

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ **AP 5 236 63**  
 AGENCY REVIEW: \_\_\_\_\_ DATE **11/15/05**

**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 ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

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) **The Estate of Martha Sands, c/o Charles Robert Sands, Personal Rep.**

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

MAILING ADDRESS **7409 Kalton Court** **Baltimore** **MD** **21208**  
 STREET CITY/TOWN STATE ZIP

APPLICANT **Heritage Land Development**

DAYTIME PHONE **410-489-7900** CELL **410-984-0408** FAX **410-489-9768**

MAILING ADDRESS **3060 Washington Road, Suite 220** **Glenwood** **MD** **21738**  
 STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION \_\_\_\_\_

SUBDIVISION NAME \_\_\_\_\_ LOT NO. **P. 91**

PROPERTY ADDRESS **Cemetery Road** **Woodbine**  
 STREET TOWN/POST OFFICE

TAX MAP PAGE(S) **8** GRID **12** PARCEL(S) **91** PROPOSED LOT SIZE **3**

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWAGE 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 608

Wkory brn  
Loam /  
SL  
Shk <sup>20</sup>  
5 1/2'

lt brn  
SL  
Trace  
R<sub>x</sub>

609  
org brn  
CL / sil  
platy  
structure

org  
compact  
sil

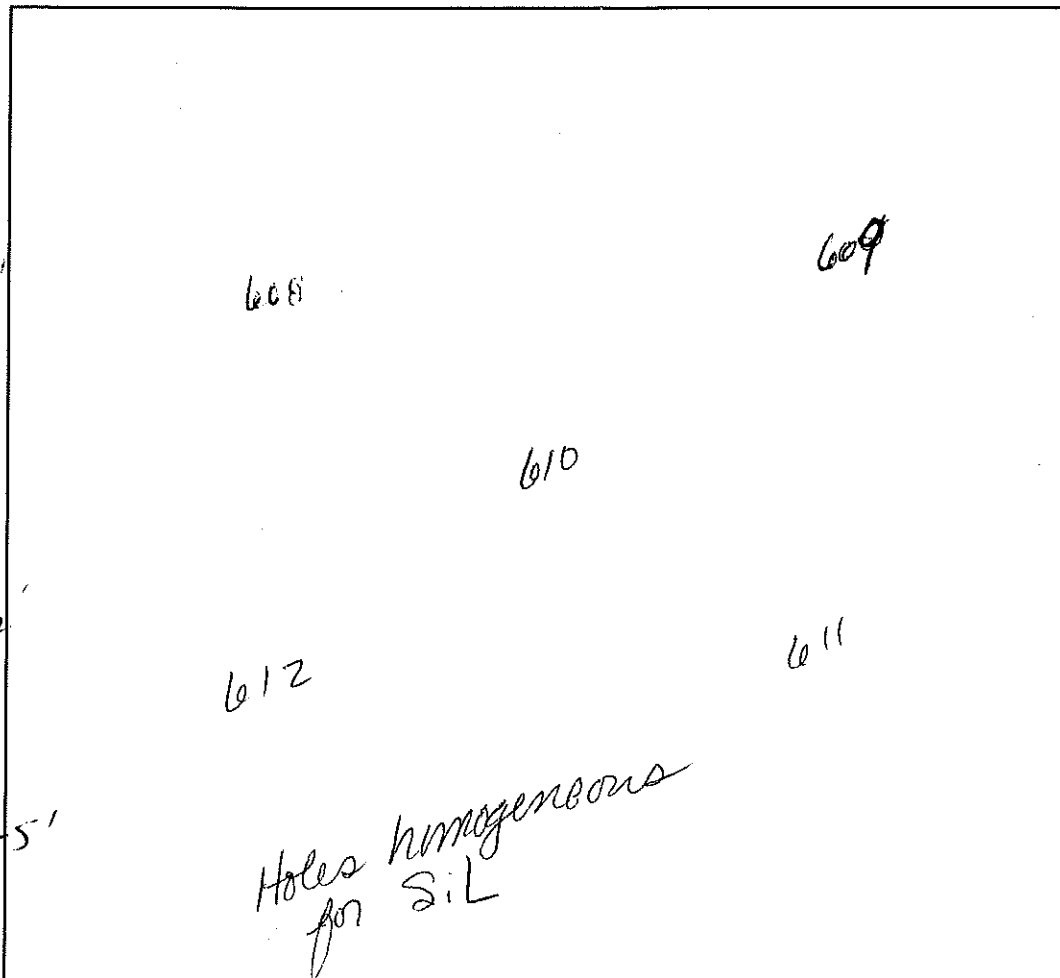
Bottom  
610  
rubrn  
gnlly SL

4  
ycc

5 1/2'

4L platy  
sil  
Trace  
R<sub>x</sub>

Bottom



611  
see  
hole  
#609

612

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12-2-05	608	5'10"	11:10	11:11	11:13	2	P
	6" Auger hole						
	609	5 1/2'	11:13	11:23	11:32	9	P
	610	5 1/2'	11:19	11:31	11:41	10	P
	611	5'3"	11:25	11:34	11:44	10	P
	612	5'10"	11:34	11:38	11:44	6	P
	Holes dug per plan						

REMARKS Low lying area but no signs of moisture or mottles

SANITARIAN Kace Roman BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR 210

TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 7+ EFFECTIVE S/W 2'