



# APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 521970-E

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 unknown 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) JENNIE M. THOMPSON

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET CITY/TOWN STATE ZIP

APPLICANT HAILEY DEVELOPMENT LC; Suite 105

DAYTIME PHONE 301.476.7715 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 3905 NATIONAL DRIVE BURTONSVILLE MD 20866

STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME THOMPSON PROPERTY - PARCEL A LOT NO. 6

PROPERTY ADDRESS 8067 Browns Bridge Rd 20777

STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 45 GRID 5 PARCEL(S) 13 PROPOSED LOT SIZE 5.31 Act

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]  
SIGNATURE OF APPLICANT

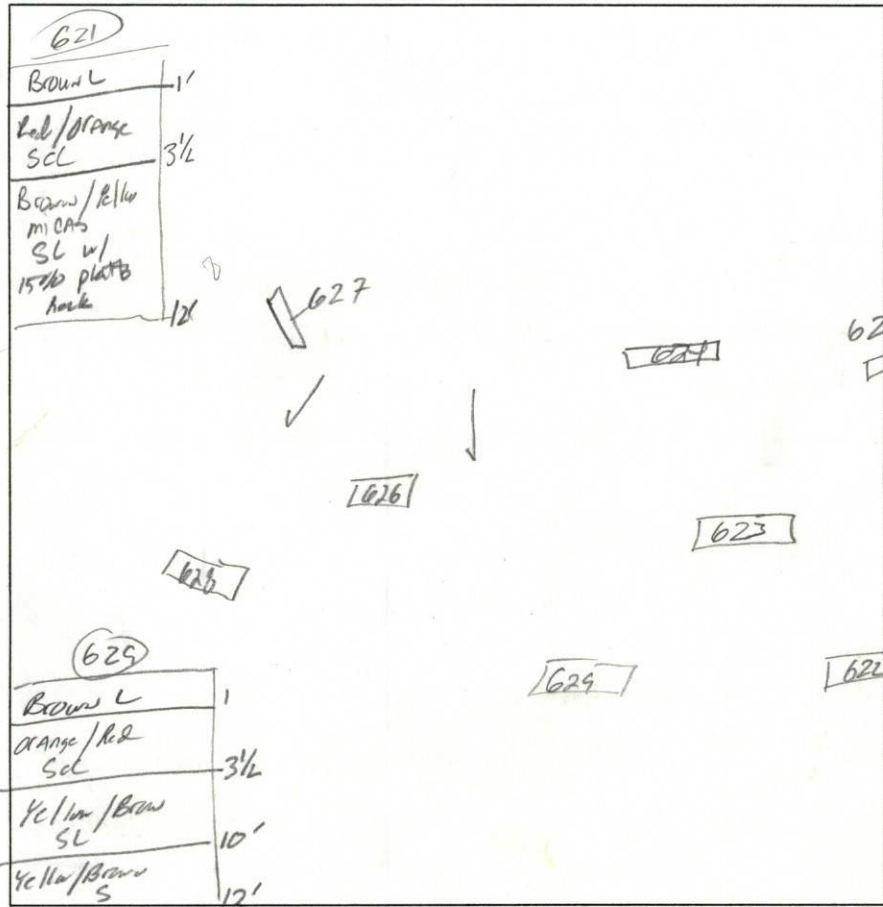
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P \_\_\_\_\_

**627**  
 Brown L 1'  
 Brown/red Sol 2'  
 Brown/Yellow SL w/ 10% sponite 6 1/2'  
 Yellow/Brown SL w/ 20% platy sponite 10'

**628**  
 Brown L 1'  
 Red/Brown orange Sol w/ 10% atz 2 1/2'  
 Yellow/Brown SL w/ 10% platy sponite 6 1/2'  
 Yellow/Brown S w/ 15% sap. 10 1/2'

**626**  
 Brown L 2'  
 Orange/Brown Sol w/ 10% sponite 3'  
 Brown/Yellow mica's SL w/ 15% sponite 11'



**624**  
 Brown L 1'  
 Red/Orange Sol w/ 10% sponite 3 1/2'  
 Yellow/Brown SL 6'  
 Gray/Brown SL w/ 15% rock 11'

**623**  
 Brown L 1'  
 Yellow/Orange Sol 5 1/2'  
 Yellow/Brown SL w/ 15-20% platy sponite 10'

**622**  
 Brown/Orange OC 1'  
 Red/Orange Sol 3'  
 Brown/Yellow SL w/ 10-15% platy sponite 9'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/9/05	627	3' / 10'	8:55	9:00	9:15	15min	P
	628	3 1/2' / 10 1/2'	9:03	9:08	9:17	9min	P
	626	11'	-Visual-			OK	F
	623	5' / 10'	9:37	-Pulled	9:54	Slow	F
	624	4 1/2' / 11'	9:43	9:51	10:07	10min	P
	Re-Bur. 623	5 1/2' / 10'	10:09	-Pulled	10:36	Slow	F
	622	3 1/2' / 9'	10:03	10:04	10:06	2min	P
	629	4' / 13'	10:13	10:14	10:15	1min	F
	627	Re-Bur	10:16	10:18	10:20	2min	P
	621	4' / 12'	10:26	10:29	10:34	5min	P

REMARKS \_\_\_\_\_  
 SANITARIAN KSJ BACKHOE K/K OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 11.4 SQ. FT/BR 0.8  
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 6 EFFECTIVE SW 2'