



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P 521970
AGENCY REVIEW: _____ DATE 2/1/2005

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 LLC; 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. 5

PROPERTY ADDRESS Browns Bridge Rd (8067) 20777

STREET

TOWN/POST OFFICE

TAX MAP PAGE(S) 45 GRID 5 PARCEL(S) 13 PROPOSED LOT SIZE 3.10Ac⁺

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.

Markus Ludrums
AGENT
SIGNATURE OF APPLICANT

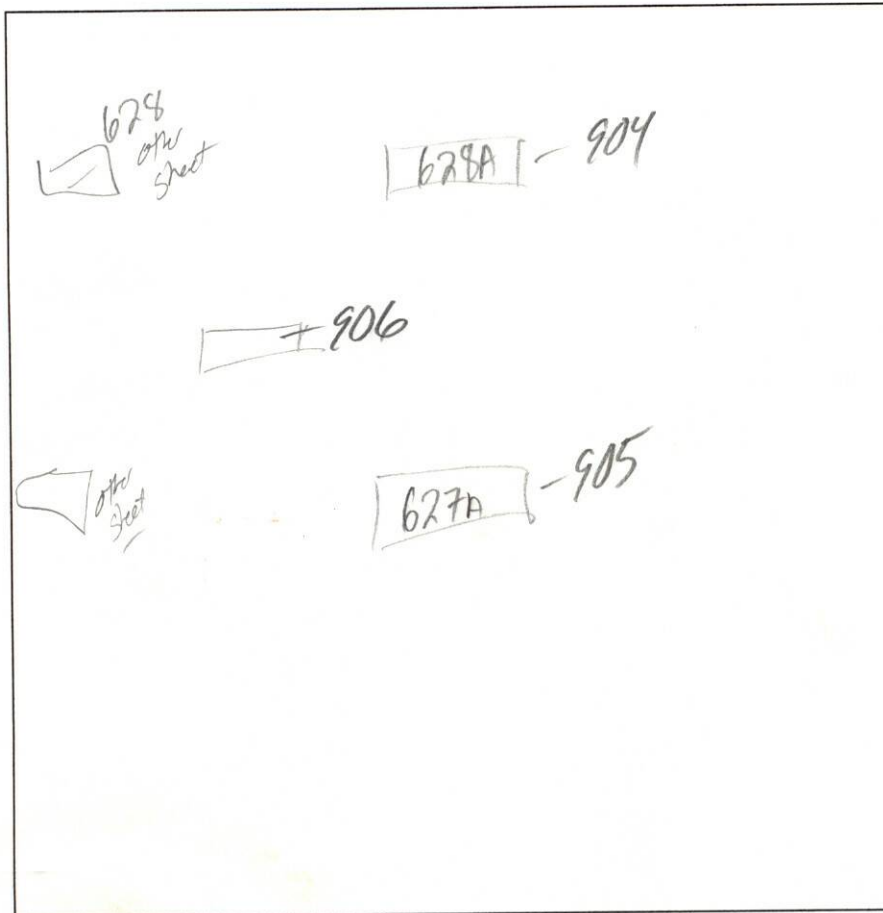
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

904
 Brown L
 Yellow/Brown
 heavy cl
 2 1/2'
 Red/Orange
 Sel
 4 1/2'
 Yellow/Brown
 micaceous
 SL w/
 15-20% platy
 Saprolite
 12'

905
 Brown L
 1'
 Red/Orange
 Sel
 3 1/2'
 Orange/Brown
 Sand
 Sel
 5 1/2'
 Brown/Yellow
 micaceous
 SL w/
 20% platy
 Saprolite
 11'

906
 Brown
 L
 1'
 Red/Orange
 micaceous
 Sel
 3 1/2'
 Brown/Yellow
 SL w/
 12'



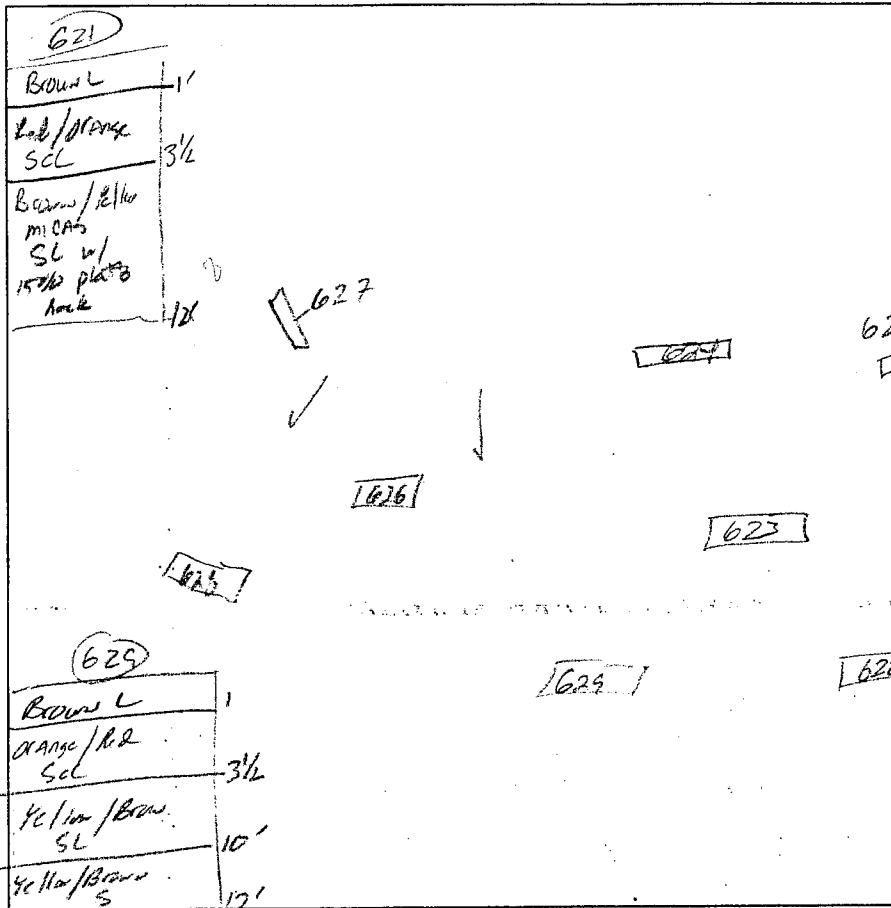
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/9/05	904	4' / 12'	1:13	1:17	1:24	7min	P
	905	6' / 11'	1:23	1:27	1:38	11min	P
	906	4' / 12 1/2'	1:29	1:33	1:40	7min	P

REMARKS _____
 SANITARIAN KSB BACKHOE 15/K OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 8.5 SQ. FT/BR 0.8
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 6 1/2 EFFECTIVE S/W 1'

627
 Brown L 1'
 Brown/Red Scl 2'
 Brown/Yellow SL w/ 10% Septic 6 1/2'
 Yellow/Brown SL w/ 20% platy septic 6 1/2'

HB
 628
 Brown L 1'
 Red/Brown Orange Scl w/ 10% Septic 2 1/2'
 Yellow/Brown SL w/ 10% Septic 6 1/2'
 Yellow/Brown SL w/ 15% Septic 10 1/2'

626
 Brown L 2'
 Orange/Red Scl w/ 10% Septic 3'
 Brown/Yellow mCAS SL w/ 15% Septic 11'



624
 Brown L 1'
 Red/Orange Scl w/ 10% Septic 3 1/2'
 Yellow/Brown SL 6'
 Gray/Brown SL w/ 15% Rock 11'

623
 Brown L 1'
 Yellow/Orange Scl 5 1/2'
 Yellow/Brown SL w/ 15-20% platy septic 10'
 Septic 10'

622
 Brown/Orange CL 1'
 Red/Orange Scl 3'
 Brown/Yellow SL w/ 10-15% platy septic 9'
 HB 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	15 min	P
	627	3 1/2' / 10 1/2'	9:03	9:08	9:17	9 min	P
	626	11'	-Vandal-			OK	F
	623	5' / 10'	9:37	-Pulled	9:54	Slow	F
	624	4 1/2' / 11'	9:43	9:51	10:07	16 min	AP
	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	2 min	P
	629	4' / 13'	10:13	10:14	10:15	1 min	F
	625	Re-Bur	10:16	10:18	10:20	2 min	P
	621	4' / 12'	10:26	10:29	10:34	5 min	P

REMARKS _____
 SANITARIAN KSA BACKHOE Y/K OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

