



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 531878

AGENCY REVIEW: _____ DATE 8/13/09

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 4 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) Deanna Mahanand

DAYTIME PHONE 410795-5670 CELL _____ FAX _____

MAILING ADDRESS 7433 Oakcrest Ln Clarksville
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic Clean Inc

DAYTIME PHONE 410795-5670 CELL _____ FAX _____

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

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 7433 Oakcrest Ln Clarksville
STREET TOWN/POST OFFICE

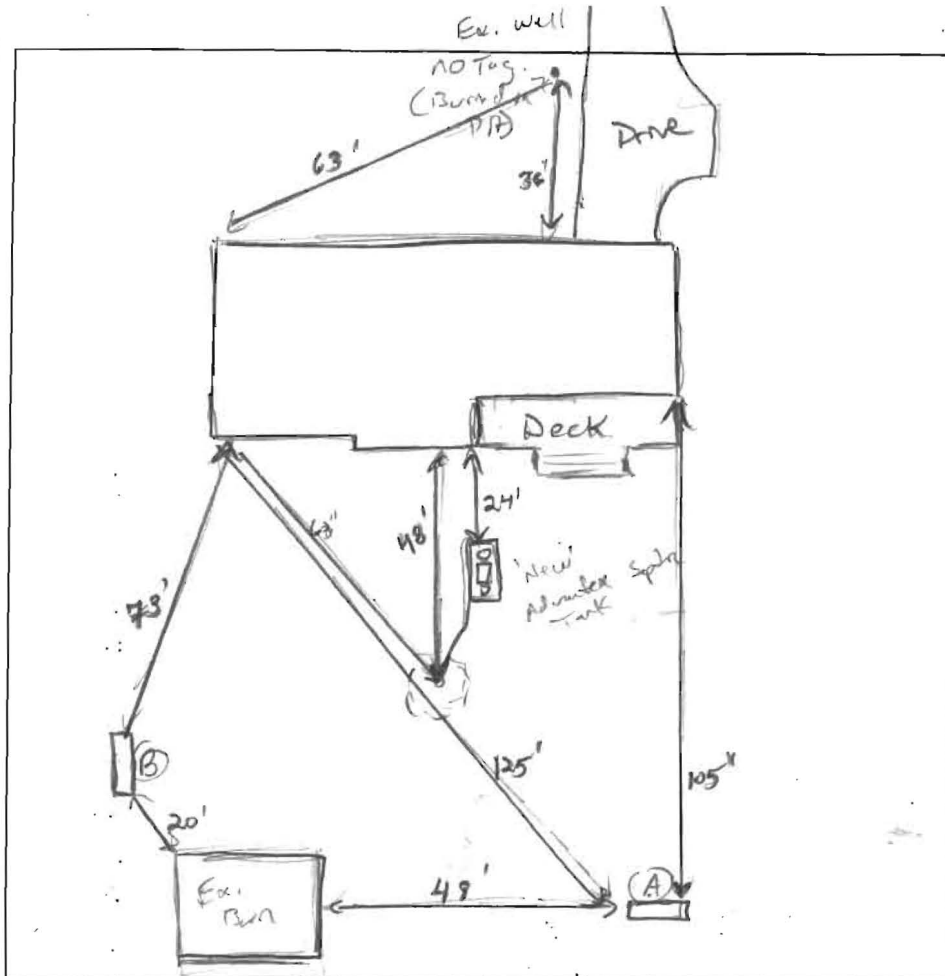
FAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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.

Rust A. Carroll
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

AP (A) 531878



8' (A)
 OM, br. loam, MSBK
 SL, moderate to fine granular structure, very micaceous, 7.5 YR 2/1/1

3'
 very loose SL, massive, highly micaceous

4'
 Qtz vein
 LS, loose, 10% weathered schist.

13' (B)
 50K, om. many roots
 CL MSBK
 parting to granular, 8% siltstone

4'
 yellow, br, red. loam, wk SL
 SBK, friable, many roots, common prominent yellow red lithochrous nodules

13'
 SL, very micaceous, wk. 10% siltstone saprolite.

DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2nd INCH	P/F/H
8/13/09	(A)	4' 13'	11:00	11:02	11:04	2	P
		repair -	11:07	11:10	11:14	4	P
	(B)	visual	good				P
		passed H ₂ O @ bottom			11:40 -	11:45 (good)	

REMARKS Property extends ~150 or more past Parc (A), soil indicative of a Gaila soil series.

SANITARIAN Kevin W. BACKHOE Take OTHERS _____

TEST HOLES USED IN SDA 2 AVG. PERC TIME 3 SQ. FT/BR _____

TRENCH WIDTH 3' INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____