



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

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 5 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) Sharon L Prath

DAYTIME PHONE 443-277-7526 CELL SAME FAX 410-552-5815

MAILING ADDRESS 7344 Hopkins Way Clarksville MD. 21029
STREET CITY/TOWN STATE ZIP

APPLICANT Ronnie Neaps

DAYTIME PHONE 443-277-7526 CELL SAME FAX 410-552-5815

MAILING ADDRESS Sylbesville 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 7344 Hopkins Way Clarksville MD. 21029
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.

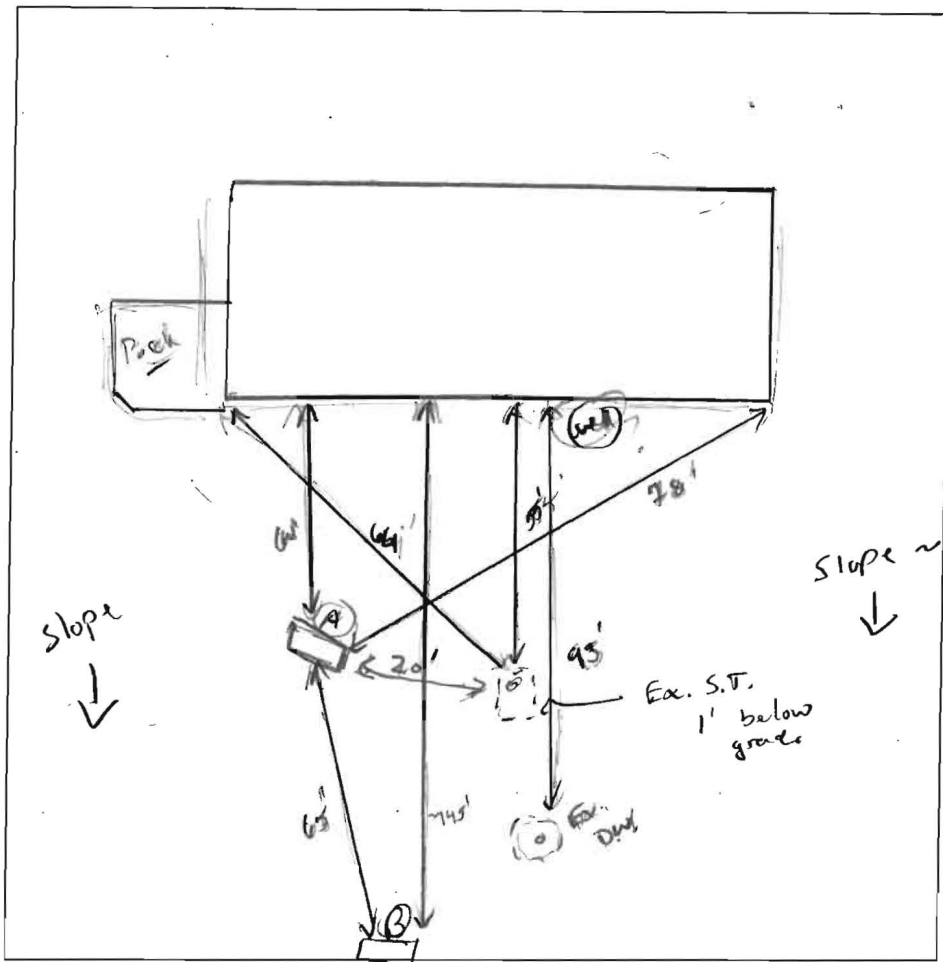
TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

RECEIVED
 HANCOCK COUNTY HEALTH DEPT
 ENVIRONMENTAL HEALTH

2009 AU 12 PM 4:16



6" **(A)** Topsoil.
 SCL weak
 Friable
 many roots
 FSL, weak
 massive,
 Friable,
 very loose
 many roots.
 6" micaceous
 LS, massive
 channer,
 Highly micaceous
 5% sp.
 Dry

6" **(B)** Topsoil on
 many roots
 SCL, Top
 Tan, Friable
 cw, SBK.
 many roots
 7" SCL, Tan
 channer, 6"
 schist, Top
 clay skins on prod.
 Highly micaceous
 FSL, Friable,
 moist,
 5% schist channer
 10% separate

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/21/09	(A)	3' 3" / 14"	10:28	10:29	10:31	2	OX.
		Repour	10:32	10:34	10:37	3	P
	(B)	5' 8" / 14"	11:00	no movement ~ 1" pulled.			
		7'	11:12	11:14	11:17	3	P.

REMARKS: Trenches will maintain 100' from Ex. well
 SANITARIAN K. Wolf BACKHOE R. Hegos OTHERS Woody
 TEST HOLES USED IN SDA 2 AVG. PERC TIME 2.6' SQ. FT/BR
 TRENCH WIDTH 2' INLET DEPTH 3' MAX. BOT DEPTH 8' EFFECTIVE SW 4'

$$(150)(5) = \frac{750}{1.2} = 625 \div 3.8 \approx 208 () =$$

$$\div 2 \quad 312 (.36) = 112 LF$$