



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AVP 533341

AGENCY REVIEW: _____

DATE 7-28-10

DO NOT WRITE ABOVE THIS LINE

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) Barbra Ort

DAYTIME PHONE 410-531-1813 CELL _____ FAX _____

MAILING ADDRESS 6723 Hitching Post Clarksville Md 21029
STREET CITY/TOWN STATE ZIP

APPLICANT Hitchhicks Equipment

DAYTIME PHONE 301 854-6172 CELL 410-984-0047 FAX 301 490 5794

MAILING ADDRESS PO Box 519 Annapolis Junction Md 20701
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
DIVISION/PROPERTY NAME Local Collector 6723 Hitching Post LOT NO. 25

PROPERTY ADDRESS Clarksville Ridge Clarksville
STREET TOWN/POST OFFICE

MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTED ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A COMPLETE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "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

(A)

Br Sacl
Loam 2-2.5'
Dense Or
and Gray
Sa Cl/Loam 4.5'
and Cl Loam,
Some of it
Platy 8'
or Sacl
Loam -
Sa Loam 9'
Gray Sa
Loam 9.5'
Hard Bottom

4.5' Water seeping In
Caving to Grade

6723 Hitching Post Ct.

(B)

Br Sacl
Loam 1-1.5'
Moderately
Dense, Br
Sa Loam 2.5'
Loamy Sa
Mottling
at 4'
Water Seepage
at 9'
Caving at
8.5'

14.5

(C)

Br Sacl
Loam 2.5'
Dense Br
Sa Loam 3.5'
Beige
Loamy Sa
Some
Saprolite
8'
Mottling
9'
Water
Seepage 10'

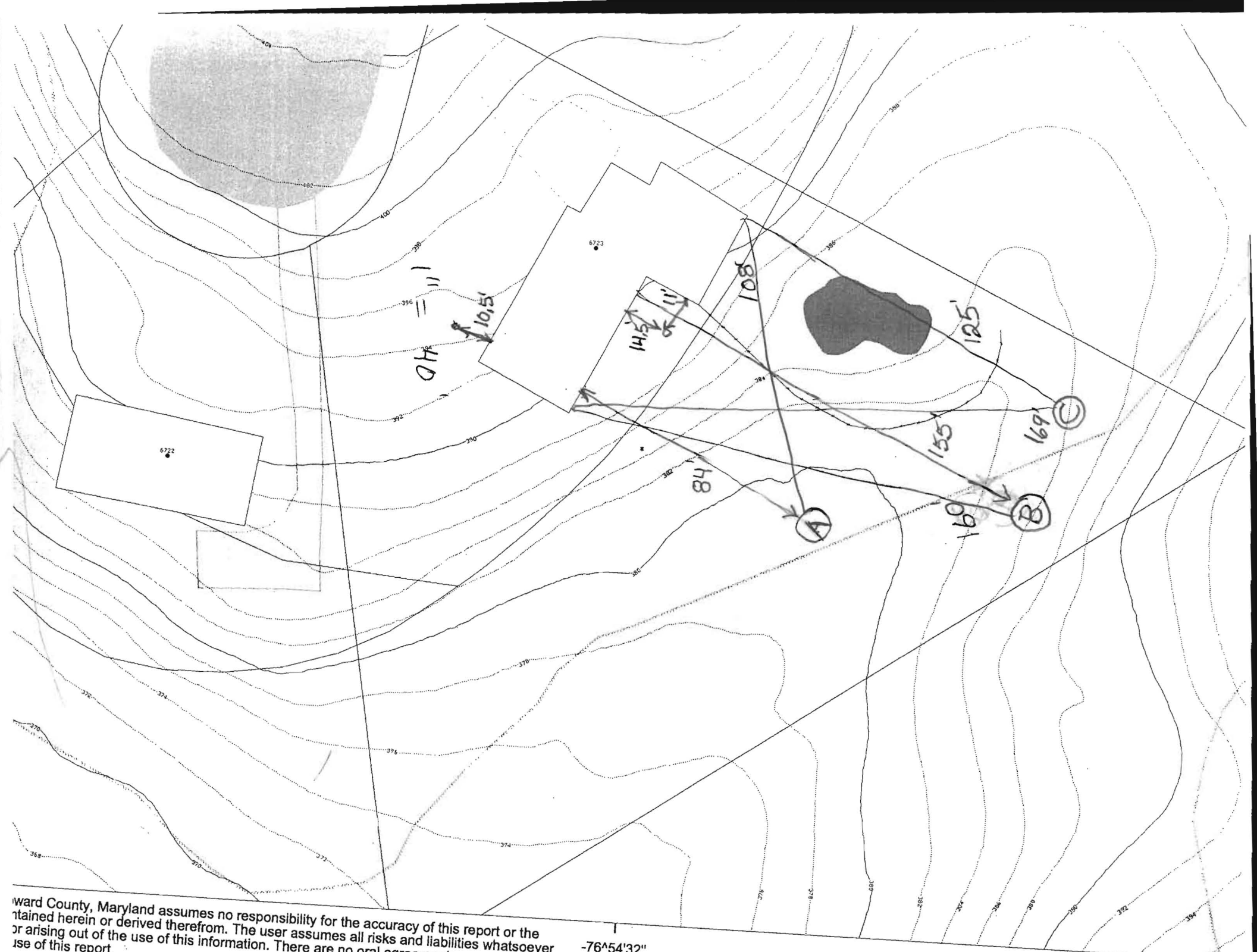
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/4/2010	A	9.5' V					
	B	2.5'/4.5' V	11:19	11:24	11:34	10	H
		5'	11:38:30	11:39:45	11:41:45	2	H
	C	3'/10' V	1:13:15	3/8" in 15 minutes			F
		4'	1:31:30	1:34	1:40:30	6 1/2	H

REMARKS _____

SANITARIAN B. Baker BACKHOE Hatfields OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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