

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AVP 522884

AGENCY REVIEW: _____

DATE 7/8/05

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 PART 13.
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 4 TO 5 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) WALTER & FISHERLY JUSTIN

DAYTIME PHONE 443-367-0422 CELL _____ FAX _____

MAILING ADDRESS 11903 LIME KILN ROAD FUCTON MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT DONALD R. REOWER

DAYTIME PHONE 443-367-0422 CELL _____ FAX 443-367-0420

MAILING ADDRESS 5300 TORREY HALL DRIVE ELLCOTT CITY, MD 21042
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME JUSTIN PROPERTY LOT NO. 3

PROPERTY ADDRESS 11903 LIME KILN ROAD FUCTON, MD 20759
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 46 GRID 1 PARCEL(S) 103 & 184 PROPOSED LOT SIZE 3 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.

SIGNATURE OF APPLICANT

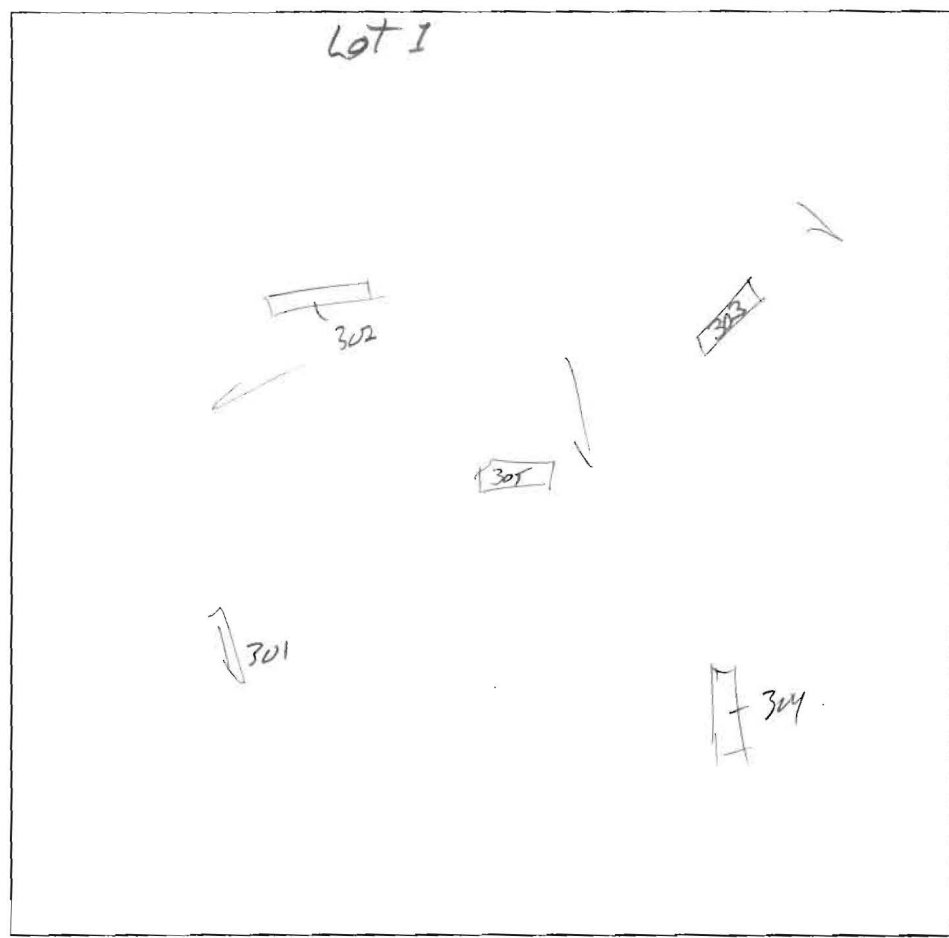
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 3525-H ELLCOTT MILLS DRIVE, ELLCOTT CITY, MARYLAND 21043-4544 (410) 313-1771. FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

522004

301
Brown L
Red/Orange
Scl
3 1/2
Red/Orange
micas
SL
4 1/2
Yellow/Brown
micas
SL w/
trace
Kek
12 1/2

301
Brown L
2
Red/Orange
micas
SL w/
trace
Kek
5
Yellow/Brown
micas
SL w/
trace
Kek
10

305
Brown L
2
Red/Brown
micas
Scl
5
Yellow/Brown
slightly compact
micas SL
w/ 10-15%
Platy Spherule
12



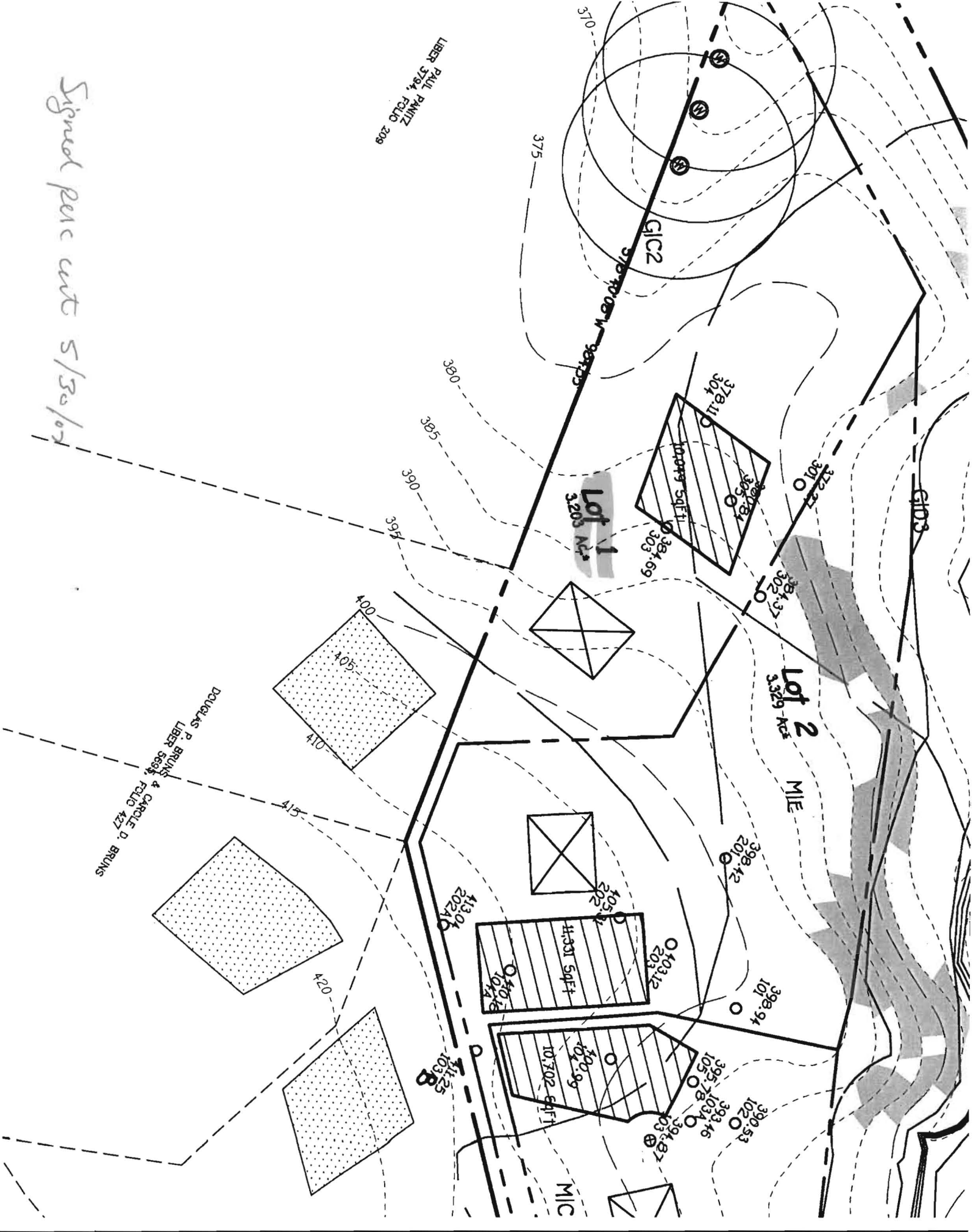
302
Brown L
1 1/2
Red/Orange
micas
Scl
Yellow/Brown
micas
SL
w/
trace
Kek
12

302
Brown L
1
Red/Orange
micas
Scl
5
Yellow/Brown
micas
SL w/
trace
Kek
12

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/25/18	304	4 12 1/2'	10:12	10:15	10:18	3min	P
	301	5' 10'	10:22	10:23	10:25	2min	P
	305	5' 12'	10:28	10:38	10:53	15min	P
	303	6' 12'	10:35	10:37	10:43	6min	P
	302	- 12'	- Visual -			OK	P

REMARKS _____
 SANITARIAN KOS BACKHOE Mike Johnson OTHERS Robert W. Auster
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 6.5 SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

Signal perc cut 5/30/07



PAUL PAINTZ
FIELD 208
3784

DOUGLAS P. BRUNS
& CAROLE D. BRUNS
LIBER 5884
FIELD 427