



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

@P520078-c

AGENCY REVIEW: _____

DATE 3/2/04

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 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) LDG, Inc.

DAYTIME PHONE (301) 585-7000 CELL _____

FAX (301) 585-4604

MAILING ADDRESS Lee Plaza, Suite 200
Brook Georgia Ave.
STREET

Silver Spring
CITY/TOWN

MD 20910-3437
STATE ZIP

APPLICANT VanMar Associates, Inc.

DAYTIME PHONE (301) 829-2890 CELL _____

FAX (301) 831-5603

MAILING ADDRESS 310 South Main St.
STREET

Mt. Airy
CITY/TOWN

MD 21771
STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Patapsco Overlook

LOT NO. 4

PROPERTY ADDRESS Old Frederick Road
STREET

Lisbon
TOWN/POST OFFICE

TAX MAP PAGE(S) 2 GRID 24 PARCEL(S) 32

PROPOSED LOT SIZE 1.13 Ac ±

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.

Melanie Reed
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

(517) (515) (519)

Wk org
Loam
?
ybrn
lt brn
fine
L SAND w/ ball
small
sap frags
~ 20%
throughout
?
Bottom 14'

(516)

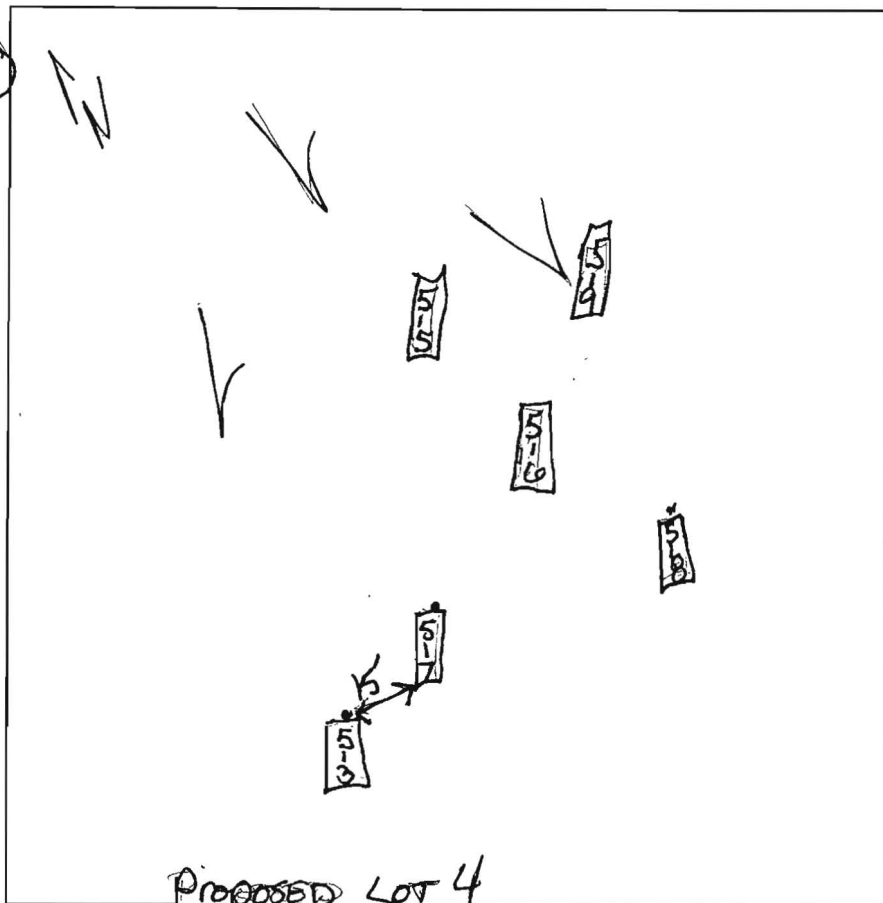
brn
ybrn
Sloam
5'

lt brn
SAND
S.M.
sap frags
~ 10-15%
Soil
platy
structure
H. Bottom 10'

(518)

str ybrn
Si CL

4 1/2'
wk yellow
tan
sandy
loam
sap like
~ 5-10%
~ 15%
sap
frags



Proposed Lot 4

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6-14-04	(515)	5'S	11:25	11:30	11:38	8min	OKP
	(519)	5 1/2'S	11:28	11:33	11:40	8min	OKP
	(516)	5'	11:33	11:35	11:40	5min	OKP
	(517)	Visual					OKP
	(518)	5'S	12:29	12:32	12:36	4min	OKP

REMARKS Holes Staked & Dub PER PLAN
 SANITARIAN Kacie BACKHOE JUSTIN B. OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

