



# APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

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

AP 521970-B

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 DRIVE 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 - PARCELA LOT NO. 3

PROPERTY ADDRESS 8067 BROWNS BRIDGE RD. 20777  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 45 GRID 5 PARCEL(S) 13 PROPOSED LOT SIZE 3.25 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.

Monika Andrews AGENT  
SIGNATURE OF APPLICANT

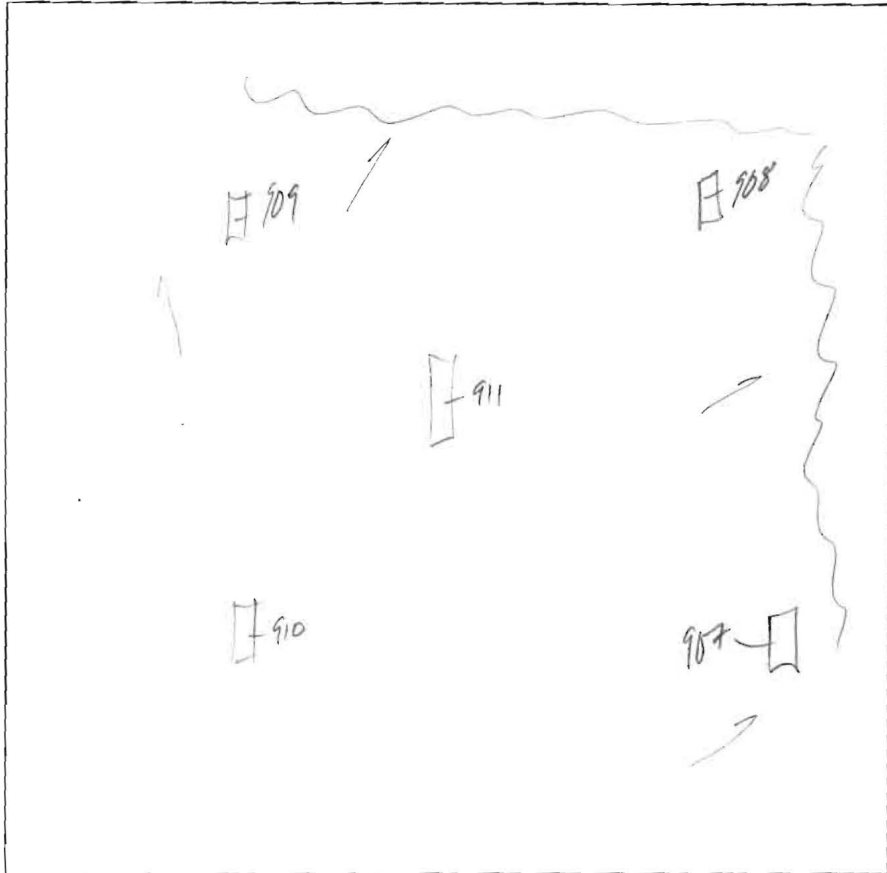
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

908  
Brown L  
1'  
Brown/Red  
yellow  
micas  
SL w/  
15-20%  
Platy saprolite  
4'  
Yellow/Brown  
micas  
SL  
8 1/2'  
Yellow/Brown  
S  
10'

909  
Brown L  
1/2'  
Red/Orange  
Brown  
micas  
SL  
4'  
Yellow/Black  
Brown  
micas  
SL  
9 1/2'  
Yellow/Brown  
micas  
S  
11'

907  
Brown L  
1'  
Orange/Brown  
micas  
SL  
3 1/2'  
Yellow/Brown  
micas  
SL w/  
15% platy  
Saprolite  
10'  
Yellow/Brown  
SL  
11'



910  
Brown L  
1'  
Orange/Brown  
micas  
SL  
5'  
Yellow/Brown  
SL  
10'  
Yellow/Brown  
S  
13'

911  
Brown L  
1'  
Red/Orange  
Brown  
micas  
SL  
3 1/2'  
Yellow/Red  
SL  
10 1/2'  
Yellow/Brown  
SL  
w/10%  
Saprolite  
12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/11/05	908	4' / 10'	9:50	9:52	9:56	4min	P
	909	4 1/2' / 11'	9:59	10:00	10:02	2min	P
	907	4' / 11'	10:04	10:07	10:13	6min	P
	910	4' / 13'	10:12	10:14	10:16	2min	P
	911	- / 12'	- Visual	-	-	OK	P

REMARKS \_\_\_\_\_  
 SANITARIAN KJB BACKHOE K/K OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 15 SQ. FT/BR 150  
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 6 EFFECTIVE SW 2'