

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 535/89

AGENCY REVIEW: _____ DATE _____

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) 935 Day Road

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
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. _____
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

Ⓐ

Red Sa Cl
Loam, sbk

1.5'

Very Fine
Red Br Sa
Loam - Sa
Cl Loam

4.5'

Very Fine
Or Br Sa
Loam

12.5'

Water
Seeping In

13.5'

Water

15'

Ⓑ

Or Br
Loam, sbk

2.5'

Or Br Sa
Cl Loam sbk

3.5'

Red Br
Sa - Sa granular
Cl Loam

4.5-5'

Brige, Very Fine
Loamy Sa
Some s&pro, lite

11.4'

Water
Seepage

15'

Ⓒ

Br Cl Loam
Granular

2.5'

Dense Br some
Sa Cl Loam, Matting

3-4'

sbk

Red Br
Dense
Sa Cl Loam

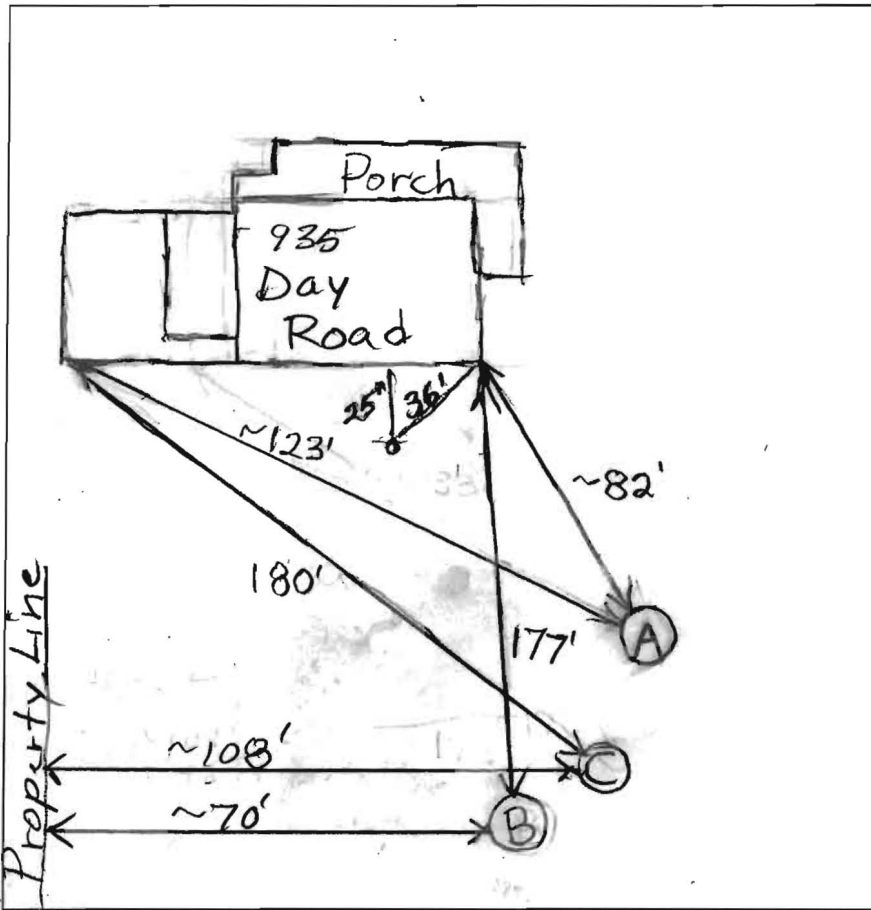
Sa Loam

Or + Red
Sa Loam

5-7.5'

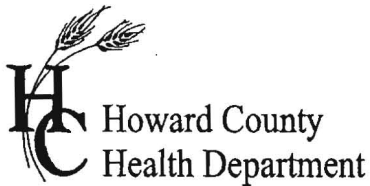
Water

11'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/24/11	A	55' / 15'	10:52:30	11:02:30	11:25	22 1/2	P
	B	6' / 15'	11:58	12:02:45	12:10:15	7 1/2	P
	C	7' / 11'	12:43:30	12:55	1:13:30	18 1/2	

REMARKS _____
 SANITARIAN B. Baker BACKHOE Fogles OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____
 Loamy Sa Combo.



APPLICATION

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TEST DATE(S) _____ TEST TIME _____ AMP 535189
 AGENCY REVIEW: _____ DATE 5-10-11

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CHECK ONE:

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- 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 4 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) Denise Hopper

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 935 Day Rd Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic Clean, Inc / Kurt Cassell

DAYTIME PHONE 410 795-5670 CELL 410 984-5211 FAX 410 795-3432

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 _____ LOT NO. _____

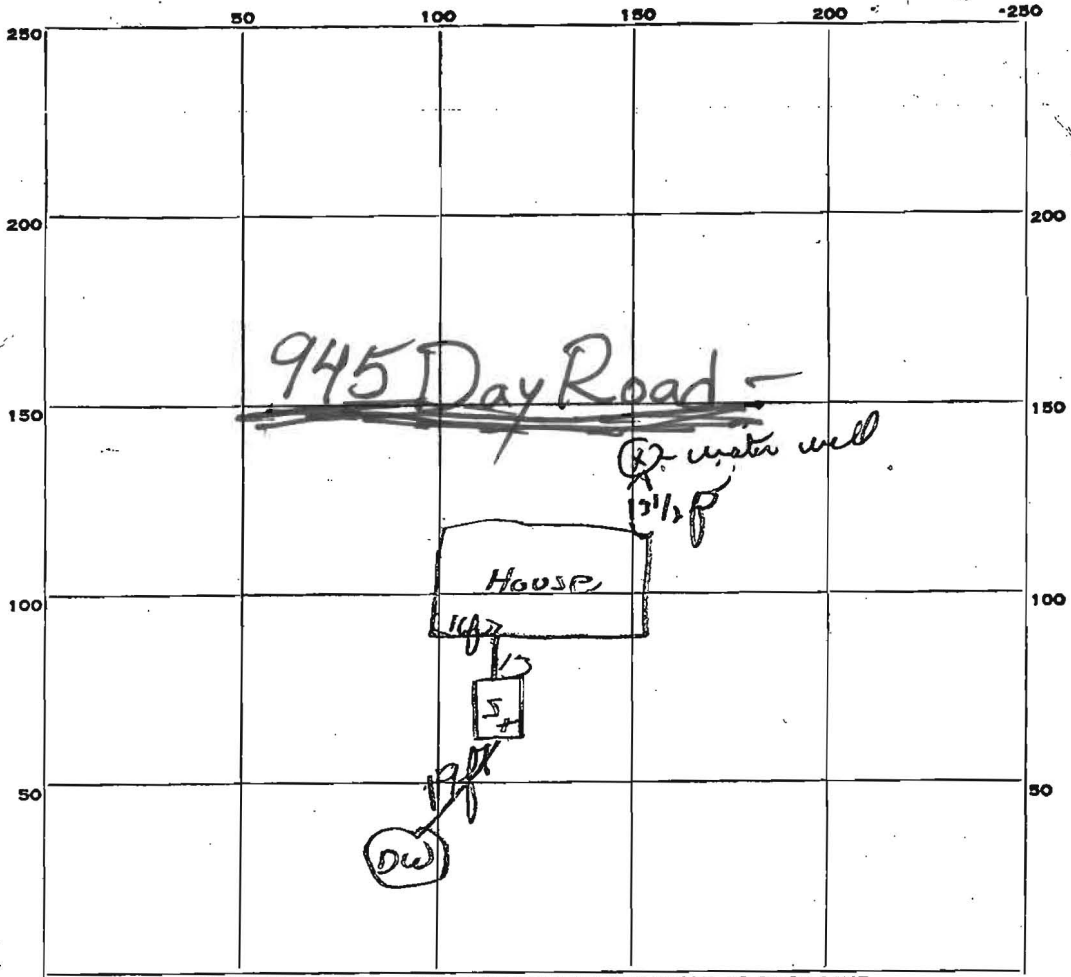
PROPERTY ADDRESS 935 Day Rd Sykesville
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 9 GRID 4 PARCEL(S) 137 PROPOSED LOT SIZE 4.4

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TEST RESULTS WILL BE MAILED TO APPLICANT. Kurt A. Cassell
SIGNATURE OF APPLICANT

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TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



$$\frac{16\frac{1}{2}}{12}$$

$$\frac{3.14}{15\frac{1}{2}}$$

$$\frac{157}{1570}$$

$$\frac{314}{486.7}$$

$$\frac{48.7}{9\frac{1}{2}}$$

$$\frac{243}{4383}$$

$$46.26$$

INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

Day Road

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, ^{outside} INSIDE DIAMETER 16 1/2 FT. DEPTH BELOW INLET 9 1/2 FT.

ABSORBENT AREA 462.6+ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 6-19-67

INSPECTOR new money ha