

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P 522441

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 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 _____ 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) Kevin Wynne

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 5668 Trotter Rd.
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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

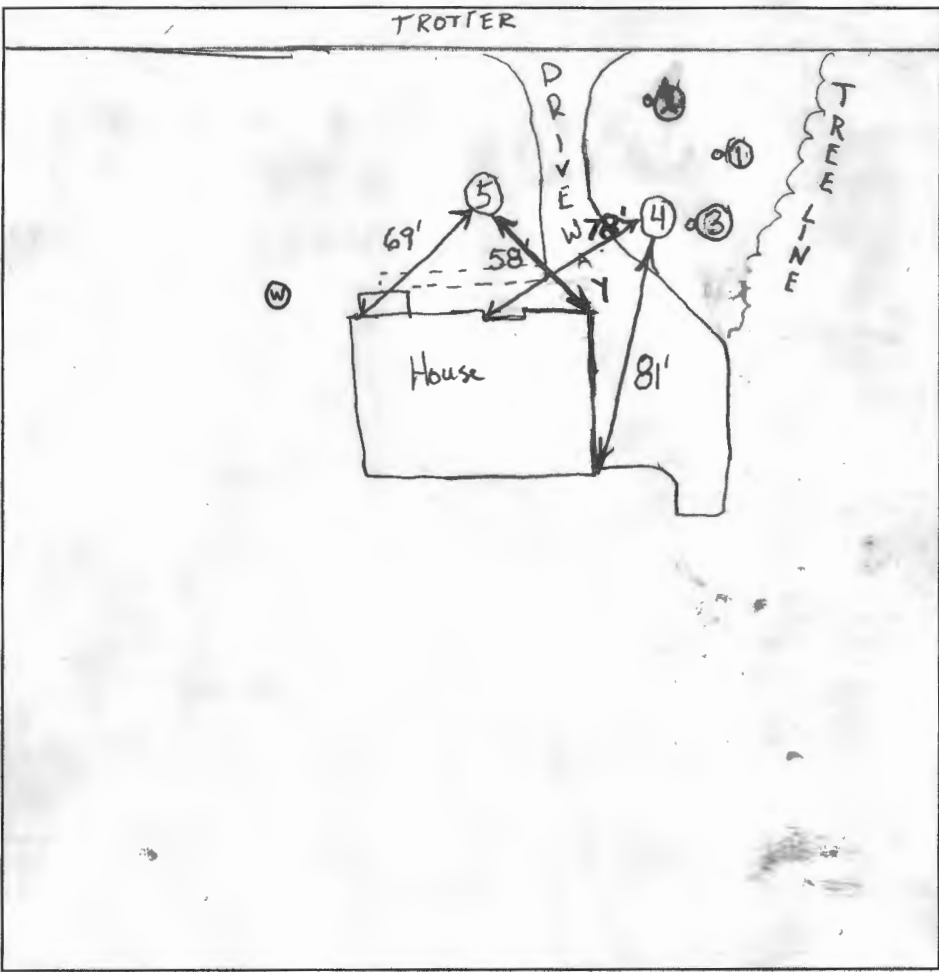
A/P

TROTTER

①
 6" Br. lm
 S₂CL
 1'
 S₂lm
 large grains
 very compact
 4'
 Hxd Sandstone

②
 0" Brwn lm
 6" Red Br S₂CL
 1' Brown S₂CL
 2' Orange Brown S₂CL
 3' Orange Brown S₂lm
 4.5'

③
 0" Br S₂CL
 1' Orange Brown S₂CL
 2' Red Brown S₂CL
 5'

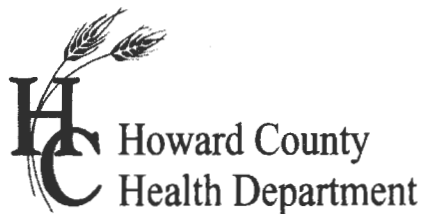


④
 Br SiCl Loam
 Trace Rock 4.5-2.5'
 Cemented Red Br Sa Loam
 30-40% Rock
 750% Rock 5.5'
 Hard Bottom 6'

⑤
 Red Br SiCl Loam Trace Rock 2-4'
 Red Br and Or Br Sa Cl Loam and Sa Loam ~25%
 Very Weathered Rock
 Hit Rock Vein 5'
 Hard Bottom 5.5'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/23	1	4.5'	Auger		Hard Bottom		
	2	5'	Auger				
	3	5'	Auger				
6/7/05	4	1.5'/6'V	< 1/4" in 10 minutes				
	5	5.5'V					

REMARKS Rates in Bottom of Holes 4 and 5 were < 2 minutes
 SANITARIAN GC/BB BACKHOE Van Sant OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



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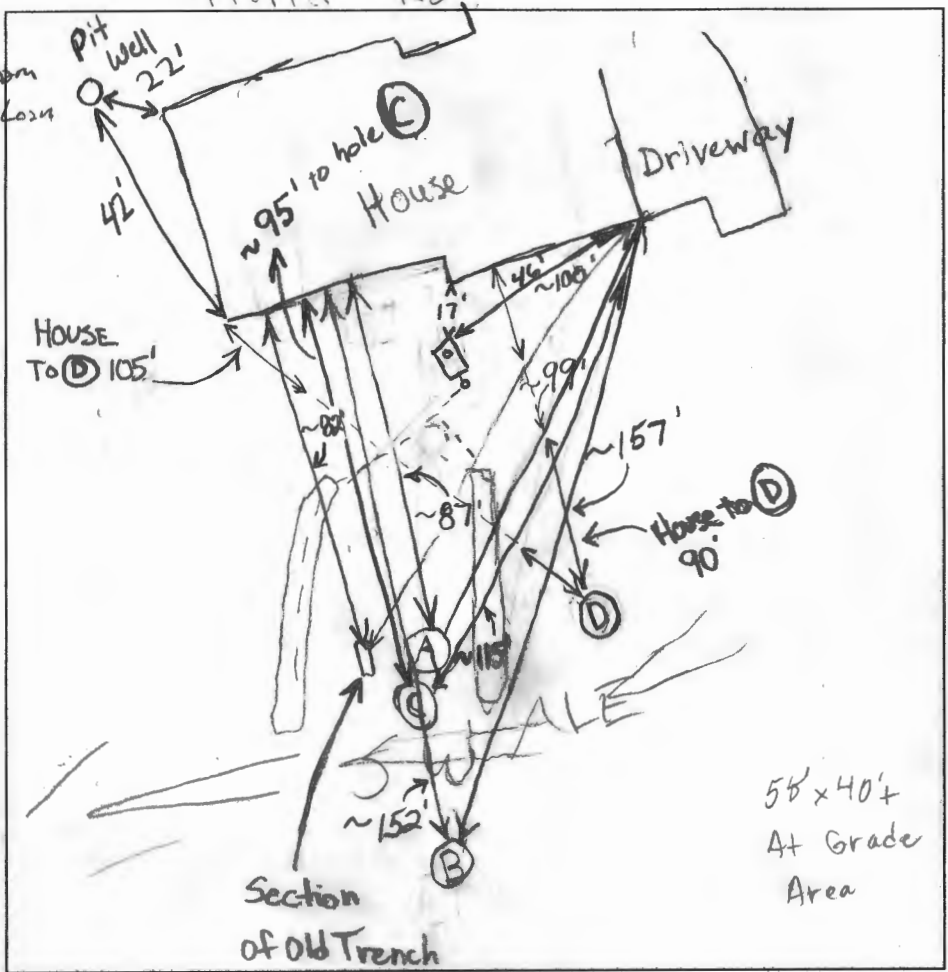
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Trotter Rd



0 A/P
 0 1/2 (A)
 A. Hor. zone Br. loam
 B. Highly Compact Br. loam
 Orange Br. Sand loam
 20% rock
 5'
HARD BOTTOM

0 (B)
 1/2 Brown loam
 Orange sand
 35-40% rock
 large 7-10x3 boulders
 very compact & gritty
 6 1/2 Wet silty orange
 8 1/2 Water seep
 Rock

0 (C)
 1 Till layer Br. loam
 Orange Brown loam
 35% Rock
 3 Orange sand loam
 65-70% rock
 Large boulders of schist
 7'

0 (D)
 0 1/2 Or Brown loam
 3 Brown loam
 Sand loam
 35% Rock
 5 Water seep
 large boulders
 6 1/2 Orange sand loam

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/13/05	A	5' V					
	B	4.5' / 11.5' V	11:50	12:04	12:28	24 m	
		1'	12:30	12:38	12:54	16 m	
	C	7' V					
	B3	4"	12:38	12:44		~10m	
	D	5' V				Water Seepage	

REMARKS _____
 SANITARIAN BB, GC BACKHOE Van Sant OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/HR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____