



\$ 506.00

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 4/28/06 TEST TIME _____ @P 524368

AGENCY REVIEW: proposed pool adj. septic area DATE 3/24/06

03-282708 AWAITING SITE PLAN
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) Edward + Tracie Hoy

DAYTIME PHONE 410 531 6485 CELL 410 978 5237 FAX _____

MAILING ADDRESS 3114 Evergreen Way Ellicott City MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT Doug Parkinson

DAYTIME PHONE 410 461 2959 CELL 443 812 5327 FAX 410 544 5775

MAILING ADDRESS 10840 Guilford Rd Suite 406 Annapolis Junction MD 20701
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Evergreen Valley Estates LOT NO. 8

PROPERTY ADDRESS Evergreen Way TOWN/POST OFFICE
STREET

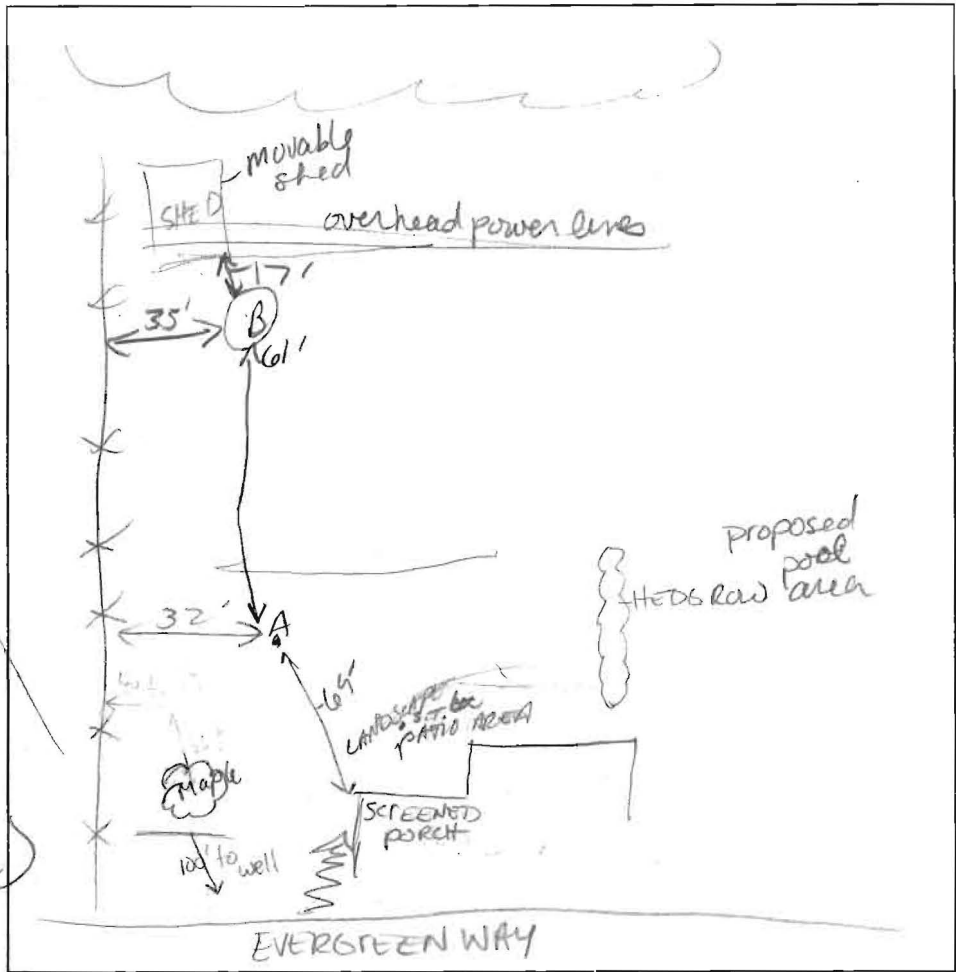
TAX MAP PAGE(S) 16 GRID 19 PARCEL(S) 241 PROPOSED LOT SIZE _____

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]
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

A/P (A)
 str brn NW corner pocket of NWL
 2pl
 1pl
 mstrn Loam
 6'
 7'
 brn md gr Sand s.g.w.c.
 9'
 s. prolate hard-lens on Swall
 13' Bottom



(B)
 str brn
 hvy bk
 lg pedol (quarter size)
 Appears @ CL
 cut ribbons 1" when moist
 3' - 3 1/2'
 dk brn
 thorn
 brn
 micac
 med gr
 SAND
 w.c. s.g.
 trace Rte s. prolate
 Bottom
 13 1/2'

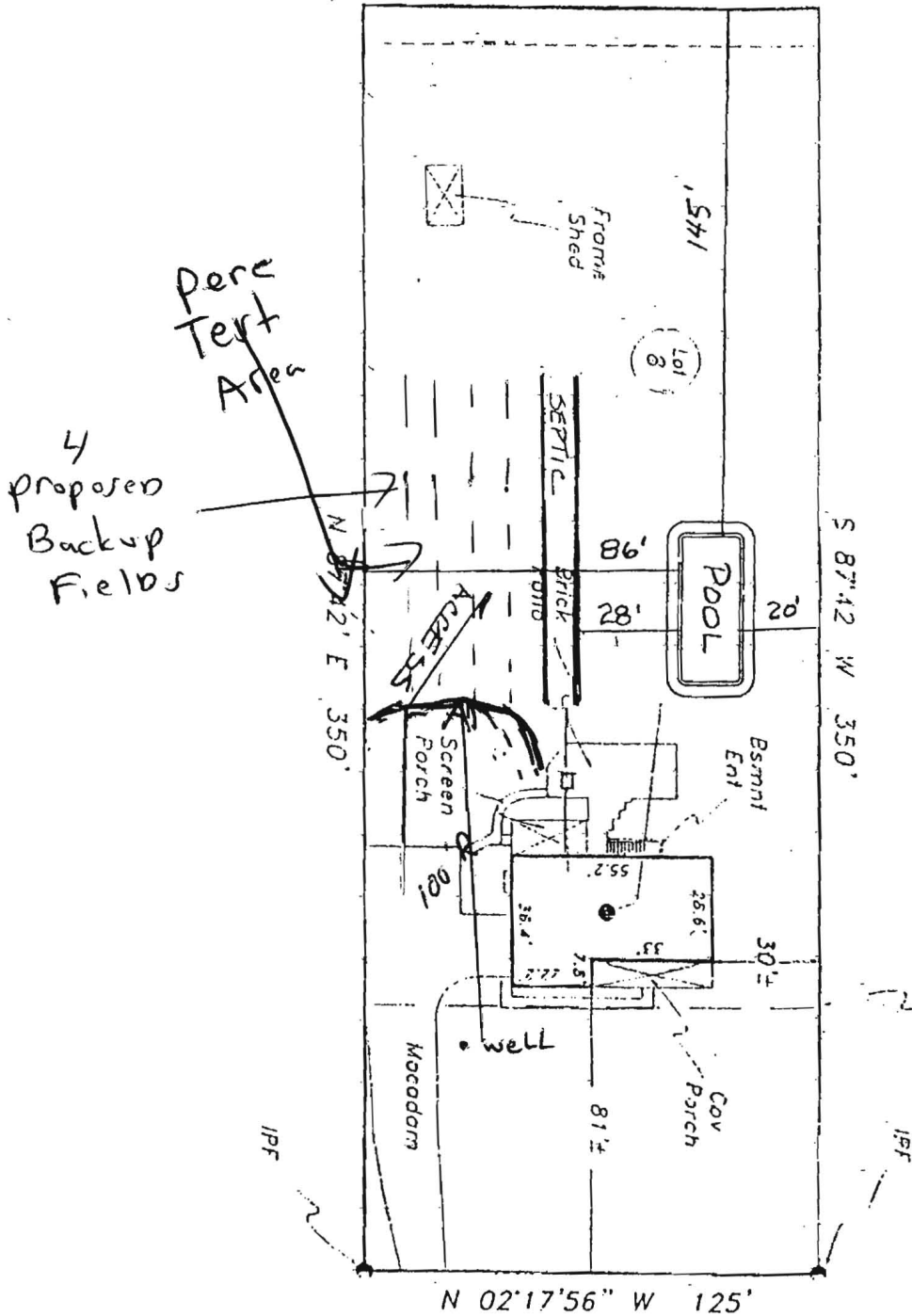
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4-28-06	A	4'					
		14' 10gal	9:15	9:26	ANOTHER 2 gall to go, soil falling from backhoe		P
	(B)	4'	9:29 ⁺	9:34	9:39	5	P

Septic tank below grade -
 easy access - level of effluent fine.
 Adj well in neighbors front yard - not directly downslope > 100' away

REMARKS In support of proposed pool
 SANITARIAN Kocer BACKHOE Jake Eagles OTHERS
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 5 SQ. FT/BR 180
 TRENCH WIDTH 2 INLET DEPTH 3-4 MAX. BOT DEPTH 9 EFFECTIVE SW 5

SITE PLAN

S 02°17'56" E 125'



Perce
Tert
Area

4
proposed
Backup
Fields

EVERGREEN WAY
SCALE: 1"=50'



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Doug Parkinson
cell # (443 812 5327)