Howard County
Health Department

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 _____ 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) _____

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
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

 PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

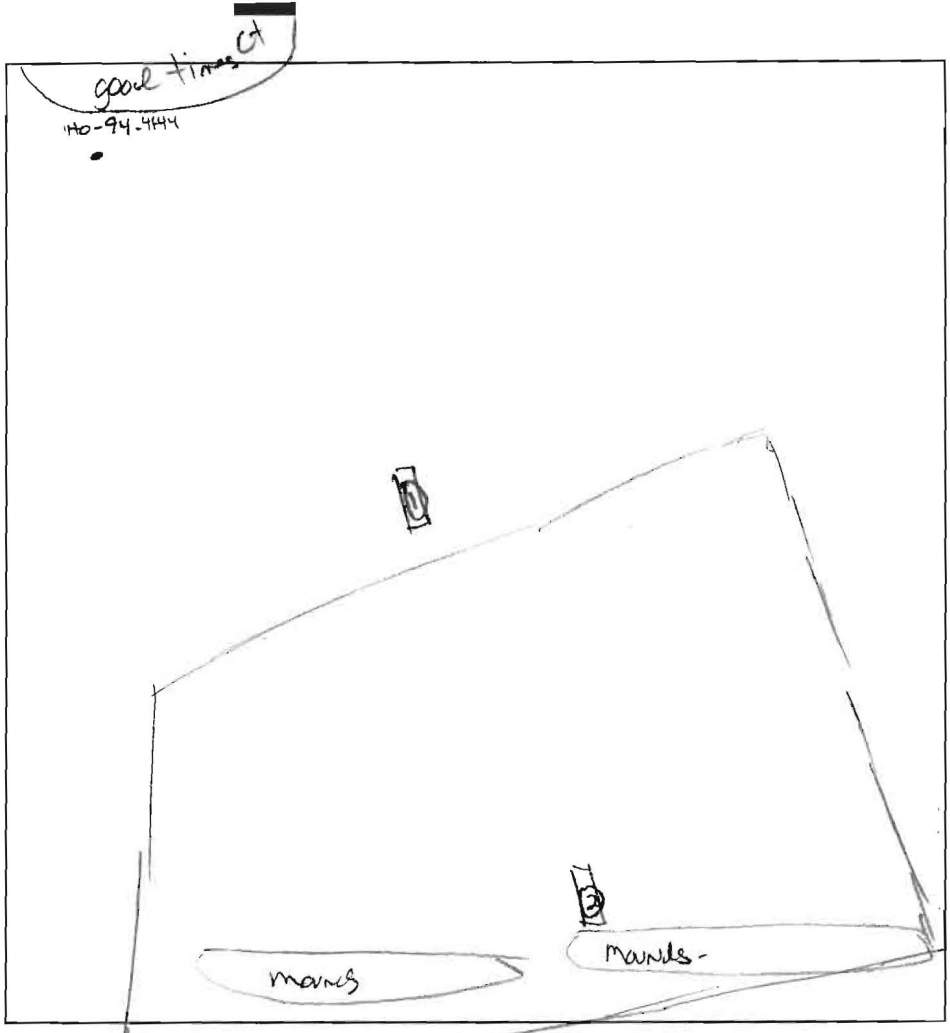
A/P _____

(1)

Brown L	2'
Red/orange micaous Sicl	5'
Yellow/Brown micaous Sil w/ trace Rock	12'

(2)

Brown L	2'
Red/orange Brown Sicl	5½
Yellow/Brown Sl	9½
Yellow/Brown S w/ trace Rock	11



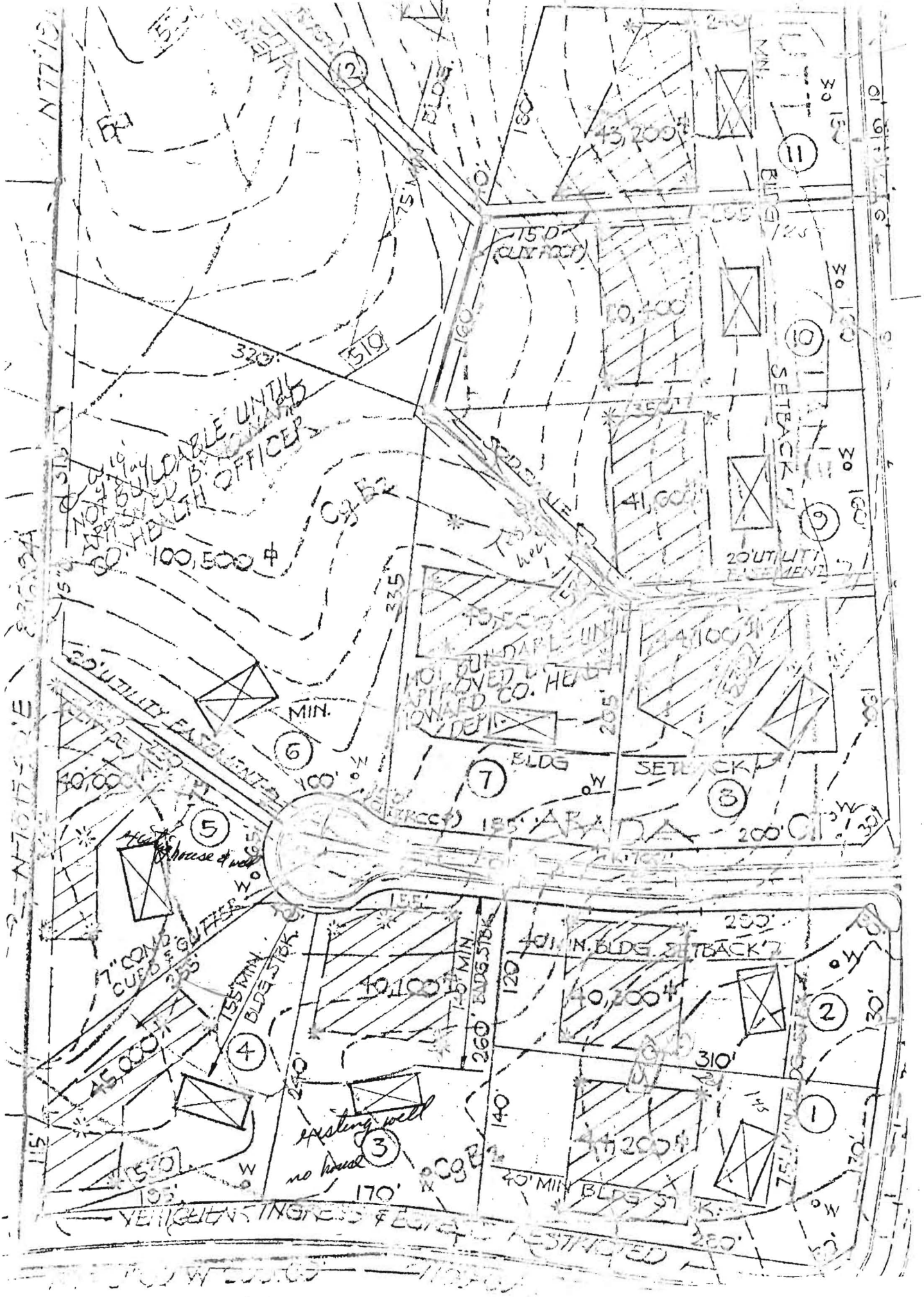
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/22/05	1	6' / 12	8:11	8:16	8:33	15min	P
	2	6' / 11'	822	8:23	8:26	3min	P

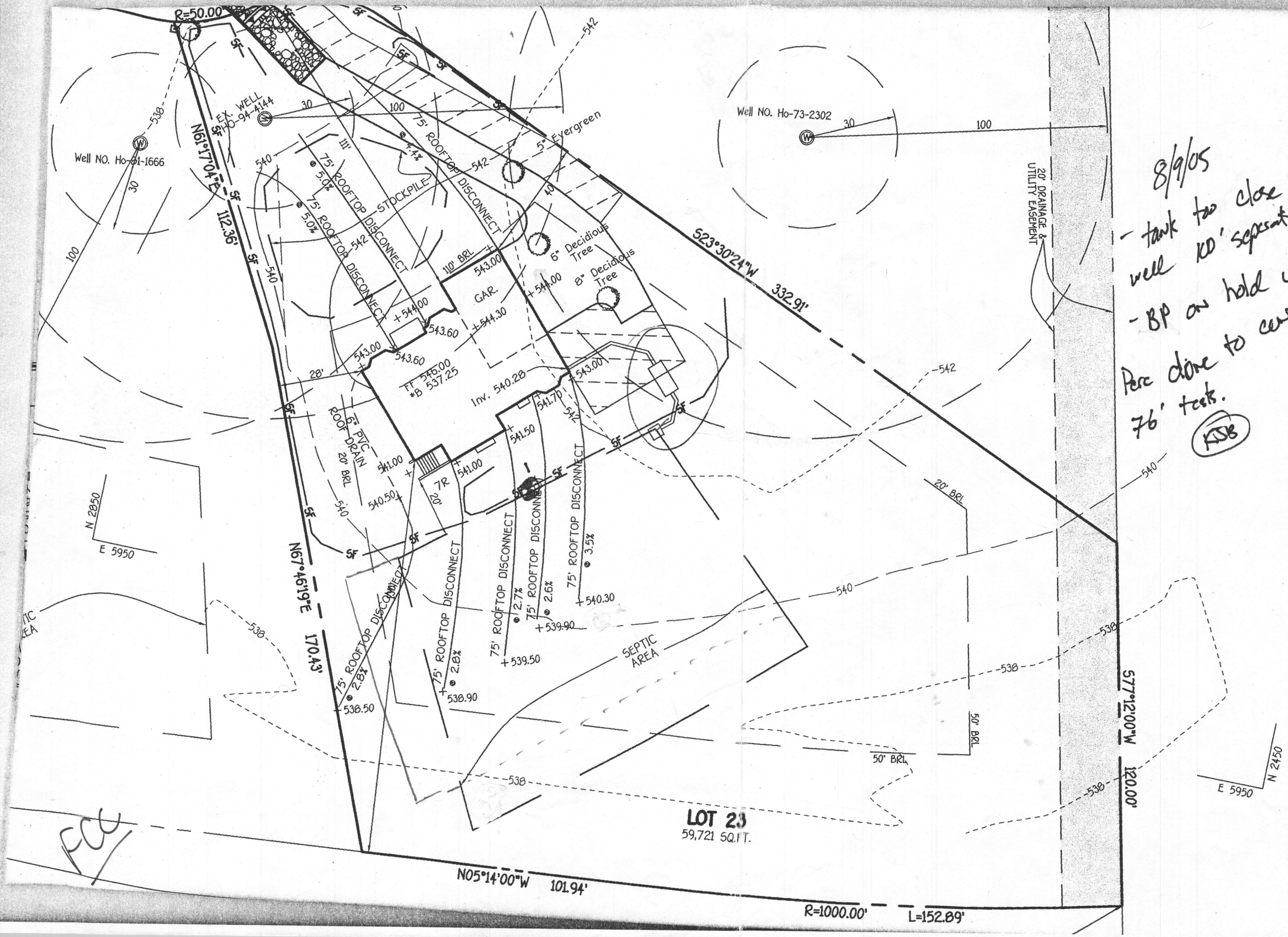
REMARKS _____

SANITARIAN KSB BACKHOE _____ OTHERS Tim Miller

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____


NOT BUILDABLE UNTIL APPROVED BY HOWARD CO. HEALTH OFFICER
C & B2
100,500 ±
320'
310
SEWER LINE
43,200
40,400
41,000
15.0' (CUT FILL)
SETBACK
20' UTILITY EASEMENT
BUILDABLE UNTIL APPROVED BY HOWARD CO. HEALTH DEPT.
BLDG
SETBACK
200'
195'
40,100
40,200
40,000
45,000
house & well
existing well
no house
7" CONC. CURB & GUTTER
155' MIN. BLDG SETBACK
260' BLDG SETBACK
N. BLDG. SETBACK
310'
40' MIN BLDG SETBACK
170'
ENGINEERING & ENVIRONMENTAL RESTRICTED
N 77°12'



8/9/05
- tank too close to well 100' separation.
- BP on hold until Perc done to confirm 76' tests.
KJB

FCC