

# APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P 538093  
AGENCY REVIEW: \_\_\_\_\_ DATE 10-11-12

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 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

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) Jerry Coatos

DAYTIME PHONE 301 854 2285 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 14035 Triadelphia Mill Rd Dayton  
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic Clean Inc / Kurt Cassell

DAYTIME PHONE 410 795-5670 CELL 410 984-5211 FAX \_\_\_\_\_

MAILING ADDRESS 580 Obrecht Rd Sykesville MD 21784  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME Karinwood LOT NO. 3

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 27 GRID 24 PARCEL(S) 76 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.

Kurt G. Cassell

SIGNATURE OF APPLICANT

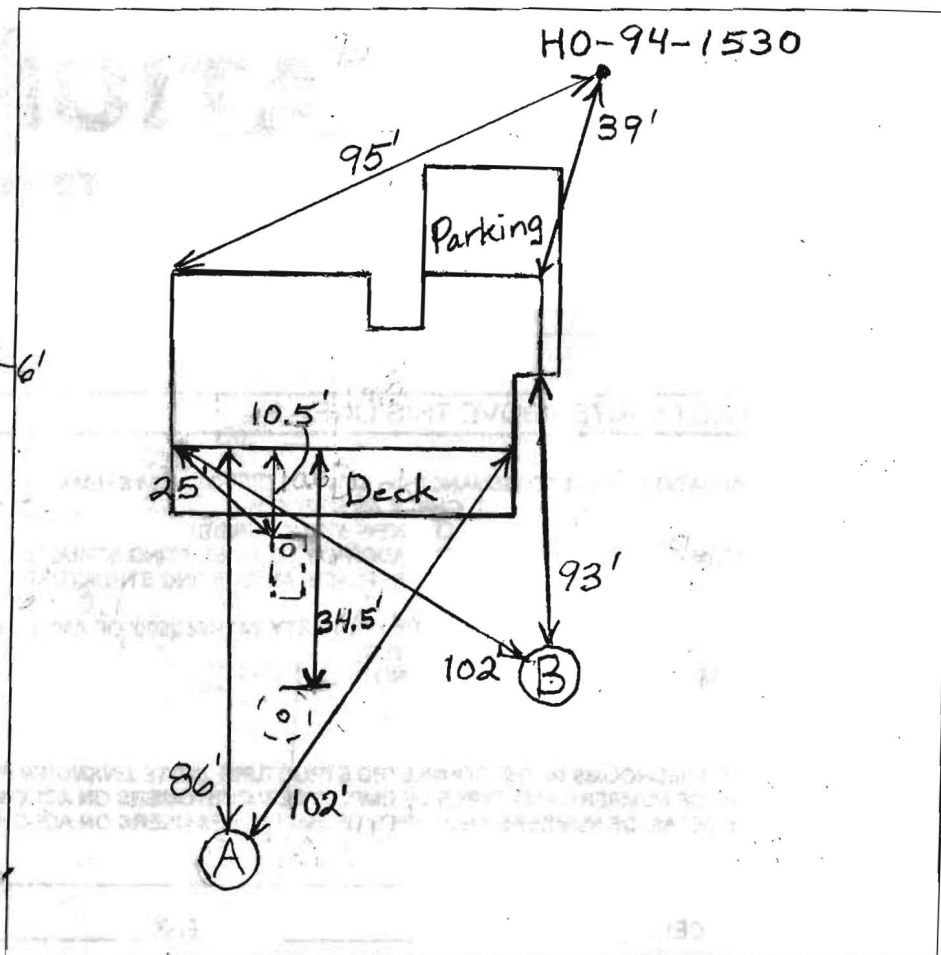
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

(A)

Red Br Sa  
Cl Loam  
1.5'  
Dense Or  
Br Sa Cl Loam  
2-3'  
Dense Or  
Br Sa Loam  
4.5'-6'  
Beige Loamy  
Sand, Med  
Fine  
~10% Rock  
and Saprolite  
~25% Rock  
Near Bottom  
Dry  
15.5'

(B)

Moderately  
Dense Red  
Br Cl Loam-  
Loam  
2-3'  
Fine Dense  
Or Br Sa Cl  
Loam-Sa loam  
4.5-5'  
Fine Dense  
Red Br Sa  
Loam  
6-7.5'  
Fine Beige  
and Tan Loamy  
Sa, ~5%  
saprolite  
25-30% Rock  
Near Bottom  
Dry  
16'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/25/2012	A	5.5'/15.5'	11:25	11:28	11:32:15	~4	P
	B	7'/16'	12:23	12:24	12:26:30	2 1/2	P

REMARKS: Rates In Bottom of Holes is Fast-Shallow System Only

SANITARIAN B. Baker BACKHOE Fogles OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA A+B AVG. PERC TIME 3 SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH 8' EFFECTIVE S/W \_\_\_\_\_