



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P 523532

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 \_\_\_\_\_ 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) Scott Deiter

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

~~PROPERTY~~ ADDRESS 7519 Flamewood Drive  
STREET CITY/TOWN STATE ZIP

APPLICANT \_\_\_\_\_

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

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
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

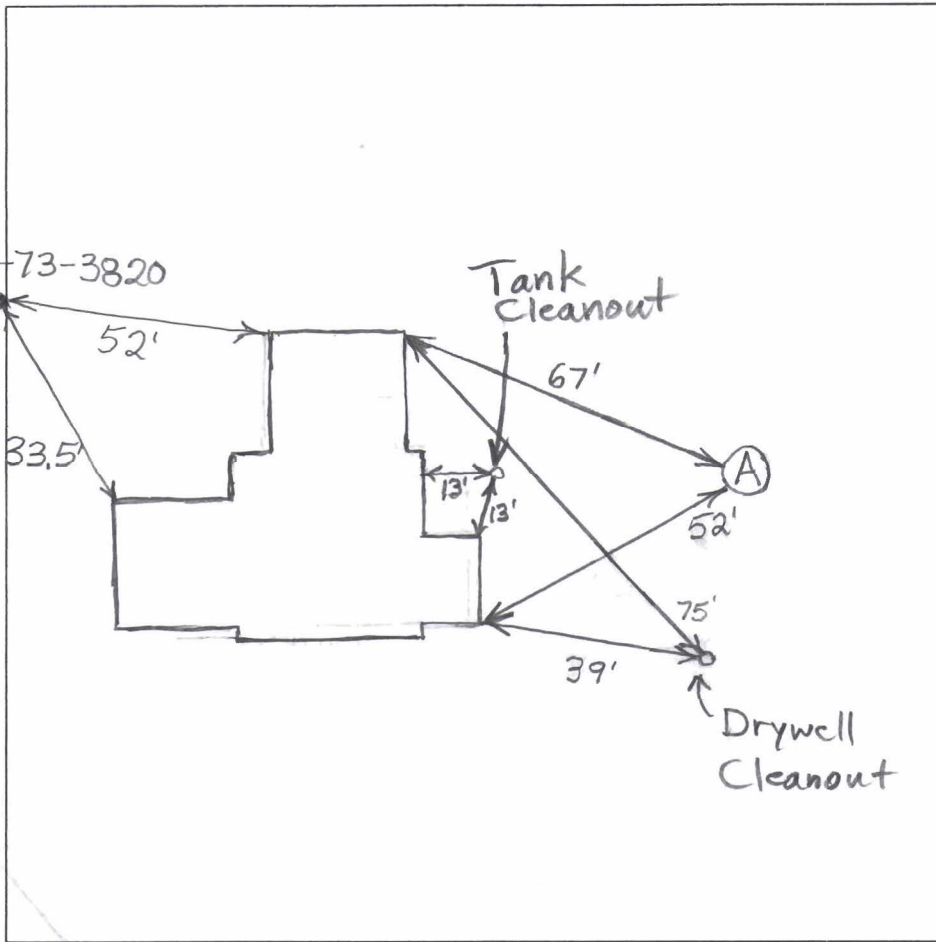
A/P (A)

Red Br Si  
Cl Loam  
~5% Rock

4'-4.5'

Red, Red Br and  
Yellow Br  
Dense Sa  
Loam  
~40% Decayed  
Rock, Almost  
Saprolite

15.5'



Flamewood Drive

| DATE     | TEST # | DEPTH          | START    | BREAK 1" DROP | STOP 2" DROP | TIME OF 2nd INCH | P/F/H |
|----------|--------|----------------|----------|---------------|--------------|------------------|-------|
| 10/27/05 | A      | 5.5' / 15.5' V | 10:58:15 | 11:10         | 11:35        | 25               | P     |
|          |        |                |          |               |              |                  |       |
|          |        |                |          |               |              |                  |       |
|          |        |                |          |               |              |                  |       |
|          |        |                |          |               |              |                  |       |
|          |        |                |          |               |              |                  |       |
|          |        |                |          |               |              |                  |       |
|          |        |                |          |               |              |                  |       |
|          |        |                |          |               |              |                  |       |
|          |        |                |          |               |              |                  |       |

REMARKS Water Poured in Bottom - Rate O.K.

SANITARIAN B. Baker BACKHOE Charlies Bobcat OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA A AVG. PERC TIME 25 SQ. FT/BR 300

TRENCH WIDTH 2' INLET DEPTH 5.5' MAX. BOT DEPTH 11' EFFECTIVE SW \_\_\_\_\_

**SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST**

**Please fill out this form completely and check off the reason for the request:**

Date requested: 10/25/05 For Perk

**Reason for Request**

Failing System (includes surface discharge or inadequate treatment zone) yes

**Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?**

in support of a building permit. Type of building addition: N/A

\*System relocation for proposed addition for setback compliance NO

\*Verification of adequate system capacity per COMAR 26.04.02.02D (4) \_\_\_\_\_

To replace collapsed septic tank or upgrade tank capacity NO

To replace collapsed drywell NO

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Septic Contractor: Charles Bobert Service Inc

Contractor's Address: 13 Energetic Endeavor Drive  
Stoksville Md 21784

Contractor's Phone #: 410 325-1109

Property Address: 7519 Flamework Dr

Property (Subdivision) & Lot # Lot-2

Owner's Name: Scott Deiter

Is public sewer available/nearby: NO

Names of Any Previous Owners: \_\_\_\_\_

Year House Built: 1981

# of Existing Bedrooms: 4

# of Bedrooms after completion of addition: 4

Has this request been discussed previously with a Sanitarian, who? NO

***If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.***

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned \_\_\_\_\_