



# APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

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

AP 521970A

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

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 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) JENNIE M. THOMPSON

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

MAILING ADDRESS \_\_\_\_\_

STREET

CITY/TOWN

STATE

ZIP

APPLICANT HAILEY DEVELOPMENT LC ; Suite 105

DAYTIME PHONE 301-476-7715 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 3905 NATIONAL DR. BURTONSVILLE MD 20866

STREET

CITY/TOWN

STATE

ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Thompson Property - Parcel A LOT NO. 1

PROPERTY ADDRESS 8067 Browns Bridge Rd 20777

STREET

TOWN/POST OFFICE

TAX MAP PAGE(S) 45 GRID 5 PARCEL(S) 13 PROPOSED LOT SIZE 3.24 Act

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.

Howie Andrews AGENT  
SIGNATURE OF APPLICANT

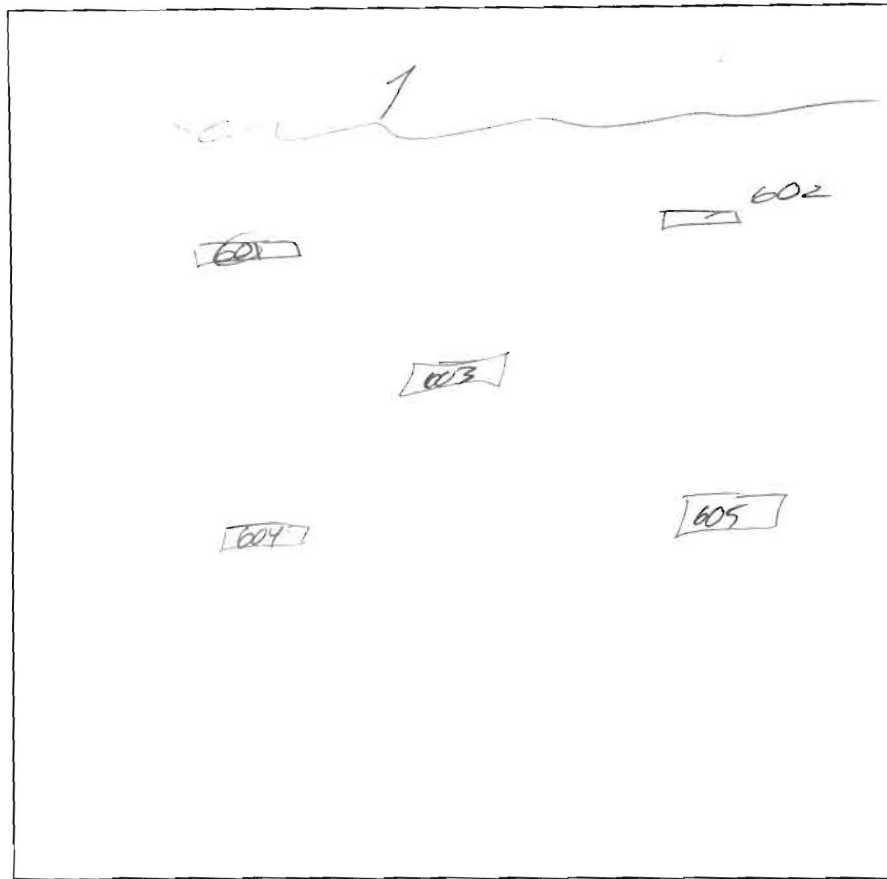
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

602  
Brown L  
1 1/2'  
Brown  
Sd w/  
20% Black  
Rock  
2'  
Yellow/Black  
Brown  
SL  
10'  
Yellow/Brown  
S  
11'

601  
Brown  
L  
11'  
Orange/Brown  
Brown  
Sd  
3 1/2'  
Brown/Red  
Micas  
SL  
w/ 20%  
Spherulite  
10'

604  
Brown/Yellow  
CL w/  
15-20%  
flaggy silt  
4'  
Yellow/Brown  
micaceous  
SL  
6 1/2'  
Brown/Yellow  
S  
w/ trace  
Rock  
11'



605  
Brown  
Yellow/Brown  
Sd  
4'  
Brown/Yellow  
micaceous  
SL w/  
10%  
Rock  
12'

603  
Brown L  
Brown/Yellow  
Red  
Sd  
3 1/2'  
Yellow/Brown  
micaceous  
SL  
w/ 10%  
Rock  
12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/11/05	602	3' / 11'	10:24	10:25	10:27	2 min	P
	601	4' / 10'	10:31	10:32	10:34	2 min	P
	604	4 1/2' / 11'	10:38	10:40	10:45	5 min	P
	605	5' / 12'	10:46	10:49:30	10:50	2 min	P
	603	7' / 12'	Visual			OK	P

REMARKS \_\_\_\_\_  
 SANITARIAN KJB BACKHOE K/K OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME < 5m SQ. FT/BR 1.2  
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 6 EFFECTIVE S/W \_\_\_\_\_