



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 528413
 AGENCY REVIEW: _____ DATE 12/20/07

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 Rosenthal

DAYTIME PHONE 301-854-5672 CELL _____ FAX _____

MAILING ADDRESS _____ STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

APPLICANT Hatfields Equipment

DAYTIME PHONE 410-984-0047 CELL _____ FAX _____

MAILING ADDRESS PO Box 519 Annapolis Junction Md 20701 STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME Heritage LOT NO. _____

PROPERTY ADDRESS 4113 Flintlock Ct Glenc, Md STREET _____ TOWN/POST OFFICE _____

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

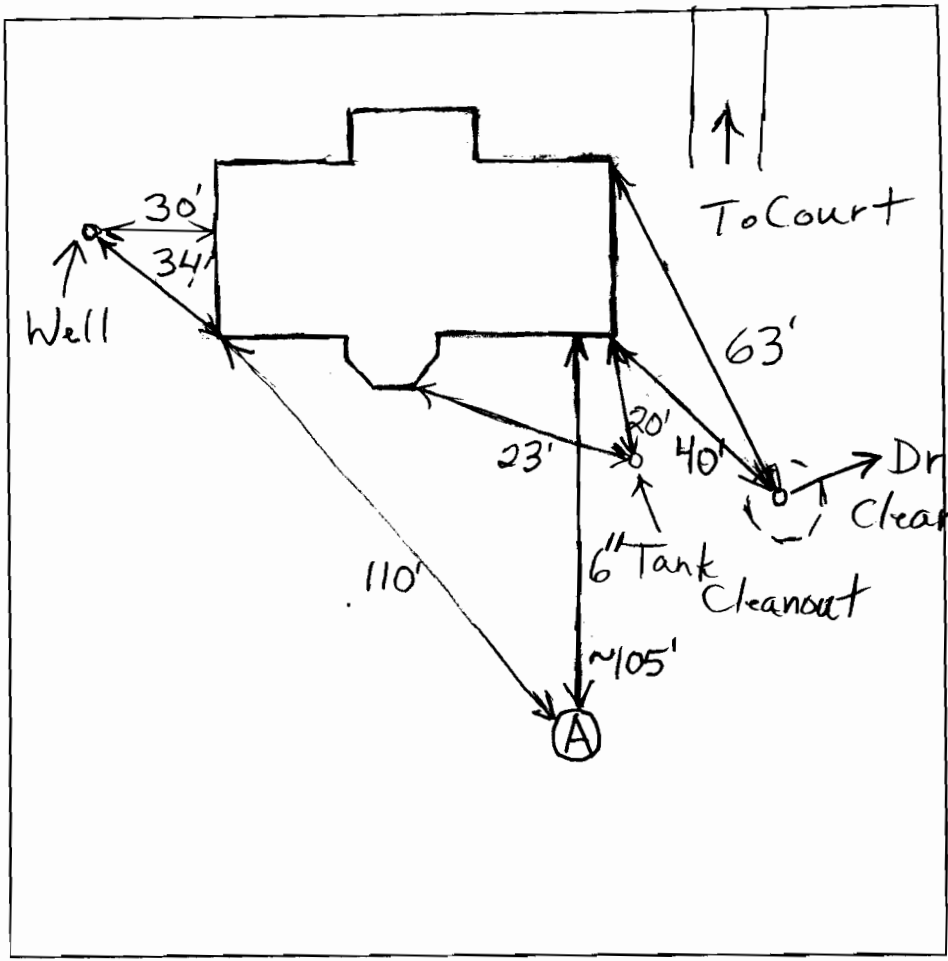
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Jeff SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP (A)

- 1'-2" Topsoil and Br Loam
- 45' 5" cw or sacl loam trace rock
- 10' cw beige very fine loamy sa trace rock
- 14' ~20% Rock
- 15' Possible Mottling Moist.



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/26/07	A	5'/15'	10:52:30	10:56	11:01	5	P
		6'	10:52:30	10:57:45	11:08:15	10 1/2	P

REMARKS Water Poured in Bottom of Hole - Rate O.K.
 SANITARIAN B. Baker BACKHOE Hatfields OTHERS _____
 TEST HOLES USED IN SDA A AVG. PERC TIME 8 SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____