



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 523284

AGENCY REVIEW: _____

DATE 9/8/05

05-379016

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 2 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) JOHN DANIEL

DAYTIME PHONE 240-882-4500 CELL 240-882-4500 FAX 301-437-4370

MAILING ADDRESS 9450 ELLSWORTH COURT FULTON MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT AFIQUZ RAHMAN

DAYTIME PHONE 202-528-2131 CELL 240-528-2131 FAX 301-879-8871

MAILING ADDRESS 1403 MIMOSA LANE SILVER SPRING MD 20904
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME WILLIAMS CONTRIVANCE ESTATE LOT NO. 12

PROPERTY ADDRESS 9450 ELLSWORTH COURT FULTON
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 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



①
brown l
red brown
(ab heavy
loam / s.c.l)
3
Yellow
brown
very micaceous
20-25%
rounded &
c. cherty
5 1/2
Yellow
brown
micaceous
Sandy
loam
loamy
coarse sand
1 1/2
3
Black
bands
quantity
white /
blue
y-b
s.c.l
s.l

②
brown l
yellow
brown
heavy
loam
5
micaceous
& lots of
micaceous
red
y/b
8 - 5.4 /
Sand / (mix)
dark
yellow
brown
pick y-b
micaceous
loam s.l.s
12 (lots of
mica)
5' 0"
20-
25%
cherty
micaceous
b.o.tive
flecty
clay
in
rocks

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/27/05	1	4 11 1/2	1:02	1:35 ⁴⁵	1:19 ⁰¹	14	Pass
	2	5 12	1:10	Slow			
repair		6 12	1:23	Slow			
		7 12	1:54	2:14	2:40	26	Pass

REMARKS establish repair area prior to dept permit signature.
 SANITARIAN RAY BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH' _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____
 (Very DRY GRAND)

5 1/2