



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 532560

AGENCY REVIEW: _____

DATE 3-15-10

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) Mr. Sowanda Larry

DAYTIME PHONE 410 531-2213 CELL _____ FAX _____

MAILING ADDRESS 13264 Hunt Ridge Ellicott City MD 21041
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfields Equipment

DAYTIME PHONE 301-854-6172 CELL 410-984-0047 FAX 301 490 5794

MAILING ADDRESS PO Box 519 Annapolis Junction MD 20701
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. 5C

PROPERTY ADDRESS 13264 Hunt Ridge Ellicott
STREET TOWN/POST OFFICE

FAX MAP PAGE(S) 22 GRID 9 PARCEL(S) 417 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.

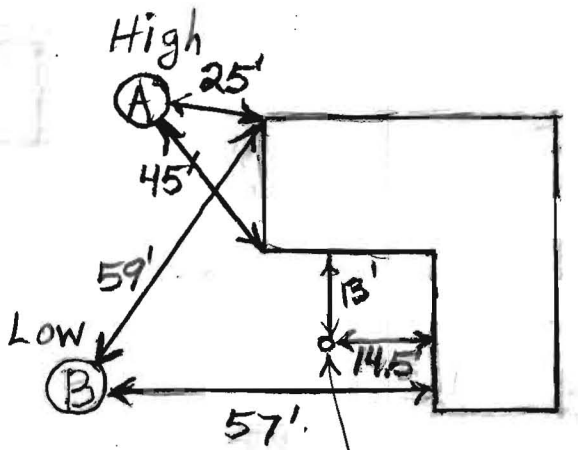
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

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

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2010 MR 15 PM 2:13

Well on
Other
Side of
Stream



6" Cleanout

(A)
Red sbk
SaCl Loam
2-3'
Light Br
Loamy Sa
~20%
Rock and
Saprolite

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/24/2010	A	4'/15'	10:49:30	10:50:30	10:52:15	2	P
	B	5.5'/14'	12:08	12:10	12:12:30	2 1/2	P

Repair Area is Scarce
Pump to Drywell or Bed?

(B)
Fill
1.5'-2.5'
Red Br
sbk Sa
Cl Loam
4'
Med Br
Sa Loam
Loamy Sa
~15%
Saprolite
13.5'
Mottling
14'

REMARKS: Install Trenches Between Holes A+B
 SANITARIAN B. Baker BACKHOE Hatfields OTHERS L. Sowada
 TEST HOLES USED IN SDA A+B AVG. PERC TIME 2 SQ. FT/BR
 TRENCH WIDTH 2' INLET DEPTH 3' MAX. BOT DEPTH 10' EFFECTIVE SW 7'