



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 ONE:

- ☒ CREATE NEW LOT(S)
☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
☐ BUILD ON AN EXISTING PARCEL OF RECORD

CHECK AS NEEDED:

- ☒ NEW STRUCTURE(S)
☐ ADDITION TO AN EXISTING STRUCTURE
☐ REPLACE AN EXISTING STRUCTURE

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
☒ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH unknown 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) Robert Williams

DAYTIME PHONE 410 465 5366 CELL _____ FAX _____

MAILING ADDRESS 13110 GREENBERRY LANE CLARKSVILLE MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT MILDENBERG, BOENDER & ASSOC., INC.

DAYTIME PHONE 410 991 0296 CELL 1 FAX 410 991 0298

MAILING ADDRESS 6800 Deerpath Rd Elkridge, MD 21075
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME GREENBERRY LOT NO. 7

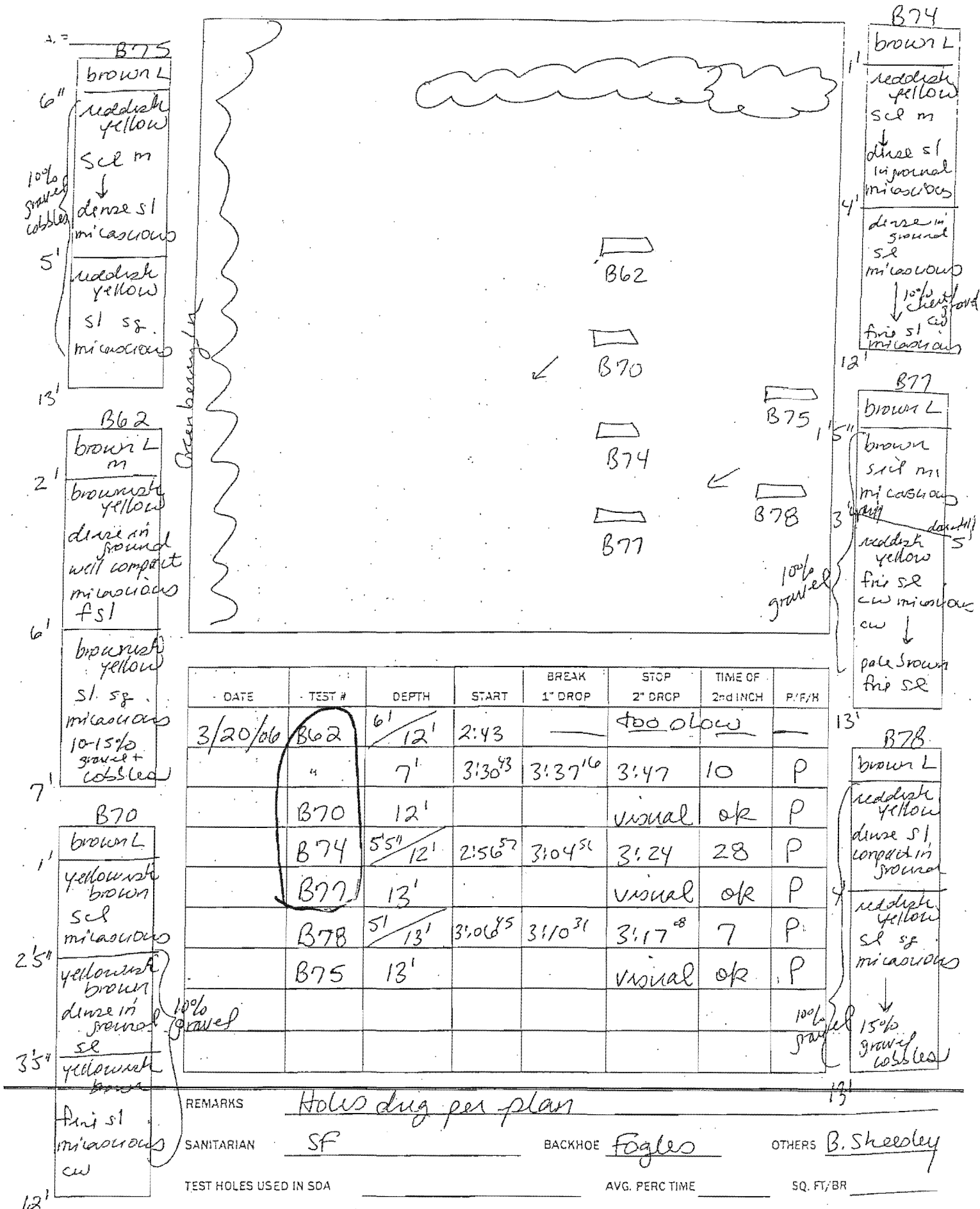
PROPERTY ADDRESS 13110 GREENBERRY LANE CLARKSVILLE MD 21029
STREET TOWN/POST OFFICE

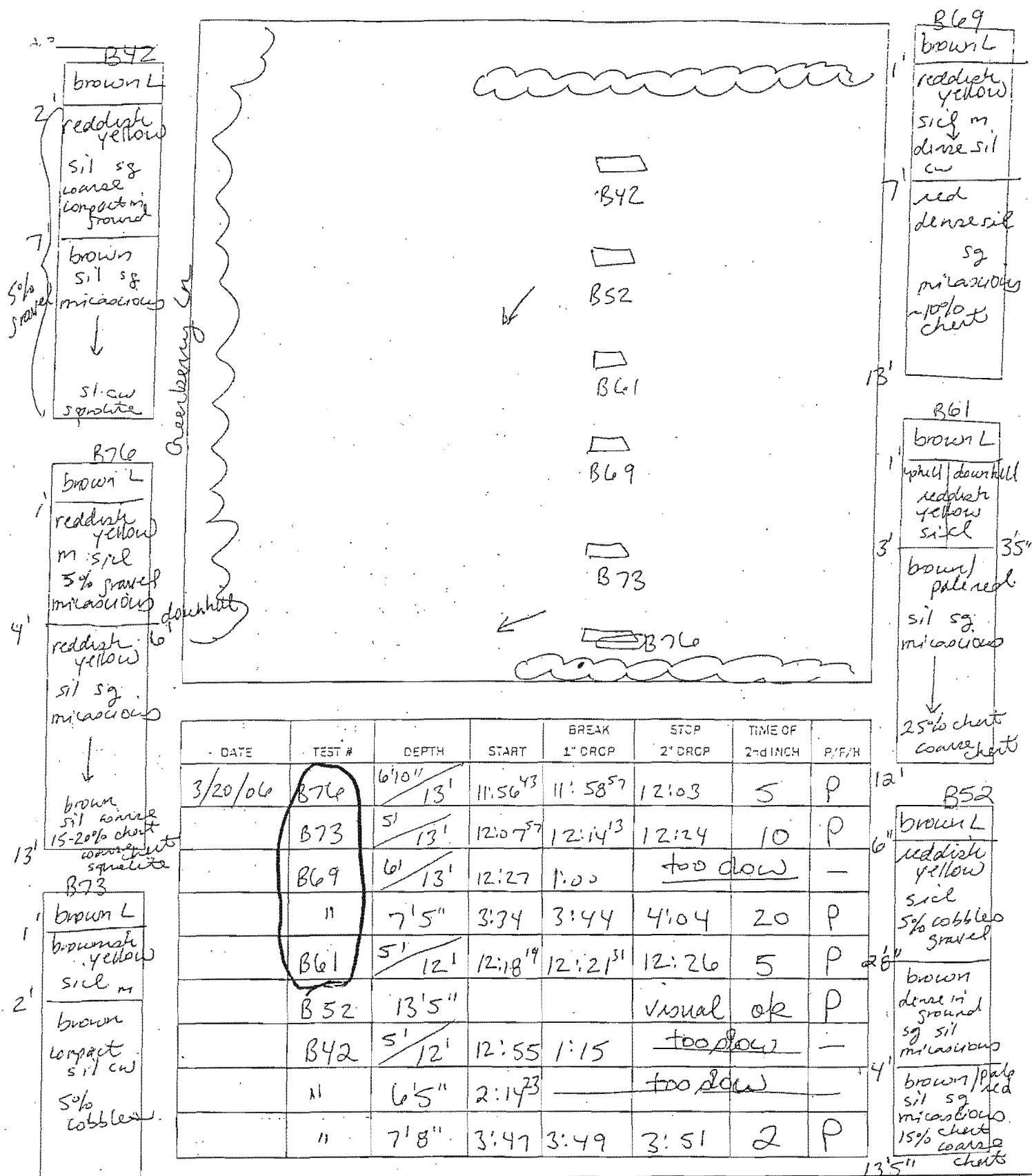
TAX MAP PAGE(S) 28 GRID _____ PARCEL(S) 48 PROPOSED LOT SIZE 1A±

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) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH





REMARKS

Holes dug per plan

SANITARIAN

SF

BACKHOE

Fogles

OTHERS

B. Sheesley

TEST HOLES USED IN SOA

AVG. PERC. TIME

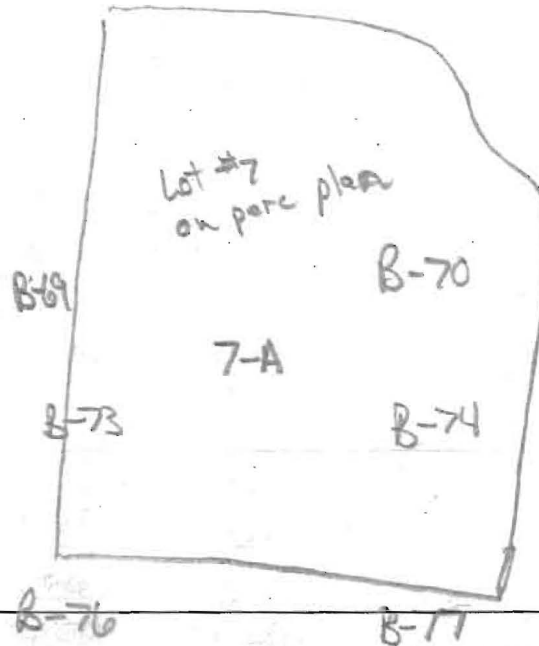
SQ. FT./HR

Green berry Lot 7

A/P

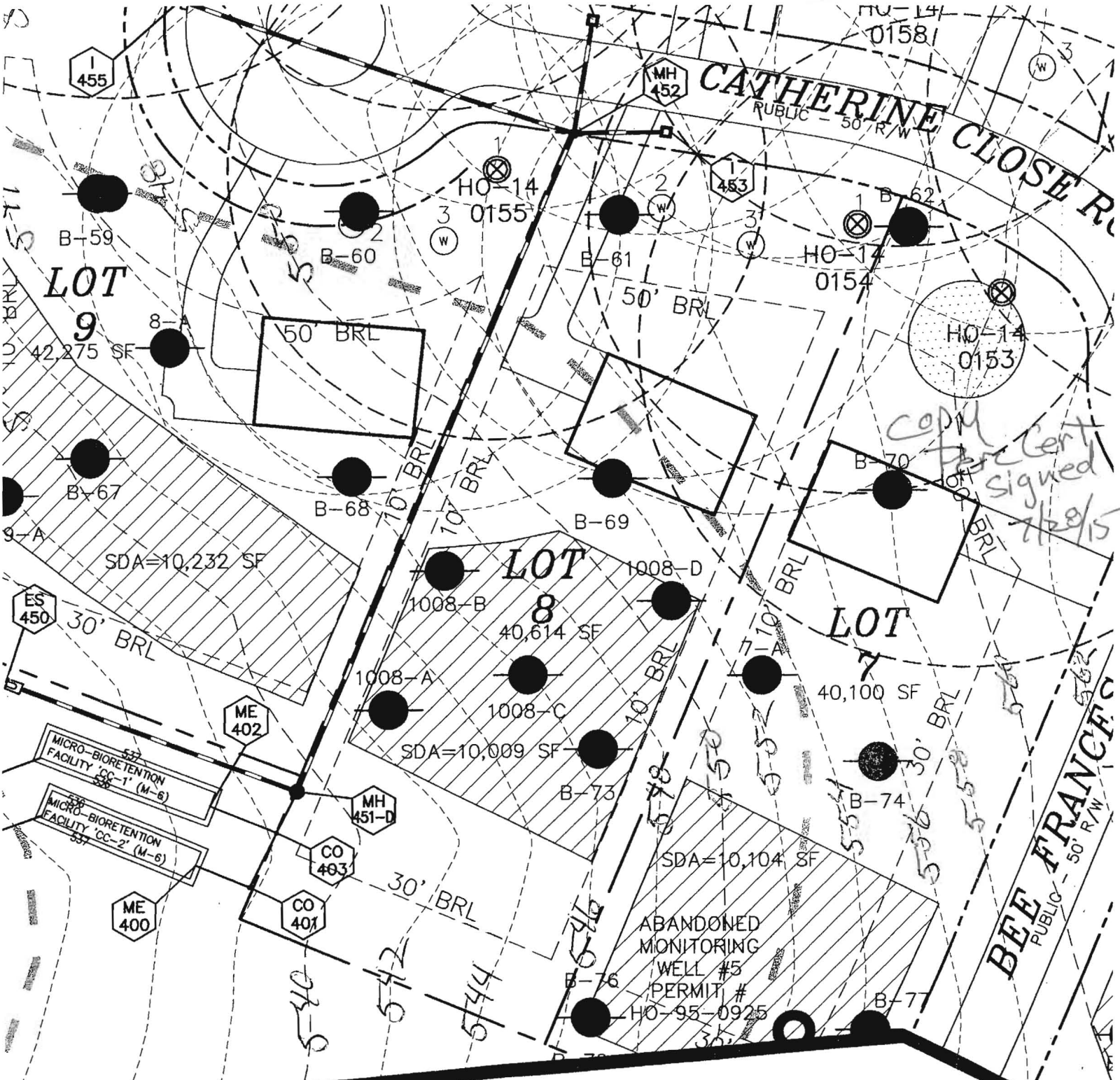
7-A
 dk brn
 0.5
 yel-brn cl
 2 msbk, few gravel
 1.4'
 brn L
 1 msbk
 2'
 brn L
 1 msbk
 3'
 yel-brn & yel-red
 chstl, dense
 lenses of vch si (white)
 com. M. coats
 5'
 red & grey-brn
 1fs many
 mica
 2.5'
 lt. brn Ls
 7 mpl
 micaceous
 few flags
 below 11' 13'

↑
 North



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/2/12	7-A	13'	Visual		5' 708' OK 1.2 gpd/ct2		P

REMARKS _____
 SANITARIAN RB BACKHOE J & A OTHERS Jacob H. Kunt
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



TCHLINE SHEET 2