



HOWARD COUNTY HEALTH DEPARTMENT

A5 28896

DATE
4 / 18 / 08

Received From Cossentino & Sons Remodeling & Design Inc PHONE # 410-442-0000

12107 Mayapple Trail, Marriottsville MD 21104

For Perc Application

- CASH
 CHECK

Ashleigh Greene S/D Lot 21 - 12119 Audbury Ct

NO.

3395

Five hundred six and 00/100 Dollars

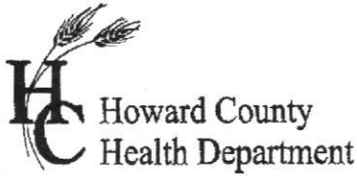
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506

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Received By

Mary L Briggs



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 528896

AGENCY REVIEW: _____

DATE 4/21/08

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 0 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) DOUGLAS & BARBARA SHIPE

DAYTIME PHONE 301 854 2997 CELL 410 991 6150 FAX _____

MAILING ADDRESS 12119 SADBURY CT, CLARKSVILLE MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT WAYNE COSSENTINO (COSSENTINO REMODELING)

DAYTIME PHONE 410 442 0000 CELL 410 977 5781 FAX 410 442-5765

MAILING ADDRESS 12107 MAYAPPLE TRAIL MARIOTTVILLE MD 21104
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME ASHLEIGH GREENE SUBDIV LOT NO. 21

PROPERTY ADDRESS 12119 SADBURY CT, CLARKSVILLE
STREET TOWN/POST OFFICE

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

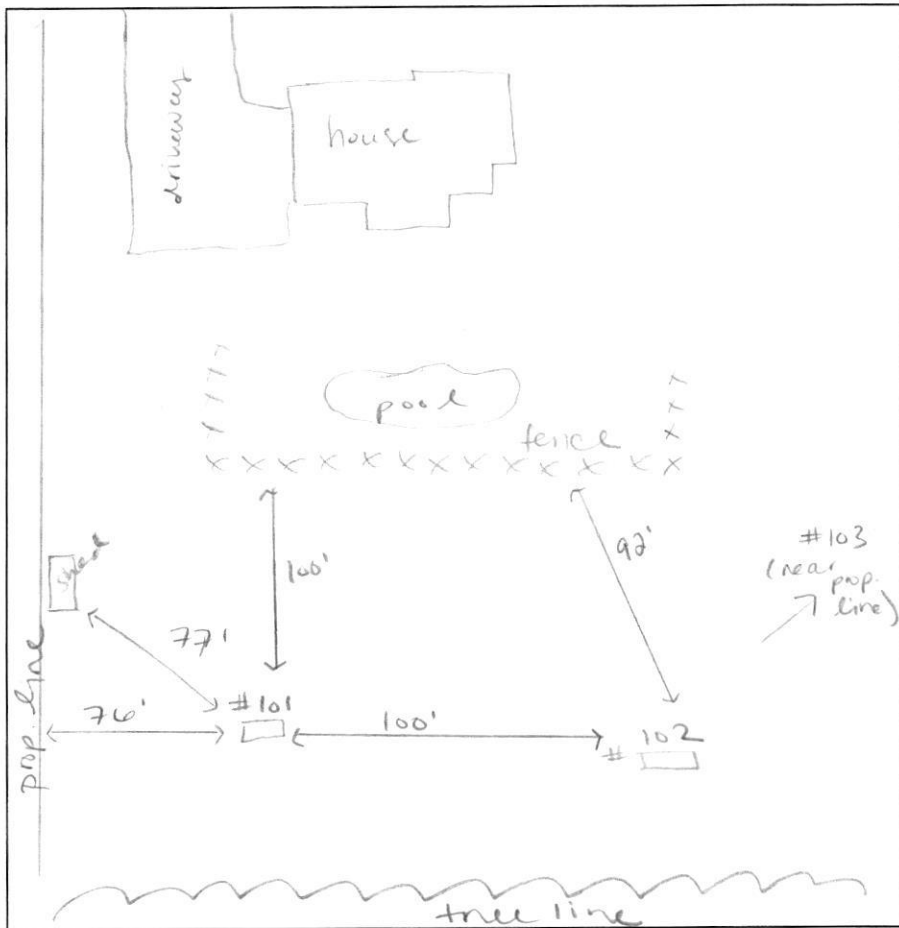
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. 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
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P 529896



1' 101
brn l
ory brn
sc l
2fsbk
2.5'
strong brn
micaceous
fsl
sapolite
30% channers
↓
moist @
11'
15' gray brn
fsl

8' 102
brn l
ory brn
sc l
heavy
dense
1csbk
2.8'
dk brn
very
micaceous
fsl
sapolite
Fe + Mn
dep.
moist @ ↓
10'

0.5' 103
brn l
brn
sc l
1fsbk
3.4'
mottling
@ 4'
gray
sl dense
Fe
enrichments
stickier
4'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/25/08	101	4.8' / 15'	9:19	9:22	9:25	3	P
	102	5' / 10'	9:57	10:10	10:44	28	P
	103	6'	visual				F

REMARKS wet season
 SANITARIAN HS BACKHOE Fogles OTHERS _____
 TEST HOLES USED IN SDA 3 AVG. PERC TIME 0.8 SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 4 EFFECTIVE SW 1'