



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

(A/P) 520775

AGENCY REVIEW: _____

DATE 7/12/04

TAYLOR # 04-355873

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 2 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) DONALD R REWEL

DAYTIME PHONE 410-480-9105 CELL _____ FAX _____

MAILING ADDRESS 8000 MAIN STREET ELLICOTT CITY MARYLAND 21044
STREET CITY/TOWN STATE ZIP

APPLICANT DONALD R REWEL

DAYTIME PHONE 410-480-9105 CELL _____ FAX _____

MAILING ADDRESS 8000 MAIN STREET ELLICOTT CITY MARYLAND 21044
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME PLEASANT PROSPECT FARM ^{PARCEL} LOT NO. 14E21

PROPERTY ADDRESS 4389 JENNINGS CHAPEL ROAD BROOKEVILLE MD 20833
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 21 GRID 13 PARCEL(S) 14E21 PROPOSED LOT SIZE N/A

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.

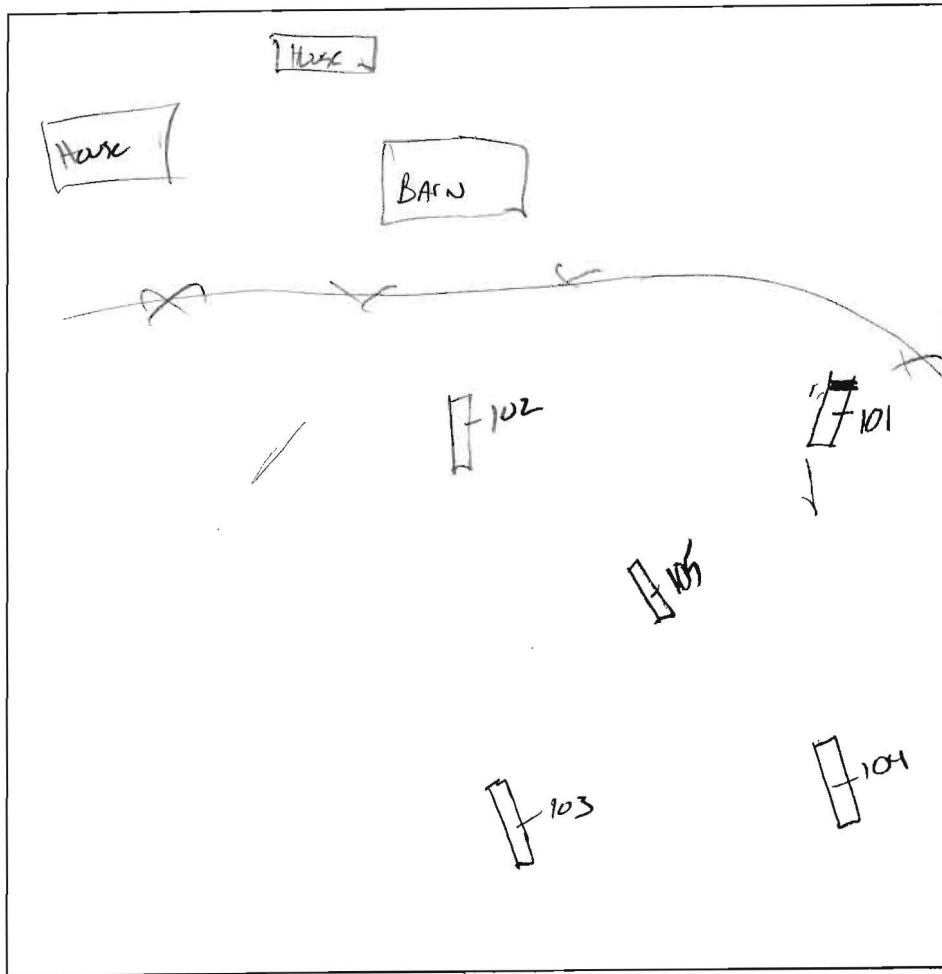
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

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

A/P
102
Brown
L
Red/Orange
Scl, Sbk
Brown/Yellow
SI w/ 10%
Rock
Yellow/Brown
S
-Trace
Rock

101
Brown L
Red/Orange
Micas
Scl
Yellow/Brown
weaks cement
SI w/
10% Rock
Yellow/Brown
S
Trace Rock

104
Brown L
Orange/Yellow
Brown w/ 10%
Scl
Yellow/Brown
SI w/
Trace Rock
Yellow/Brown
S



103
Brown L
Red/Orange
Yellow
Scl
Yellow/Brown
SI w/
Trace Rock
Yellow/Brown
S
-Trace
Rock

105
Brown L
Orange/Red
Yellow
Scl
Yellow/Red
Brown
SI w/
Trace Rock
Yellow/Brown
S
-Trace
Rock

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2nd INCH | P/F/H |
|--------|--------|--------------|--------|---------------|--------------|------------------|-------|
| 8/4/04 | 102 | 6" / 13' | 11:05 | 11:07 | 11:12 | 5min | P |
| | 101 | 5 1/2" / 13' | 11:23 | 11:26 | 11:30 | 4min | P |
| | 104 | 5' / 13' | 11:32 | 11:34 | 11:38 | 4min | P |
| | 103 | 5 1/2" / 13' | 11:40 | 11:43 | 11:46 | 3min | P |
| | 105 | 13' | Visual | | | OK | P |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS All holes dug per plan #101 more Rock toward trace (20%)
 SANITARIAN _____ BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____