PROI	POSED LOT SIZE
ÀS APPLICANT, I UNDERSTAND THE FOLLOWI	NG: THE SYSTEM INSTALLED SUBSEQUENT TO	THIS APPLICATION IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVA	ILABLE. THIS APPLICATION IS COMPLETE WHEI	N ALL APPLICABLE FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED.	1 ACCEPT THE RESPONSIBILITY FOR COMPLIAN	NCE WITH ALL M.O.S.H.A. AND
"MISS UTILITY" REQUIREMENTS. APPROVAL	IS BASED UPON SATISFACTORY REVIEW OF A P	'ERC CERTIFICATION PLAN.
TEST RESULTS WILL BE MAILED TO APPLICAN		
	SIGNATURE OF APPLI	CANT

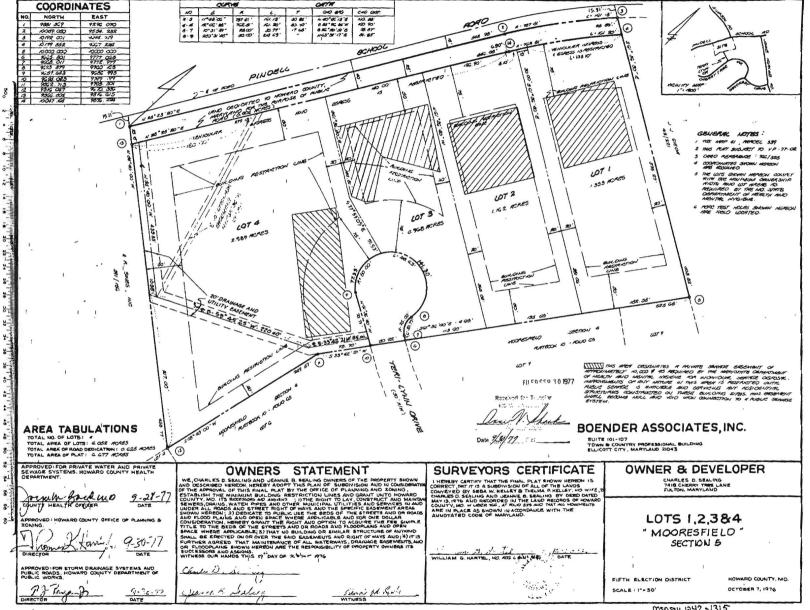
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

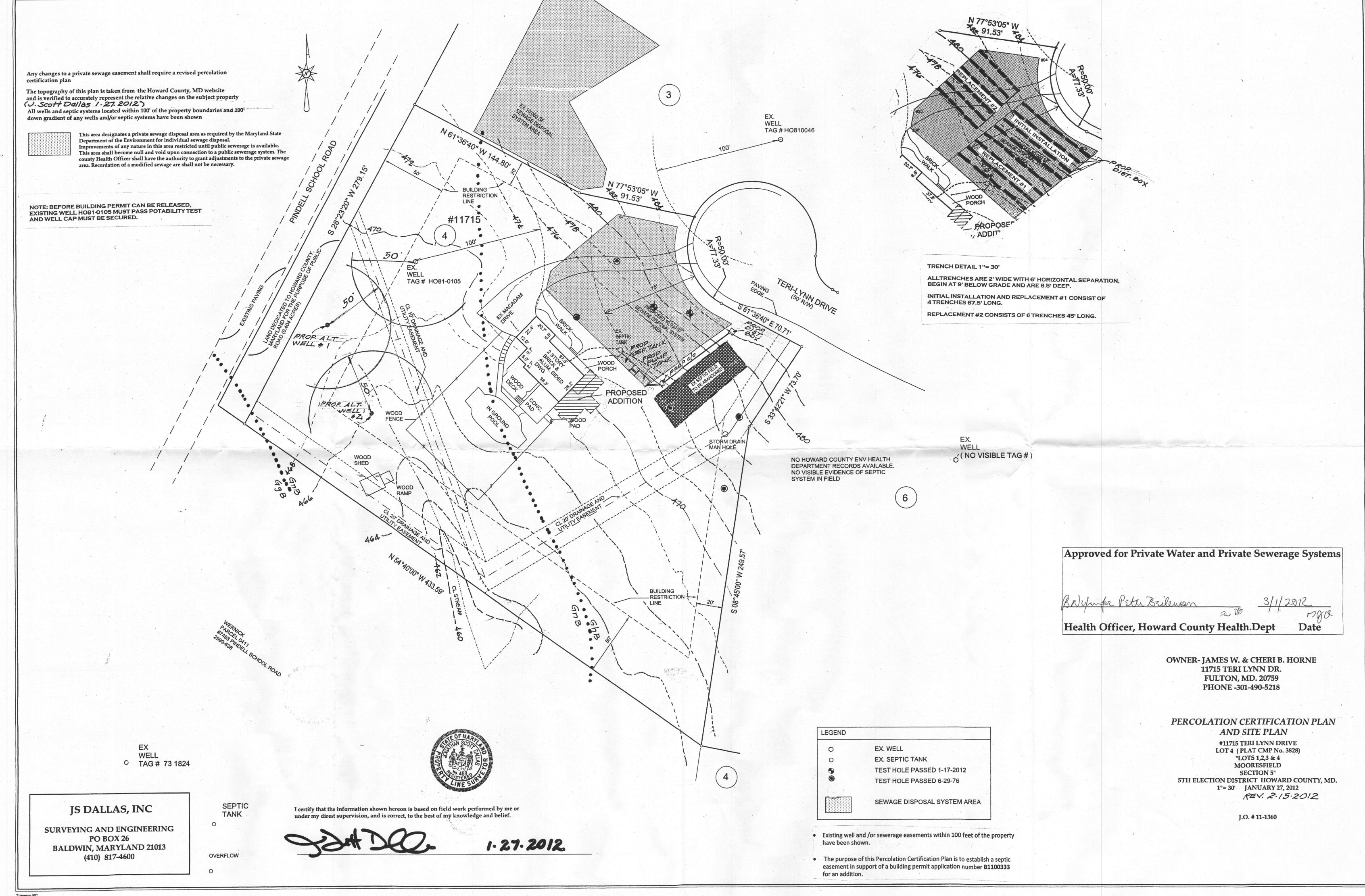
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		DATE	TEST#	DEPTH	START	BREAK	STOP	TIME OF	P/F/H			
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	F	REMARKS							_			
	5	SANITARIAN_			BAC	KHOE		OTHER	S		_	
		TEST HOLES I	JSED IN S	DA			AVG.	PERC TIME		SQ. F	T/BR	
	7	TRENCH WIDT	н	INLET	DEPTH		MAX. BOT DI	EPTH	EFF	ECTIV	E S/W	



Trench Width Inlet Depth Max Bot.Depth Effective S/W







Traverse