

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AM 519609

AGENCY REVIEW: _____ DATE 10/8/2003

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 4 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) MR & MRS KENNARD WARFIELD JR.

DAYTIME PHONE 410-442-2337 CELL _____ FAX _____

MAILING ADDRESS 14451 TRIADOLPHIA ROAD T.O.B. 30 GLENELG MD 21737
STREET CITY/TOWN STATE ZIP

APPLICANT LAND DESIGN & DEVELOPMENT LLC

DAYTIME PHONE 410-480-9105 CELL _____ FAX _____

MAILING ADDRESS 8000 MAIN STREET ELLICOTT CITY, MD 21043
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME SW CORNER OF RT 97 & CHAPEL RD LOT NO. 2

PROPERTY ADDRESS 2888 ROUTE 97 GLENWOOD MD 21738
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 14 GRID 16 PARCEL(S) 154 PROPOSED LOT SIZE 3.6 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.

RONALD R. BEUWER
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-BHMH

977
Brown
rooted
SCL
13"
Orange
brown
L
2'
gray
micasious
SL
w/p2 Fe
mottles
4
Dark Brown
micasious
L w/p1 Fe
mottles
8
Water

718
Brown
SCL
11"
heavy
orangebrown
micasious
SCL/L
3'
gray/brown
micasious
SL w/d 2
Fe mottles
slightly
damp
+
caving
7
Water

716
Brown
SCL
13"
Orange
brown
heavy
SCL
2 1/2'
Orange
brown
micasious
SL w/d 2
Fe mottles
+ gray p1
mottles
7 1/2'
Water



714
Brown
orange
brown
SCL
16"
Orange
brown
micasious
L
3
Orange
brown
micasious
CL SL
4/d2 litho
chromatic
mottles
8
Water
713
Brown
SCL
8"
heavy
orangebrown
micasious
SCL
2 1/2'
Orange
brown micasious
L
6 1/2'
Orange
brown
micasious
damp SL
9 1/2'
Water

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/10/03	717	12 V	mottles @ 2' questionable w. s.				F
12/10/03	718	3 / 7	10:13	10:50	1/8" P sock 730 min		F
12/10/03	716	10 V	location to neighbors swamp + man made slopes				F
12/10/03	714	4 1/2 / 10	10:20	10:33	10:49	16	P
12/10/03	713	5 / 12	10:55	11:16	11:46	30	P

REMARKS p = prominent; d = distinct; l = < 5mm; z = 5-15mm; f = faint

SANITARIAN J. Boris BACKHOE ACE OTHERS

TEST HOLES USED IN SDA 713, 713A, 714, 714A, 714B AVG. PERC TIME SQ. FT/BR

TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE SW



"EIR"

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PROPERTY OWNER(S) Wired

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT LDD

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. 2

PROPERTY ADDRESS 2888 Route 97 Glenwood MD
STREET TOWN/POST OFFICE

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

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TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

HD-216 (2/03)

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

MISS UTILITY REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

A/P

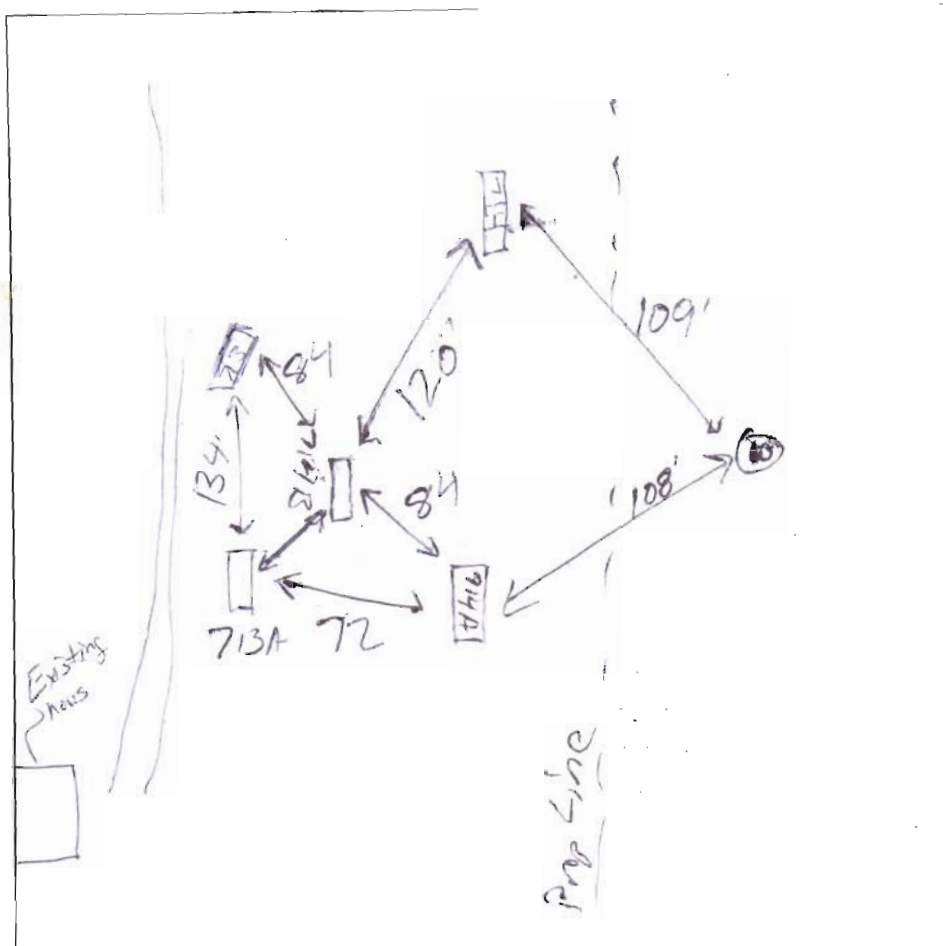
713A

Brown
SCLOrange
brown
micaceous
LOrange
brown
micaceous
SL

714A

Brown
SCLOrange
brown
micaceous
LOrange
brown
micaceous
SL

714B

brown
SCLOrange
brown
heavy
L/SCLOrange
brown
micaceous
SL

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/10/03	713A	4 1/2 11	1:30	1:33	1:37 1:30	4	P
12/10/03	714A	5 13	1:43	1:47	1:53	6	P
12/10/03	714B	11 1/2 SCL	5:41			2-7	P

REMARKS

SANITARIAN

J. Boris

BACKHOE

ACE

OTHERS

TEST HOLES USED IN SDA

AVG. PERC TIME

SQ. FT/BR

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH

EFFECTIVE SW

