



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

A/P 538108

AGENCY REVIEW: _____

DATE 10-22-12

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 _____ 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) Mark McCurdy

DAYTIME PHONE 410-320-6601 CELL _____ FAX _____

MAILING ADDRESS 12649 Tridolphina Rd E. City 21042
STREET CITY/TOWN STATE ZIP

APPLICANT South Carroll Backhoe

DAYTIME PHONE 410-875-4197 CELL 410-596-3618 FAX 410-875-0326

MAILING ADDRESS 4410 Salem Bottom Rd Westminster 21157
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ 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.

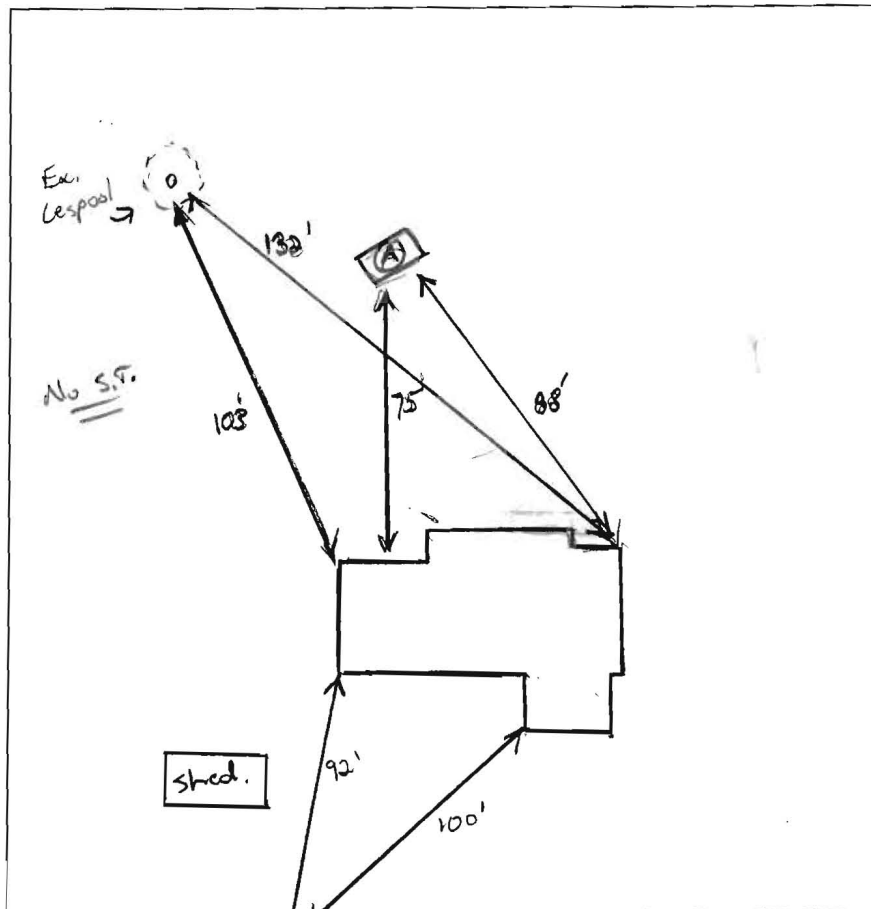
Samuel J. Schress
SIGNATURE OF APPLICANT

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

AVP _____

Neighb. well

HO-73-0585



(A)

8"

Dr. Br. OIL
ZMERK, roots
Br/R. CL
Friable, moist,
many roots,
MSBK pointing
to platy structure

5"

SL, R/Y/B,
very micaceous
15% spherulite
Friable, dry
very loose structure,
somewhat platy.

13'8"

Trace Rex.
getting harder.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/9/12	(A)	5' 1" / 14' V	11:28	11:34	11:42	8	P

REMARKS Reckate scale. Homeowner

SANITARIAN K. Wolf BACKHOE S. Carroll = Glen OTHERS Buyer / Seller / Agent

TEST HOLES USED IN SDA 1 AVG. PERC TIME 8 SQ. FT/BR

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 70 EFFECTIVE SW 6-10

$$3BR. 150(3) = 450 \div 0.8 = 562.5 \div 2 = 281.25 (.36) = 101 LF$$

$$4BR 150(4) = 600 \div 0.8 = 750 \div 2 = 375 (.36) = 135$$

OCT 22 2012

RECEIVED

HOWARD COUNTY HEALTH
BUREAU OF ENVIRONMENTAL HEALTH