

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 520108-2

AGENCY REVIEW: _____

DATE 4/9/04

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. Lee Plaza

DAYTIME PHONE 301-585-7000

CELL _____

FAX _____

MAILING ADDRESS 8601 Georgia Ave.
STREET

Silver Spring
CITY/TOWN

MD

20910
STATE

ZIP

APPLICANT VanMar Associates Inc.

DAYTIME PHONE 301-829-2890

CELL _____

FAX _____

MAILING ADDRESS 310 South Main St.
STREET

Mount Airy
CITY/TOWN

MD

21771
STATE

ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Schwabe Farms

LOT NO. 27

PROPERTY ADDRESS MD Route 32
STREET

West Friendship
TOWN/POST OFFICE

21794

TAX MAP PAGE(S) 15

GRID 5

PARCEL(S) 12

PROPOSED LOT SIZE 1AC±

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.

Danielle Stolt
SIGNATURE OF APPLICANT

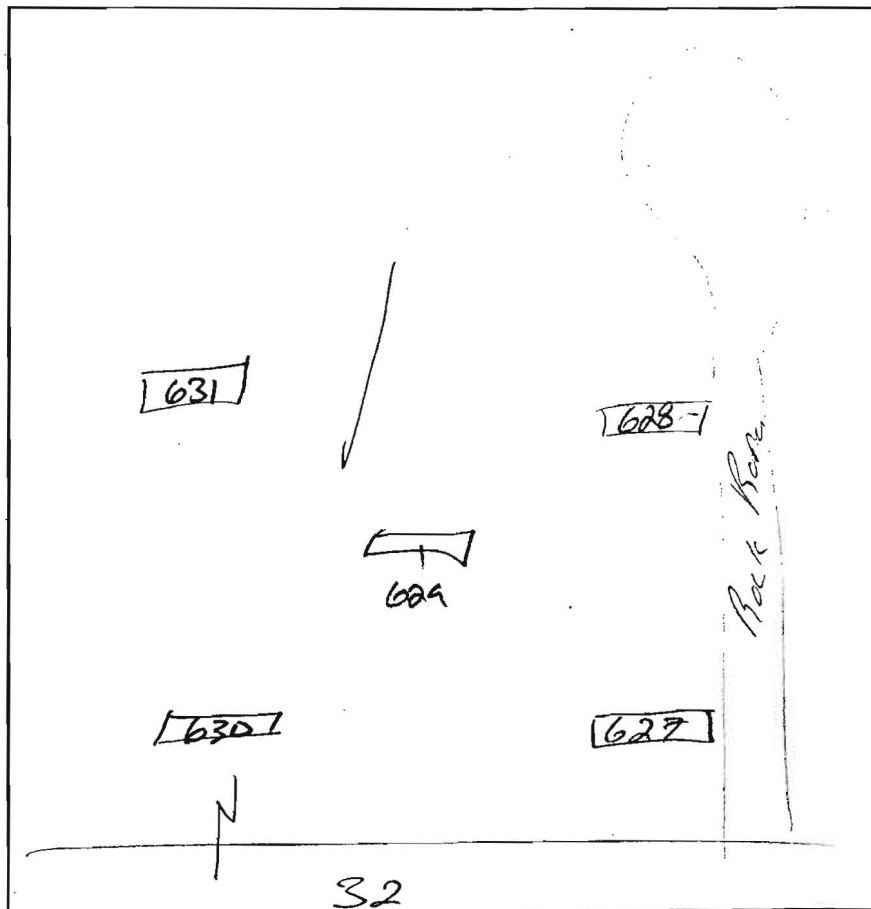
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP

628
Brown L 1'
Orange Red Sol 3'
Yellow/Brown micaceous SI 9'
Yellow/Brown S trace Rock 12'

627
Brown L 1/2'
Orange/Red Brown micaceous Sol 2'
Brown/Red SI 6'
Yellow/Brown S 9 1/2'
Yellow/Brown S trace Rock 12'

630
Brown L
Yellow/Brown Sol 2 1/2'
Red/orange Sol 6'
Yellow/Brown micaceous SI 8'
Yellow/Brown S trace Rock 11'



629
Brown L 1'
Red/Orange Brown Sol 4'
Brown/Red Yellow SI 2'
Yellow/Brown S trace Rock 12'

631
Brown L 1'
Orange/Brown Yellow Sol 3'
Yellow/Brown micaceous SI 9'
Yellow/Brown S trace Rock 12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/13/01	628	5' 12"	7:51	7:53	7:55	2min	P
	627	4 1/2' 12"	8:02	8:04	8:06	2min	P
	629	12'	-Visual-			OK	P
	630	5' 11"	8:10	8:12	8:14	2min	P
	631	4 1/2' 12"	8:30	8:32	8:35	3min	P

REMARKS 8" Post holes all -

SANITARIAN KJB BACKHOE Zark OTHERS Justin

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

TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE SW