



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 521970C

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. 4

PROPERTY ADDRESS BROWNS BRIDGE RD (8067) 20777
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 45 GRID 5 PARCEL(S) 13 PROPOSED LOT SIZE 3.23 Ac±

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. Monica Andrews AGENT
SIGNATURE OF APPLICANT

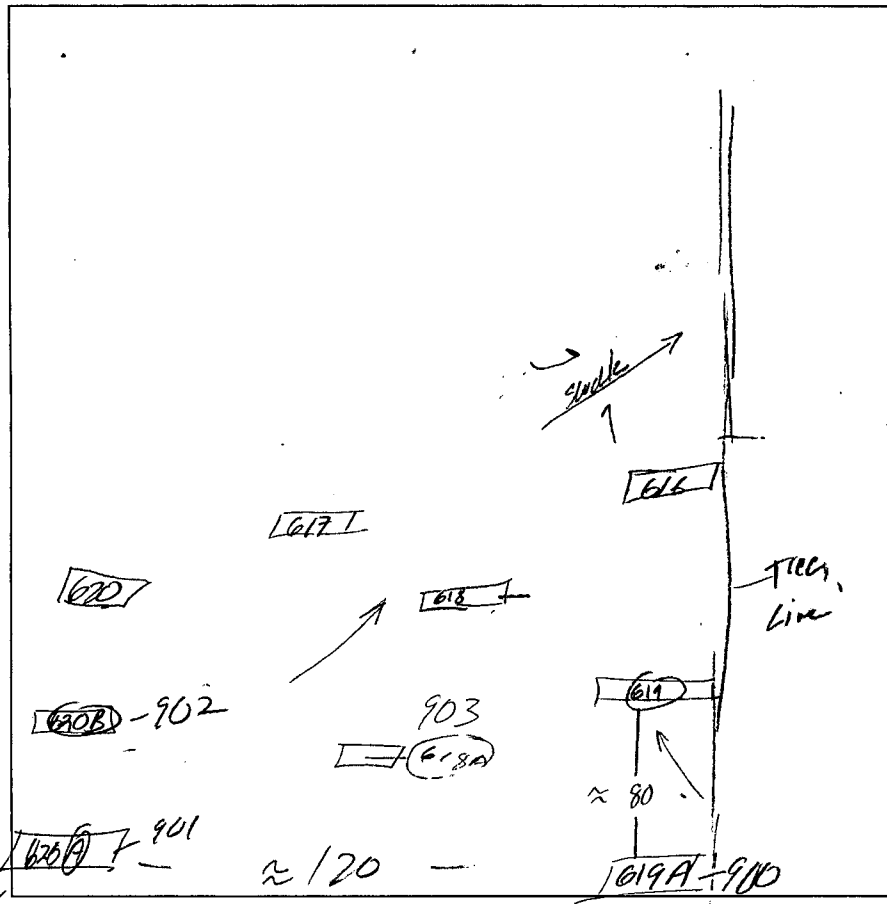
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

~~619~~
 BROWN L 1'
 Red/Orange Scl 3 1/2'
 Red/Yellow Brown micas SL w/ 5-10% platy Saprotz 10'
 Yellow/Brown S 12'

616
 Browns L 11'
 Red/Brown heavy Scl w/ 5% Qtz 4 1/2'
 Gray/Brown micas SL w/ 10% platy Saprotz 11'

618
 Browns L
 Red/Orange heavy Scl
 Pink/Red micas SL
 Brown/gray micas SL w/ 10% platy Saprotz 13'



617
 Brown L 1'
 Orange/Brown CL 4'
 Yellow/Brown Scl 10'
 Yellow/gray Brown micas SL 12'

620
 Brown L
 Orange/Brown Scl 4'
 Brown/Red micas S platy w/ 10% Saprotz 11'

620A
 Brown L 1 1/2'
 Red/Orange Brown micas Scl - Rotted 5'
 Red/Orange Brown Scl w/ 5-10% Rock 73'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PIF/H
3/9/05	619	4 1/2' / 12'	10:44	10:45	10:47	2 min	P
	616	5' / 11'	10:49	10:50	10:52	2 min	P
	617	12'	- Visual -			OK	P
	618	3 1/2' / 13'	11:07	11:09	11:11	2 min	F
X3	620	5' / 11'	11:23	11:24	11:25	1 min	F
	619A	4' / 11'	11:35	11:35:20	11:36:36	1 min	F
			12:11	12:13	12:15	2 min	P
X3	620	5 1/2' / 11'	11:42	11:42:35	11:43:25	1 min	F
	620	5' / 12'	12:43	12:46	12:51	5 min	P

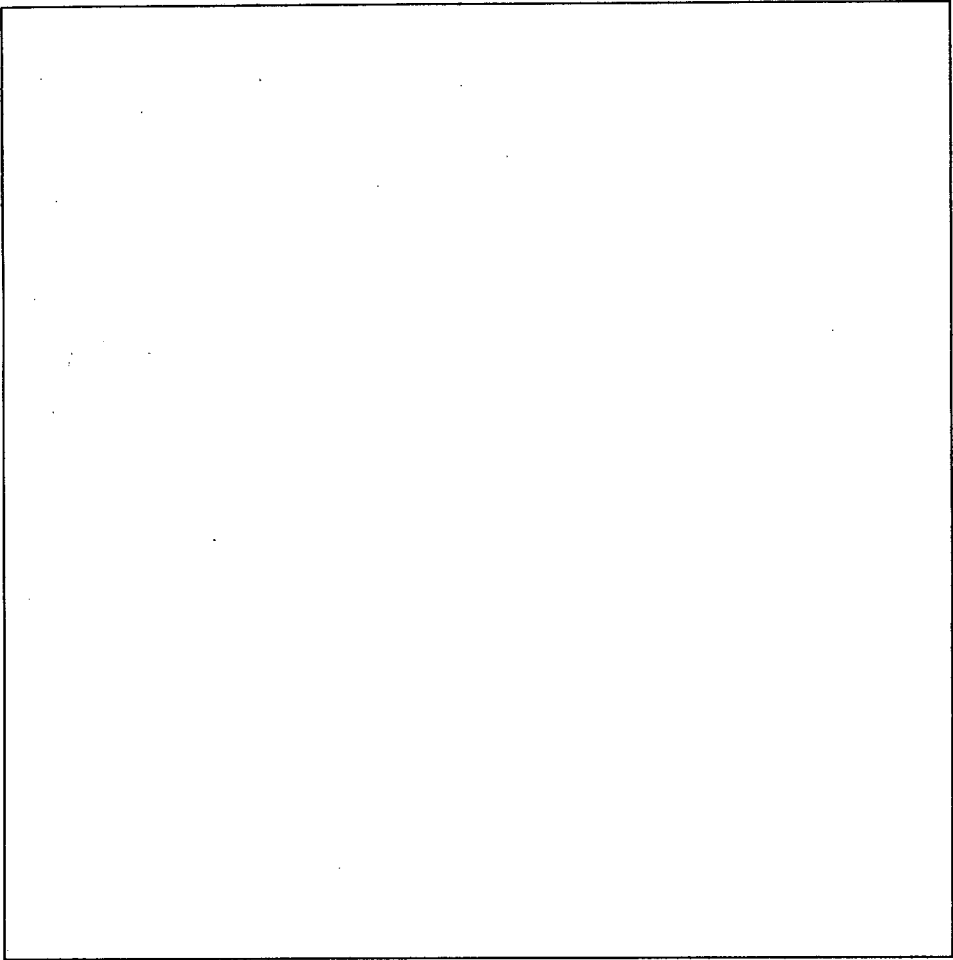
REMARKS - 618 in Scl at saddle? 618-toward trees OK - deep clay/rock H₂O

SANITARIAN _____ BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

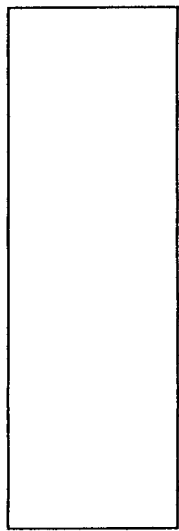
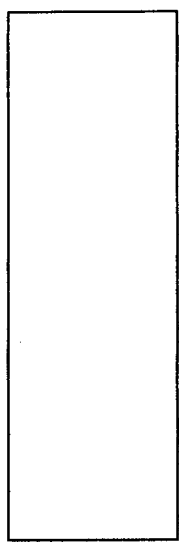
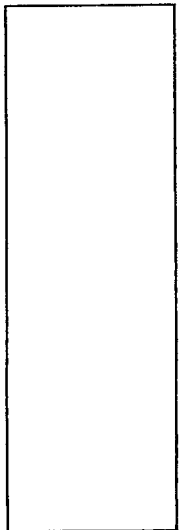
AVP
619A
Brown L
1'
Red/Brown
MICACOUS
Sch
4'
Red/Brown
SL
6'
Yellow/Brown
S
-trace
Rock - 11'

620B (902)
Brown L
Orange/Red
Brown
Sch
4'
Red/Orange
SL
10'
Yellow/Brown
S
-trace
Rock - 12'

618A (903)
Brown L
Orange/Brown
Sch
7'
Yellow/Orange
SL
6'
Yellow/Brown
S
w/ trace
Rock - 12'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
	620B	5' / 12'	11:59	12:02	12:06	4 min	P
	618A	5' / 12'	12:51	12:53	12:55	2 min	P



REMARKS _____
 SANITARIAN _____ BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 65m SQ. FT/BR 150
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 7 EFFECTIVE S/W 2'