

Paid \$330.00



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

(AP) 533243

AGENCY REVIEW: _____

DATE 5/17/2010

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

RECEIVED
 HOWARD COUNTY HEALTH
 DEPARTMENT
 ENVIRONMENTAL HEALTH
 2010 MAY 17 PM 1:26

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH 3 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) Robert HayesDAYTIME PHONE 410 531-3236 CELL _____

FAX _____

MAILING ADDRESS 13389 Tridelphia Rd Ellicott City MD 21042

STREET

CITY/TOWN

STATE

ZIP

APPLICANT Ronnie Hays / JM Contracting LLCDAYTIME PHONE 443-277-7526 CELL SameFAX 410-552-5815MAILING ADDRESS 425 Obaecht Rd Sykesville MD 21784

STREET

CITY/TOWN

STATE

ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 13389 Tridelphia Rd.

LOT NO. _____

PROPERTY ADDRESS 13389 Tridelphia Rd Ellicott City MD 21043

STREET

TOWN/POST OFFICE

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

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPT-
 TABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A
 DETAILED SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND
 "SEWER 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) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

(A)

Dense Br
SaCl Loam
sbk

4'-5'

Dense Red
Br SaCl
Loam, sbk

5.5'

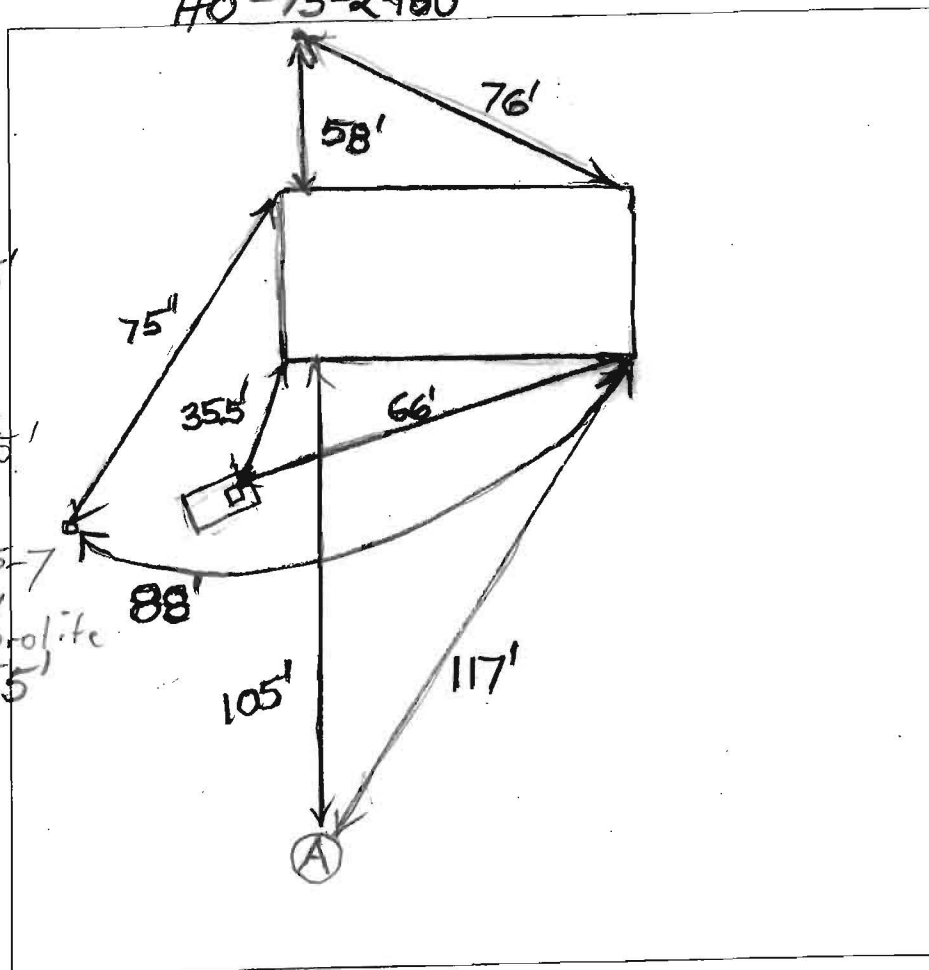
Red Sa
LoamBeige Loamy
Sa 15% Saprolite
Dry

6.5-7'

45.5'

BH 1:50

HO-73-2480



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/25/10	A	7/15.5'	11:01:30	11:09	11:20	11	P

REMARKS Water Poured In Bottom- Rate O.K.SANITARIAN B. Baker BACKHOE R. Heaps OTHERS _____TEST HOLES USED IN SDA A AVG. PERC TIME _____ SQ. FT/BR _____

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