



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ APR 533230

AGENCY REVIEW: _____ DATE 5/6/10

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 _____ 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) Eddie Kahn

DAYTIME PHONE 301-831-5956 CELL 301-467-7187 FAX _____

MAILING ADDRESS 17445 Frederick Rd Mt Airy MD 21771
STREET CITY/TOWN STATE ZIP

APPLICANT Fogler's Septic Clean

DAYTIME PHONE 410-795-5670 CELL _____ FAX 410-795-3432

MAILING ADDRESS 580 Oberholt Rd Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 17445 Frederick Rd LOT NO. _____

PROPERTY ADDRESS Mt Airy 21771
STREET TOWN/POST OFFICE

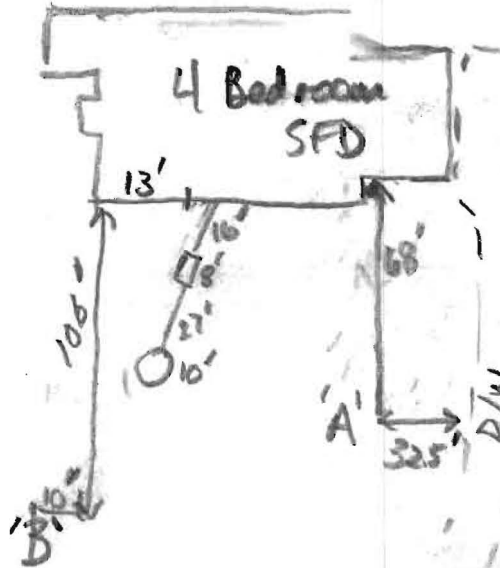
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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]
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

17445 Frederick Rd.



0.2' dk brn loam
 brn gr cl
 2' 2m sbk
 brn & yel-brn loam
 10% channers
 3.5' yel-red sl
 10-15% channers
 5.5' yel-red chsl
 (splintery saprolite)
 7.5'
 9' lt. brn sl
 > 50% eggs and channers
 8'
 0.2' dk brn loam
 brn gr loam
 heavy
 2.5' yel & red loam
 3.5' brn vel loam
 4.8' 1/2 pale yel & yel-red
 6' yel-red sl
 chsl
 (splintery saprolite)
 8' grey vfls
 9.2' grey vfls
 60%

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/27/10	A	4.5' / 9'	1:25	1:28	1:34	6	P
5/27/10	B	4.8' / 9.2'	1:56	2:00	2:22	22	P

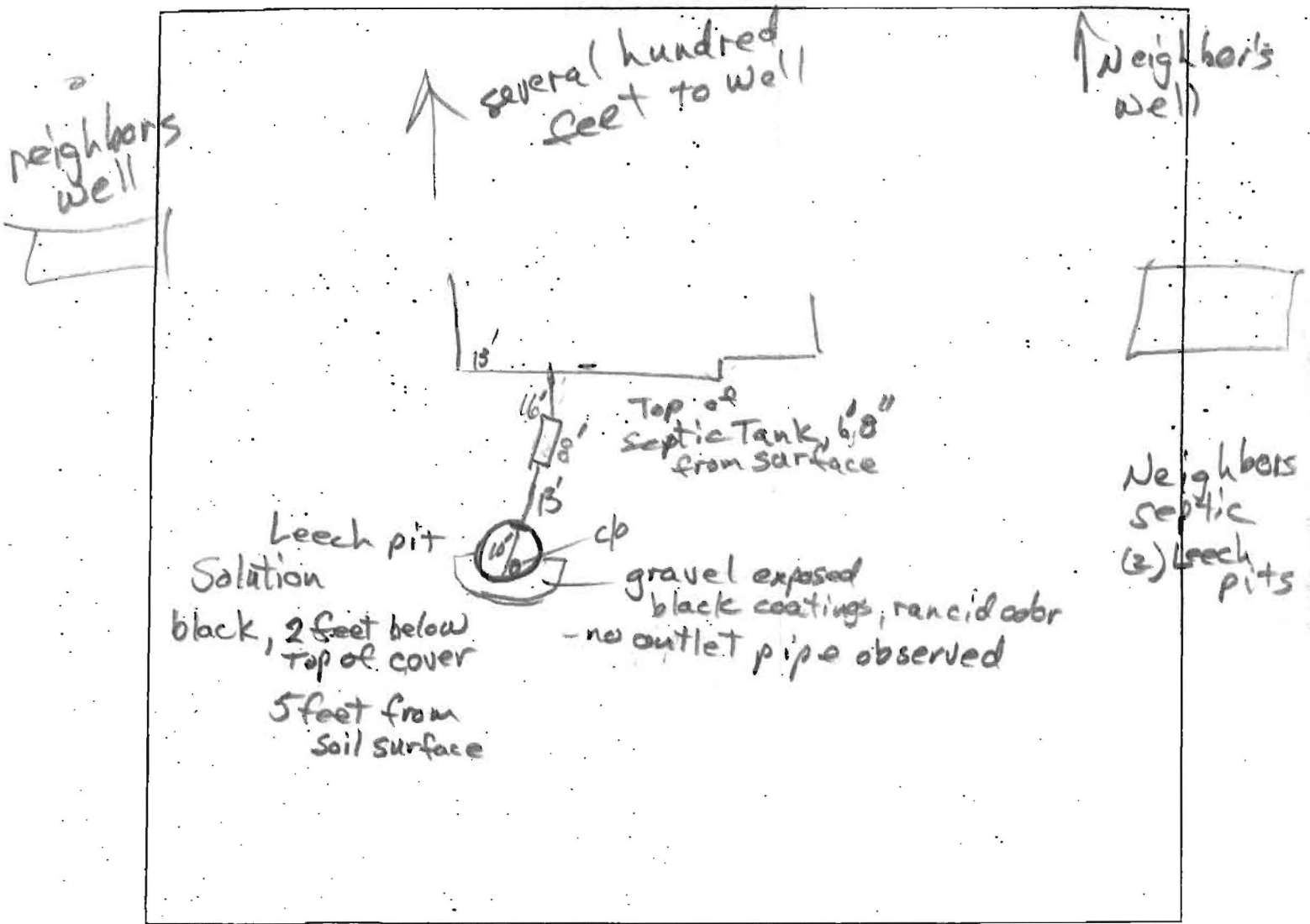
REMARKS Install 220 L.F. Trench (2x60') on contour
 SANITARIAN RB BACKHOE 'BP' (Fogies) OTHERS _____
 TEST HOLES USED IN SDA 'A & B' AVG. PERC TIME 14 SQ. FT/BR 187.5
 TRENCH WIDTH 3 INLET DEPTH 2.5 MAX. BOT DEPTH 5 EFFECTIVE S/W 1.5 (171)

Owner requested to oversize system (e.g. size for 5 Bed room)

SITE INSPECTION SHEET

OWNER: Eddie Hahn PHONE #: _____
ADDRESS: 17445 Frederick Rd. CONTRACTOR: Fogles
WELL TAG #: no tag
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Wastewater backed-up into house.

LOCATION DIAGRAM



COMMENTS: π +60" ; Tank Invert at -84" (50')
Down hill (33 ft) -96" ←