



Howard County  
Health Department

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 523246

AGENCY REVIEW: \_\_\_\_\_

DATE 9/2/2005

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) Maureen Walter

DAYTIME PHONE 410-489-5061 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 1459 Underwood Rd Sykesville MD 21784  
STREET CITY/TOWN STATE ZIP

APPLICANT Bev True

DAYTIME PHONE 410 CELL 410-396-0430 FAX 410-857-4678

MAILING ADDRESS 1615 Deer Park Rd Finksburg MD 21048  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 1459 Underwood Rd Sykesville  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 9 GRID 15 PARCEL(S) 147 PROPOSED LOT SIZE 1 acre

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.

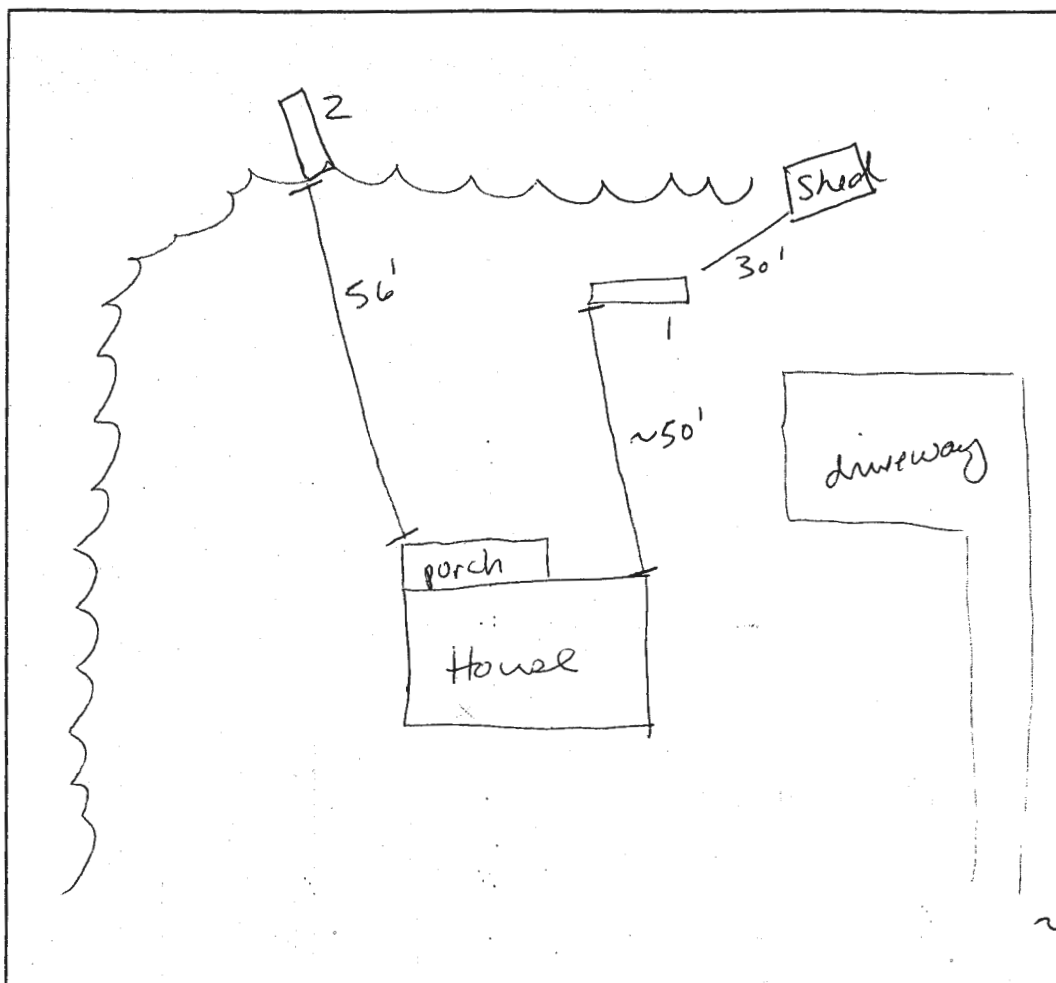
TEST RESULTS WILL BE MAILED TO APPLICANT.

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

1459 Underwood Road

A/P



1  
brown L  
6" orange brown  
sci  
cw sbk  
4' gravel layer  
5'  
5-6' red brown  
hl → dense  
sl  
cw sbk  
slightly micaceous  
8-9' orange brown  
sl sg  
5% gravel  
saprolite  
11' gray  
ls sg  
5% gravel  
saprolite  
12'

2  
brown L  
5" yellow brown  
cl cw  
sbk trace  
4' red brown  
sci → hl  
well compacted  
cw sbk  
8-9' orange brown  
sl sg  
micaceous  
~10-15%  
gravel/saprolite  
11.5'  
yellow brown  
sl sg  
cw sbk/bk  
micaceous  
Mn striations  
12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/7/05	1	6'8" / 12'	1:42	1:50	2:04	14	P
	2	5'3" / 12'	3:02	too slow			—
	2	6' / 12'	3:13	3:25	3:55	3.0	P

REMARKS Repair area found - Machine was only able to go 12' due to small hole.

SANITARIAN SF BACKHOE Pat Barnes OTHERS

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

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE S/W \_\_\_\_\_



Howard County  
Health Department

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P 520828

AGENCY REVIEW: \_\_\_\_\_ DATE 8/16/04

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

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☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Mary Margaret Jones

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 1459 Underwood Rd Ellicott City  
STREET CITY/TOWN STATE ZIP

APPLICANT Don Rite Septic Tank Service

DAYTIME PHONE (410) 461-3255 CELL 443-790-0470 FAX \_\_\_\_\_

MAILING ADDRESS 15300 Pannish Rd Upperco Md 21155  
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 \_\_\_\_\_

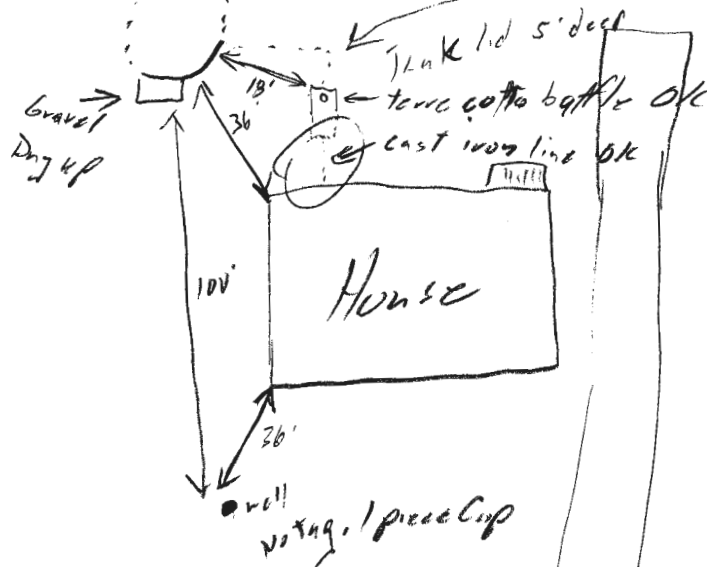
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TEST RESULTS WILL BE MAILED TO APPLICANT.

Vern J. Jenkins  
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

D.W. Dug 1' into gravel, dry  
 Probable clogged cast iron line between STA D.W.

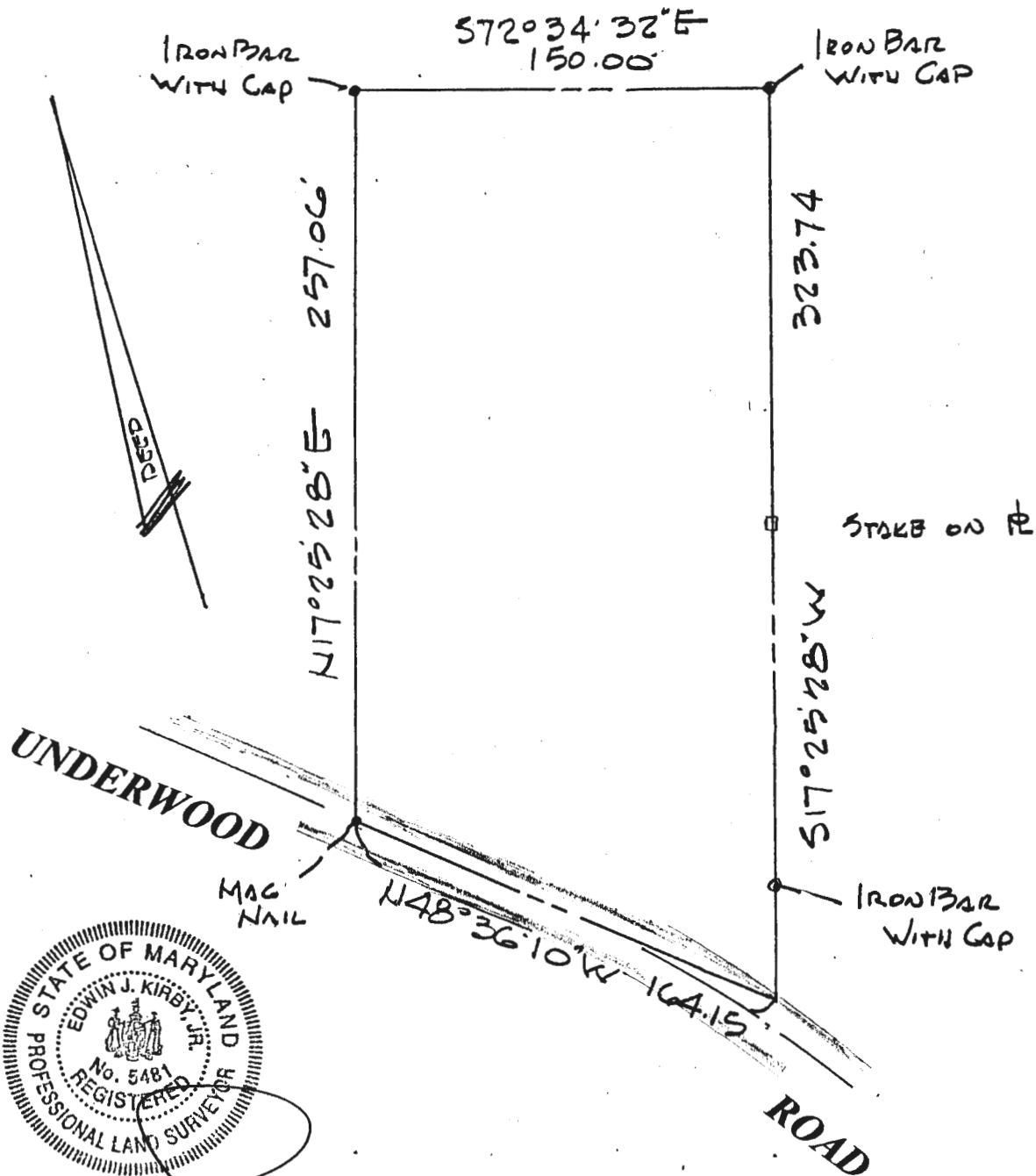


DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/18/04	Appears that line from S.T. to D.W. is clogged						ST.
	Repair line, install man hole on tank (SC)						
8/19/04	F/U, work completed (SC)						
8/23/04	T.L. from R.E. agent, said contr. replace line from house to S.T. also (SC)						

## REMARKS

SANITARIAN S.O. BACKHOE Dan-vite OTHERS New Homeowner, R.E. agent  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE S/W \_\_\_\_\_

# Property Boundaries



**OUTLINE SURVEY  
MAUREEN WALLER PROPERTY  
No. 1459 UNDERWOOD ROAD  
HOWARD COUNTY, MD.**

**REF: 8638/298 09/08/04**

**GREENSPRING SURVEYS  
P.O. BOX # 761  
GREENSPRING STATION  
BROOKLANDVILLE, MD 21022**

**410-409-5237**

**Date: 08/10/05 Scale: 1"=60'**