

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

(AP) 520078-D

AGENCY REVIEW: _____

DATE 3/2/04

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.

DAYTIME PHONE (301) 585-7000 CELL _____ FAX (301) 585-4604

MAILING ADDRESS Lee Plaza Suite 200 8401 Georgia Ave. Silver Spring MD 20910-3437
STREET CITY/TOWN STATE ZIP

APPLICANT Van Mar Associates, Inc.

DAYTIME PHONE (301) 829-2890 CELL _____ FAX (301) 831-5603

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

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Patapsco Overlook LOT NO. 5

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 2 GRID 24 PARCEL(S) 32 PROPOSED LOT SIZE 1.12 Ac ±

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.

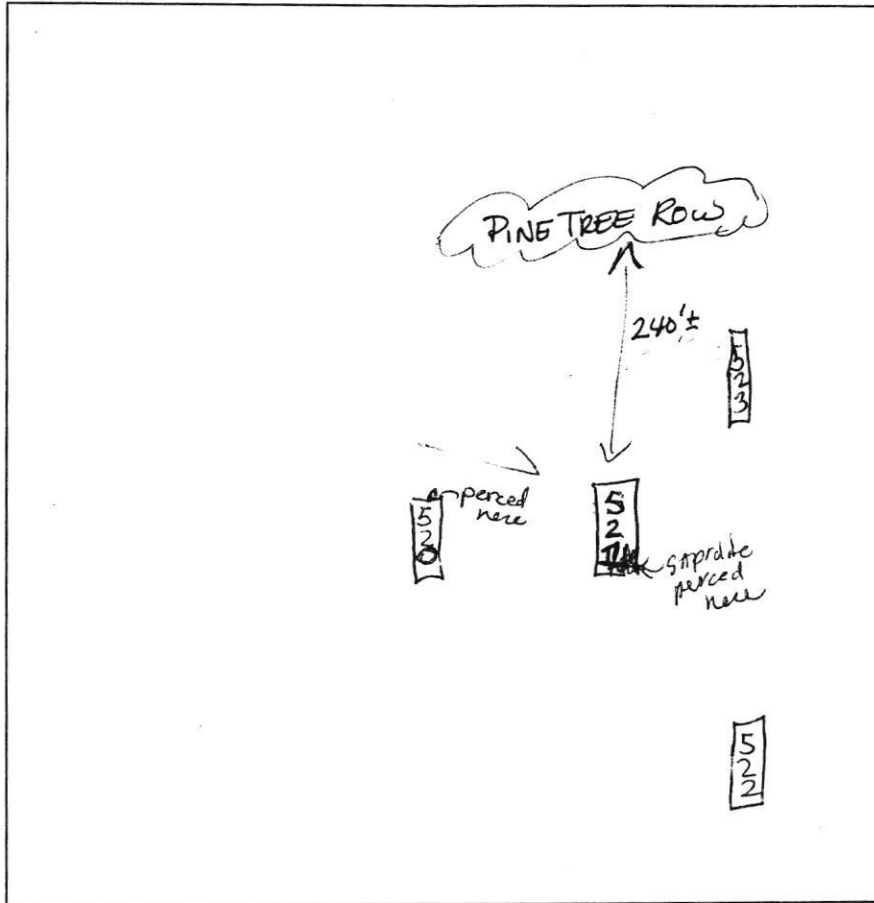
TEST RESULTS WILL BE MAILED TO APPLICANT.

Melanie Prop
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

520
 Strong org CLL
 3'
 yellow & brn fine L SAND-SAND
 TIGHTLY PACKED R_x < 50%
 9' 5m ← pockets platy soil
 MD size SAPROL. begins Bottom 12'



523
 WK org Si L
 Sloan R_x 5-10%

12' Bottom R_x 10-15%
 524

Strong y brn CLL Si CLL 4'

SAPROL. layer med lg frags 6'

WK org brn wk yellow f-med gr LS-S

SM SAPROL. frags 10-15%
 12' Bottom

S 521 N
 WK org brn tan Si L
 5 1/2' loose soil
 6' shales
 v. wk SAPROL.
 platy structure
 2' brn fine L SAND-SAND
 Bottom 14'

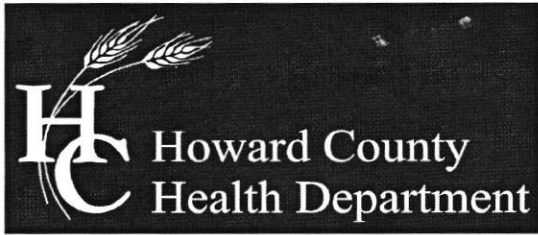
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
6/14/09	520	5'2" S	12:35	12:45	1:02	17min	POK	
	521	5 1/2'	12:40	12:42	12:45	3min	OK	
	522	5 1/2' S	1:02	1:07	1:16	9min	OK	
	523	6' M	1:17	1:19	1:22	3min	OK	
6/15	524	5' S	10:32	10:34	10:37	3min	OK	
			(post-hole digger size)					

520
 Compact y. dig Si Lm

WK org Fine SAND

SM SAPROL. frags begin @ 9' 10-15%

REMARKS Holes staked & dug per plan
 SANITARIAN Kacie BACKHOE Justin B. OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: _____

Subdivision: Woodlake Kings Lot: 5

Initial system:	Application rate: <u>0.8</u>	Effective area beginning depth: <u>5.5'</u>	Bottom maximum depth: <u>8</u>
1st Replacement:	Application rate: <u>0.8</u>	Effective area beginning depth: <u>5.5'</u>	Bottom maximum depth: <u>8</u>
2nd Replacement:	Application rate: <u>0.8</u>	Effective area beginning depth: <u>5.5'</u>	Bottom maximum depth: <u>8</u>

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

$$\frac{W + 2}{W + 1 + 2D} \times 100 = \text{Percent of length of standard trench where } W = \text{trench width and } D = \text{depth between effective area beginning depth and trench bottom.}$$

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Minimum trench spacing: 6' for 2' wide trenches, 9' for 3' wide trenches. Additional spacing may be needed for deep trenches using formula: 2D + W
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

LPD

SW 7/28/14

EX. WELL
HO-81-2117



PATAPSCO OVERLOOK
SECTION 2
LOTS 12 THRU 31
PLAT #67B3

PATAPSCO OVERLOOK
SECTION 1
LOTS 1 THRU 11
PLAT # 6718

EX. WELL
HO-81-2085

signed per 5/26/05

LOT 8

LOT 16

LOT 15

LOT 7

LOT 4
1.13 Ac.±

LOT 5
1.12 Ac.±

LOT 6
1.14 Ac.±

LOT 3
1.14 Ac.±

LOT 2
1.18 Ac.±

LOT 14
1.19 Ac.±

LOT 13
1.20 Ac.±

LOT 12
1.14 Ac.±

N 19°24'25" E
239.97'

523.38'

EX. WELL
HO-81-1649
184.36'

171.44'

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SECTION 1
L-18
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ICE &
CEMENT

LOT 9

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