

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 536742

AGENCY REVIEW: _____

DATE 2-22-12

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 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) Michael + Charlene Heinmuller

DAYTIME PHONE 443-896-1032 CELL 410-935-2084 FAX _____

MAILING ADDRESS 14116 Triadelphia Rd Glenelg MD 21737
STREET CITY/TOWN STATE ZIP

APPLICANT Michael + Charlene Heinmuller

DAYTIME PHONE as above CELL _____ FAX _____

MAILING ADDRESS as above
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME N/A LOT NO. _____

PROPERTY ADDRESS 14116 Triadelphia Rd Glenelg
STREET TOWN/POST OFFICE

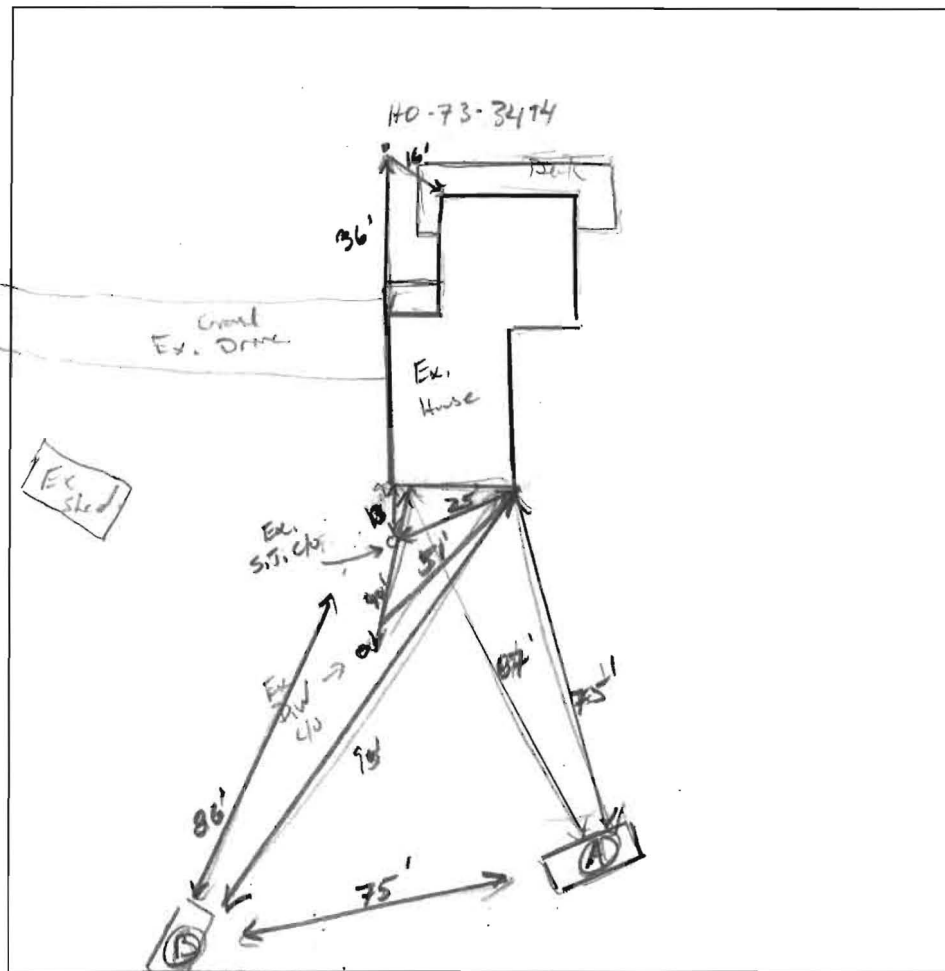
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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.

Charles Heinmuller
SIGNATURE OF APPLICANT

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



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/6/12	(A)	4.5' / 14.5'	10:49	10:55	11:04	9	(P)
	(B)	visual	OK				P
		$3(150) = \frac{450}{.8} = 562 = 281 \quad (144) = 124 LF$					

REMARKS Ex Dry Full. Pumped Every week.

SANITARIAN Kevin Wolf BACKHOE Bill Ingram OTHERS _____

TEST HOLES USED IN SDA 2 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 2' INLET DEPTH 3' MAX. BOT DEPTH 9' EFFECTIVE SWW _____

10" (A)
 0M, roots & S.S. Ex. S.S.
 Fr. R. Hwy, C/L
 Fr. table, Dry,
 C/L, roots,
 100% chance,
 Br/Y/R FSL
 very Fr. table,
 Highly mineral
 no ex. Dry,
 consistent
 smooth boundary
 ↓
 VFSL Dry
 14.5'

(B)
 same
 as
 (A)

13'