

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

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 \_\_\_\_\_ 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) Janice White

DAYTIME PHONE 410 489-4792 CELL 410 320 8789 FAX \_\_\_\_\_

MAILING ADDRESS 675 Gaither Rd Sykesville  
STREET CITY/TOWN STATE ZIP

APPLICANT Kurt / Fogle's Septic Clean, Inc.

DAYTIME PHONE 410 795-5670 CELL 410 984-5211 FAX 410 795-3432

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

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME Huebner Prop LOT NO. 2

PROPERTY ADDRESS 675 Gaither Rd Sy  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 4 GRID 20 PARCEL(S) 96 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

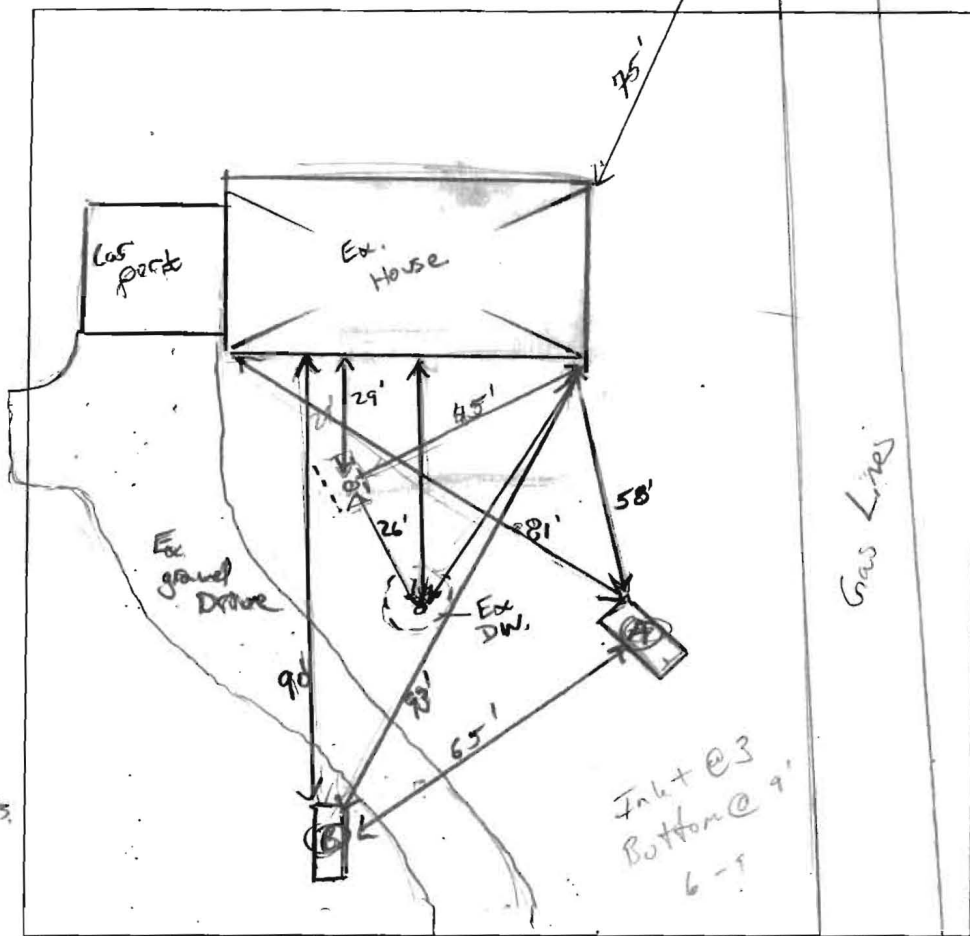
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

Kurt A. Cassell

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)

leaf litter, organic  
 4" Lm SBK.  
 8" 7.5YR 5/8.  
 4" WK CL, many roots.  
 Friable, Dry.  
 Yellow, Brown  
 Sil, moderate  
 thick platy  
 common lithochrom  
 yellow/red mottles  
 5-5.5" yellow br. - red  
 loam, thick platy  
 friable, waxy  
 10% subst charms.  
 13" SL, WK platy  
 Inherited from RX.

(B)

8" organics, SBK  
 18" level br. roots.  
 CL, tight CS  
 platy structure.  
 Friable.  
 5" Tight CL,  
 SBK, many  
 roots, 5%  
 quartz  
 FSL, friable  
 yellow-red,  
 thin platy  
 massive in some  
 spots, roots,  
 Dry, prominent  
 lithochrom Y/R  
 mottles. 13"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/14/09	(A)	4.5' / 13'	11:32	11:42	11:57	15	P
		6'	12:04	12:11	12:22	11	P
	(B)	6' / 13'	12:42	11:52	1:04	12	P

11:45 pm poured H<sub>2</sub>O @ bottom of hole (A) good < 5mm.

REMARKS

SANITARIAN Kern Wolf BACKHOE B.P. OTHERS Helper (Fogke)  
 TEST HOLES USED IN SDA 2 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH 2' INLET DEPTH 3 MAX. BOT DEPTH 9' EFFECTIVE SW 6'

$150(3) = \frac{450}{0.8} = 562.5 \div 2' = 281 (1.44) = 125$