

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

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

AGENCY REVIEW: Anger - existing septic area 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) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 745 Weller Drive
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

Diagram A: A vertical rectangular area representing a trench cross-section.

A

Diagram A: A vertical rectangular area representing a trench cross-section.

1.5' brown L abk
red brown Si L abk

2' red brown Si abk
channery 45%

5'

B

Diagram B: A vertical rectangular area representing a trench cross-section.

1.5' brown L abk
orange brown Si L sbk
channery 45%

1' orange brown Si abk

1'4" cherty (45%) HB



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H

D

Diagram D: A vertical rectangular area representing a trench cross-section.

10" brown L
orange brown Si L abk

1'4" channery 45%

2' orange brown Si
ch - coarse cherty 45% increased w/ depth

4'4" HB

C

9" brown L abk
orange brown Si sbk

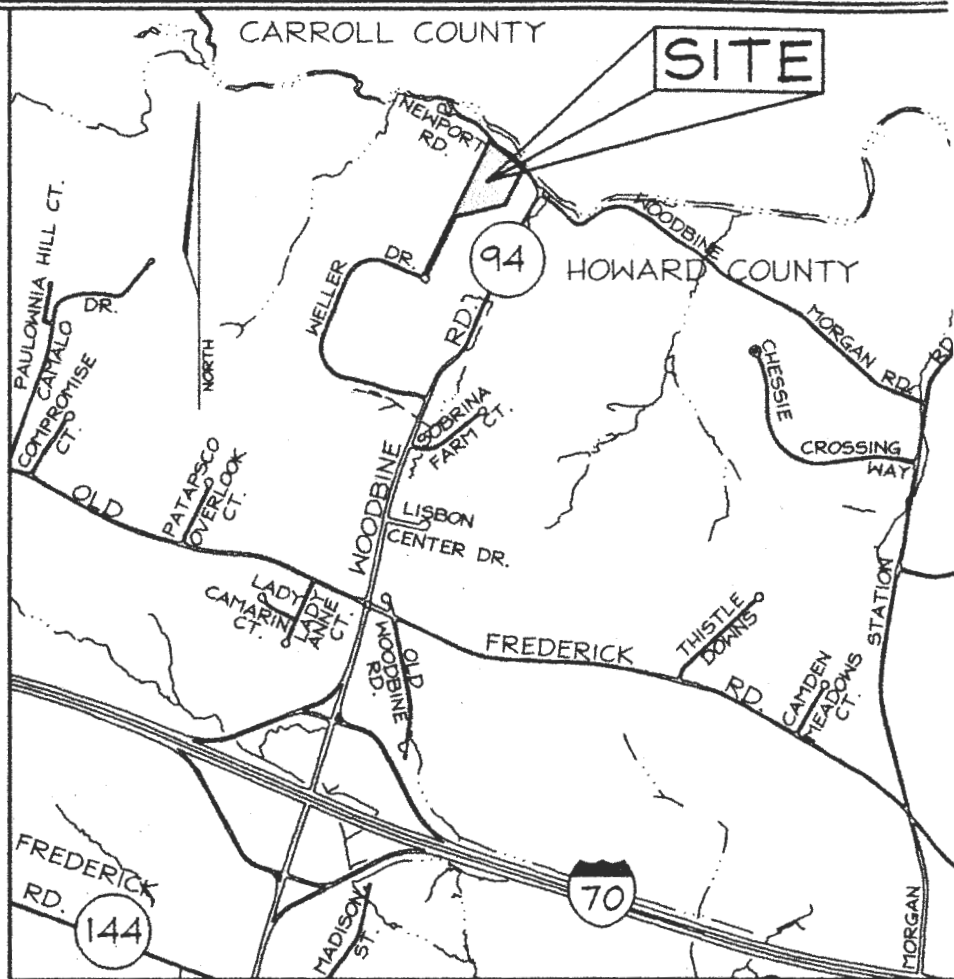
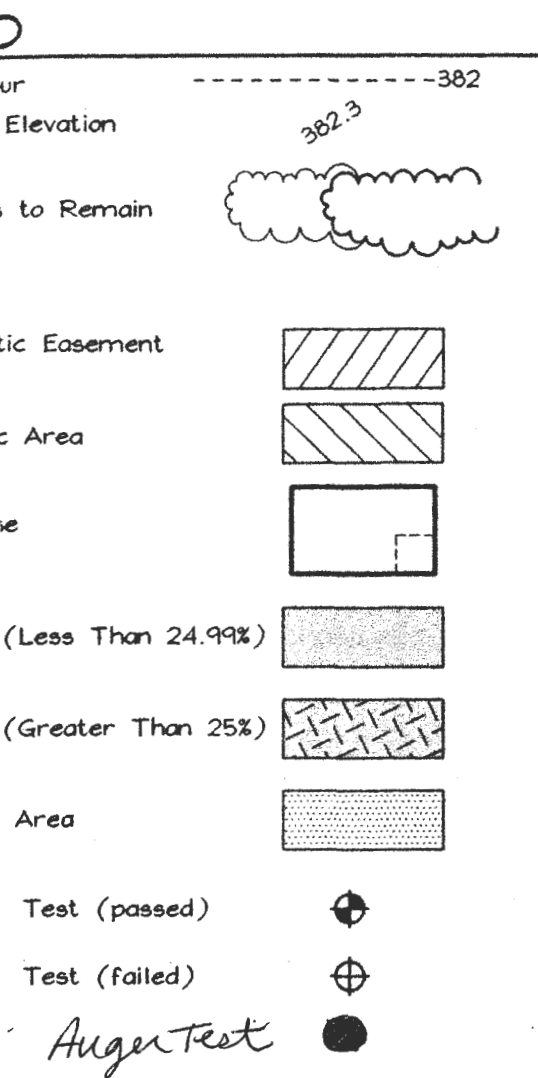
1'7" orange brown Si L abk
HB

REMARKS Holes dug per plan

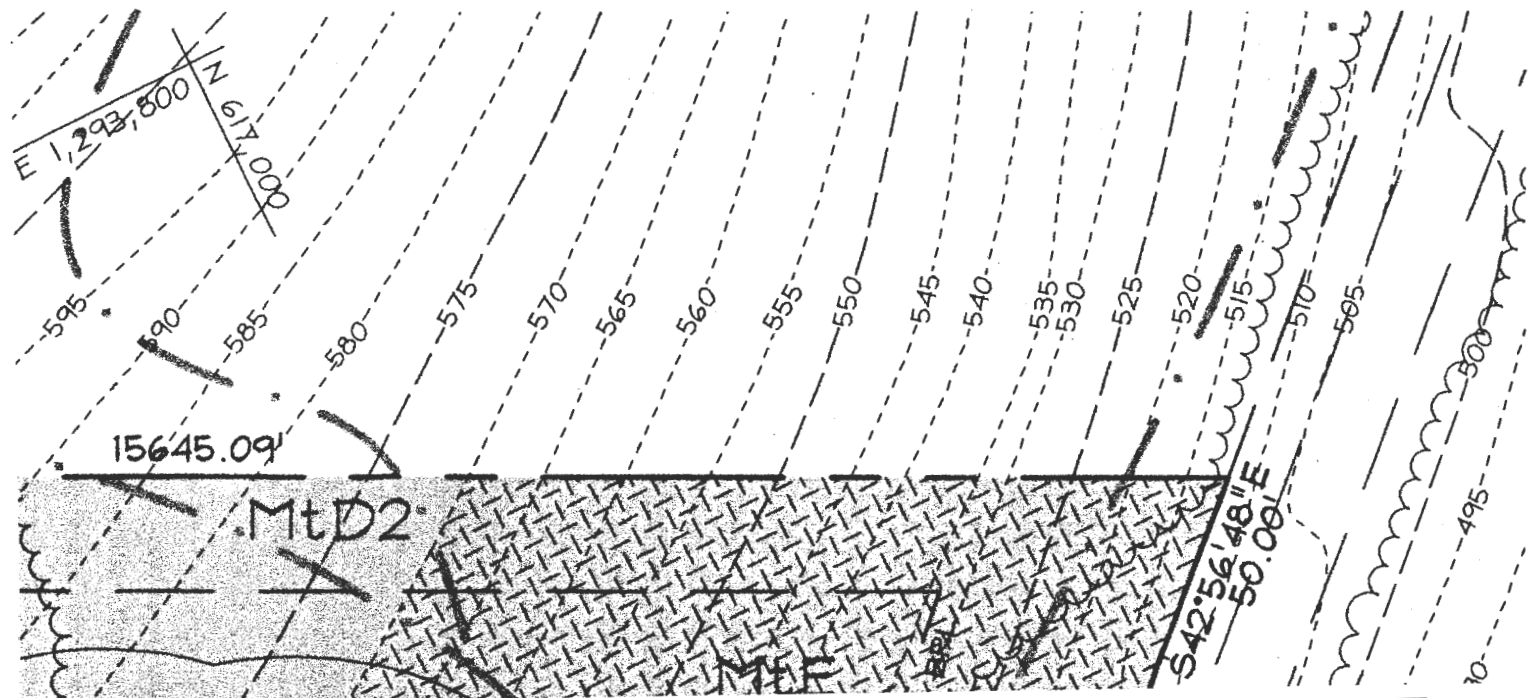
SANITARIAN _____ BACKHOE _____ OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



VICINITY MAP
 SCALE: 1"=2000'



FILE INQUIRY FORM

Property Address: 745

- Unable to locate this file -

5/6/05 Sara attempted several hand augers
with the deepest reaching ~ 5'. Existing System
seemed to be function OK. (RJB)

Property Address: _____

VINCENT PIRRO III
JOSEPHINE PIRRO
PLAT # 6898
ZONE: RC-DEO

MtC2

Signed per cert
5/9/05

S26°22'27"W

Ex. driveway

MtC2

30' BRL

Ex. cleanout

Ex. well

MtD3

LOT 41
PARKER JAMES B
PARKER NORENE
PLAT # 6898
ZONED: RC-DEO

Lot 1
3.620 Ac.

LOT 42
JOSEPH A SPURRIER JR
NANNETTE R SPURRIER WF
PLAT # 6898
ZONE: RC-DEO

Ex. Septic Area
PLAT # 6898

MtD3

30' BRL

164.19'

43
WAWRO
6898
G-DEO

ZE 1,293,800
618,000

PARCEL 33
DAVID J DAIGLE
KINDA DAIGLE

Prop. Set
Area
10,010 sq