

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 520108-AA

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) LDCI Inc. Lee Plaza

DAYTIME PHONE 301-585-7000 CELL _____ FAX _____

MAILING ADDRESS 8601 Georgia Ave. Silver Spring MD 20910
STREET CITY/TOWN STATE ZIP

APPLICANT VanMar Associates Inc.

DAYTIME PHONE 301-829-2890 CELL _____ FAX _____

MAILING ADDRESS 310 South Main St. Mount Airy MD 21771
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Schwabe Farms LOT NO. 28

PROPERTY ADDRESS MD Route 32 West Friendship 21794
STREET TOWN/POST OFFICE

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.

Daniel S. Stoltz
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

633

Brown L

Orange/Red
Brown
micaceous
solYellow/Brown
micaceous
SIYellow/Brown
S
+ clay
Rock

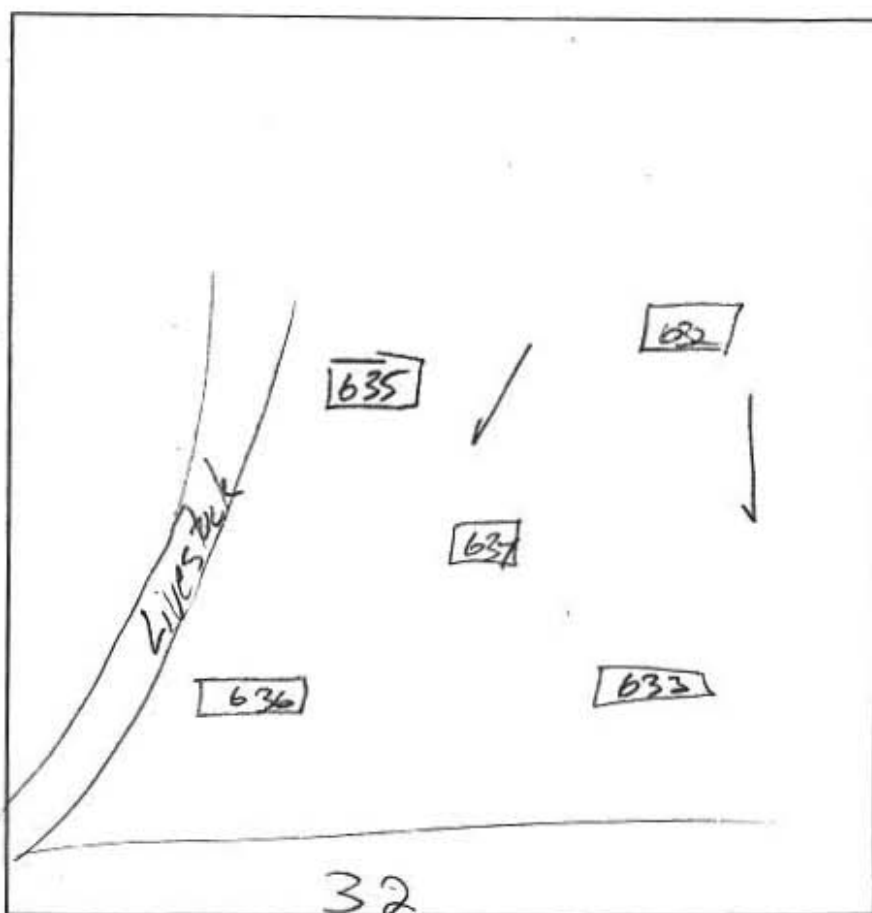
632

Brown L

Orange/Red
micaceous
solBrown/Red
grainy
SIYellow/Brown
SIYellow/Brown
S

634

Brown L

Orange/Red
micaceous
solYellow/Brown
micaceous
SIYellow/Brown
S
+ clay
Rock

636

Brown L

Red/Orange
Brown
micaceous
solYellow/Brown
SIYellow/Brown
S
+ clay
Rock

635

Brown L

Red/Brown
orange
micaceous
solYellow/Red
orange
SIYellow/Brown
S+ clay
Saprophyte

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/13/04	632	4' 12"	8:41	8:43	8:46	3min	P
	633	5' 12"	8:21	8:23	8:25	2min	P
	634	11'	-Visual-			OK	P
	635	4' 11"	9:05	9:07	9:10	3min	P
	636	4' 11"	8:53	8:55	8:58	3min	P

REMARKS all holes dug per plan

SANITARIAN KJB

BACKHOE Zack

OTHERS Justin

TEST HOLES USED IN SDA

AVG. PERC TIME

SQ. FT/BR

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH

EFFECTIVE SW

