



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 10/7/03 TEST TIME _____ AP 517963
 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) Gerald & Shirley Baker

DAYTIME PHONE 301-829-2403 CELL _____ FAX _____

MAILING ADDRESS 1730 Florence Road
STREET CITY/TOWN STATE ZIP

APPLICANT Jeff McAlister

DAYTIME PHONE 301-831-7197 CELL _____ FAX _____

MAILING ADDRESS 2610 Mullinix Mill Road, Mt. Airy
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION: SUBDIVISION/PROPERTY NAME Baker Property LOT NO. Proposed 2

PROPERTY ADDRESS Florence Road
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 6 GRID _____ PARCEL(S) 151 PROPOSED LOT SIZE 3ac

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
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

APPLICATION

PERCOLATION TESTING

A 517963

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Gerald R. Baker and Shirley A. Baker

ADDRESS 1730 Florence Road Mt. Airy, MD PHONE 301-829-2403

AGENT OR PROSPECTIVE BUYER Jeffrey McAlister

ADDRESS 2210 Mullinix Mill Rd. Mt. Airy, MD PHONE 301-831-7197

PROPERTY LOCATION:

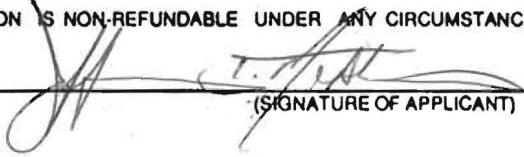
SUBDIVISION Baker Property LOT NO. 12

ROAD AND DESCRIPTION Florence Road (Front Lot - Left)

TAX MAP 6 PARCEL # 151

SIZE OF LOT 3.03 Ac ± TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.


(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

517963

COUNTY #

SOIL PROFILE

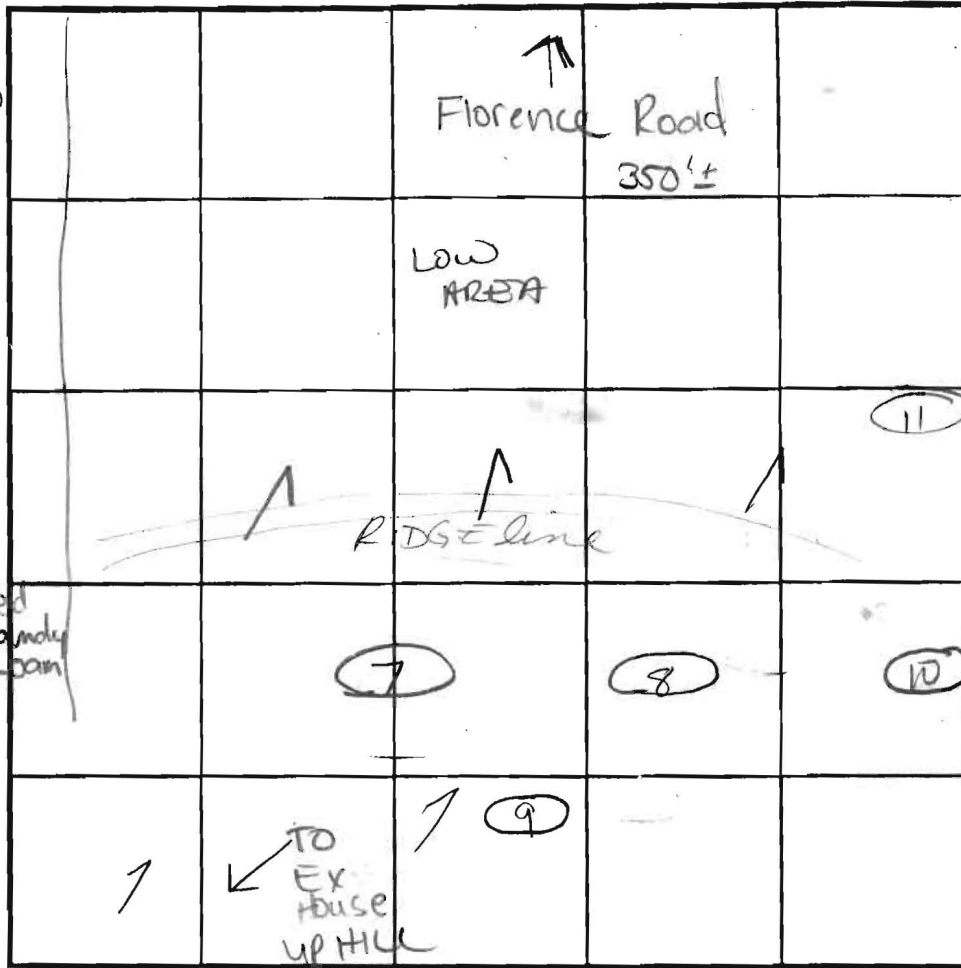
0' (7) (8) (10)
 DK Brn Gibbons
 1" CLM
 cherty frags - 2'
 Sticky gritty MLLM sm.
 some cone-in @ 6' - 6'
 Md Lg grained
 HARD sticky sandy Bottom 9' Lamin

Rx 35-40%

(9)

Dense CLM
 4' buffer tx zone not avail here

Rx ≥ 50% in w/CLM Refusal 9'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12-12-02	(7)	5' / 9' Ref	11:20:25	11:31:21	11:31:21	11:56	ANOTHER 1/2" SLOW	
		Poured 2 1/2 gallon in bottom - ran out quickly						F
	(8)	more rock < 50%					F	
	(9)	Refusal @ 9'	50% frags begin @ 5'					
	(7)	3'4"	11:42	11:46	11:46	12:03	16 min	
	(10)	refusal @ 9'	No tx zone					(F)
	(9)	5'	12:07	12:16	No more pulled		(F)	
	(11)	Refusal @ 8'	hard run borders @ 3'					(F)

Dirt fell into hole

REMARKS: Holes dug per plan

TYPE OF SOIL:

TESTED BY: Kacie ALSO PRESENT: Hatfields

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: TRENCH WIDTH:

INLET DEPTH: MAXIMUM BOTTOM DEPTH: SQ FT/BEDROOM:

APPLICATION

PERCOLATION TESTING

A 519609

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 11/20/03

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Gerald R. Balcer & Shirley A. Balcer

ADDRESS 1730 Florence Rd. ^{MT. AIRY} MA PHONE 301-829-2403

AGENT OR PROSPECTIVE BUYER Jeffrey McAlister

ADDRESS 2810 Mullinix Mill Rd. ^{MT. AIRY} MA 21771 PHONE 301-831-7197

PROPERTY LOCATION:

SUBDIVISION Baker Property LOT NO. 2

ROAD AND DESCRIPTION Florence Rd.

TAX MAP 6 PARCEL # 151

SIZE OF LOT 3.09 (Front Left) TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

51969

COUNTY #

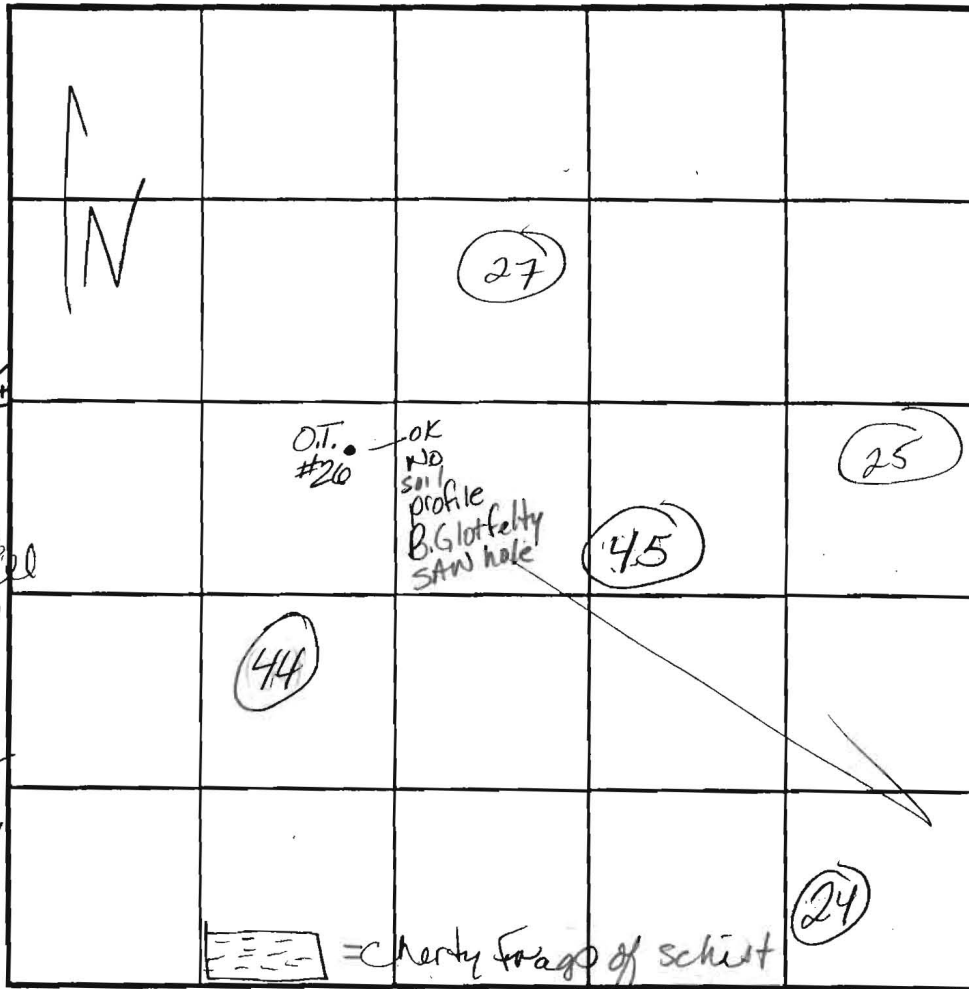
SOIL PROFILE

0' (44) (27)
 rd brn
 hvysCLL
 pebbles &
 stones
 sm. cherty
 frags
 ~ 25-30%
 4 1/2'

40%
 up (w)
 9 1/2'
 Bottom

SOIL PROFILE

0' (24)
 Str y brn
 tan
 si CLL
 Strong rd
 tan fine
 Sand
 almost
 set
 Rx ~ 10%
 4'
 6'
 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(45)
 SW Strong brn NE
 hvyl-CLL
 4 1/2'
 si-f Sand
 5'
 7'
 25-30%
 Lt brn
 Sand Lt
 pocket brn
 CLL Sand
 Fine
 Rx ~ 10%
 12'
 Bottom

(25)
 WK rd brn
 si CLL
 3'
 SCL
 5'
 tan, y brn
 fine Sand
 sm rx frags
 ~ 20-30%
 Bottom 13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/04	(44)	5' S	9:04	9:06	9:06	9:09	3 min
	(27)	5' S	8:51	8:53	8:53	8:55	2 min
	(45)	4 1/2' S	9:15	9:22	9:22	9:34	12 min
	(25)	3 1/2' S	8:42	8:56	8:56	9:12	Home
	(24)	5' S	8:45	8:56	8:56	9:11	15 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Racie Noonan ALSO PRESENT Fyock & Mr. Alister

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____