



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 527261

AGENCY REVIEW: _____

DATE 7/16/07

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 4 Existing 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) DAVID E and INGRIDA E SIMONTON

DAYTIME PHONE 240-482-2675 CELL 410-207-1874 FAX _____

MAILING ADDRESS 8216 Reservoir Rd. Fulton MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT David E Simonton

DAYTIME PHONE 240-482-2675 CELL 410-207-1874 FAX _____

MAILING ADDRESS 8216 Reservoir Road Fulton MD 20759
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Helton Properties LOT NO. 4

PROPERTY ADDRESS 1404 Florence Road Mt. Airy 21771
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.

David E. Simonton
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

AP (A)

0.5'-1' Topsoil

2.5'-5' Red Br and Or Br Sa Cl Loam

Red Br Sa Loam ~40% Rock

9' >50% Rock

10' (B)

1' Topsoil

Red Br Sa Cl Loam ~25% Rock

3'-5' Red Br Sa Loam >50% Rock

5' (C)

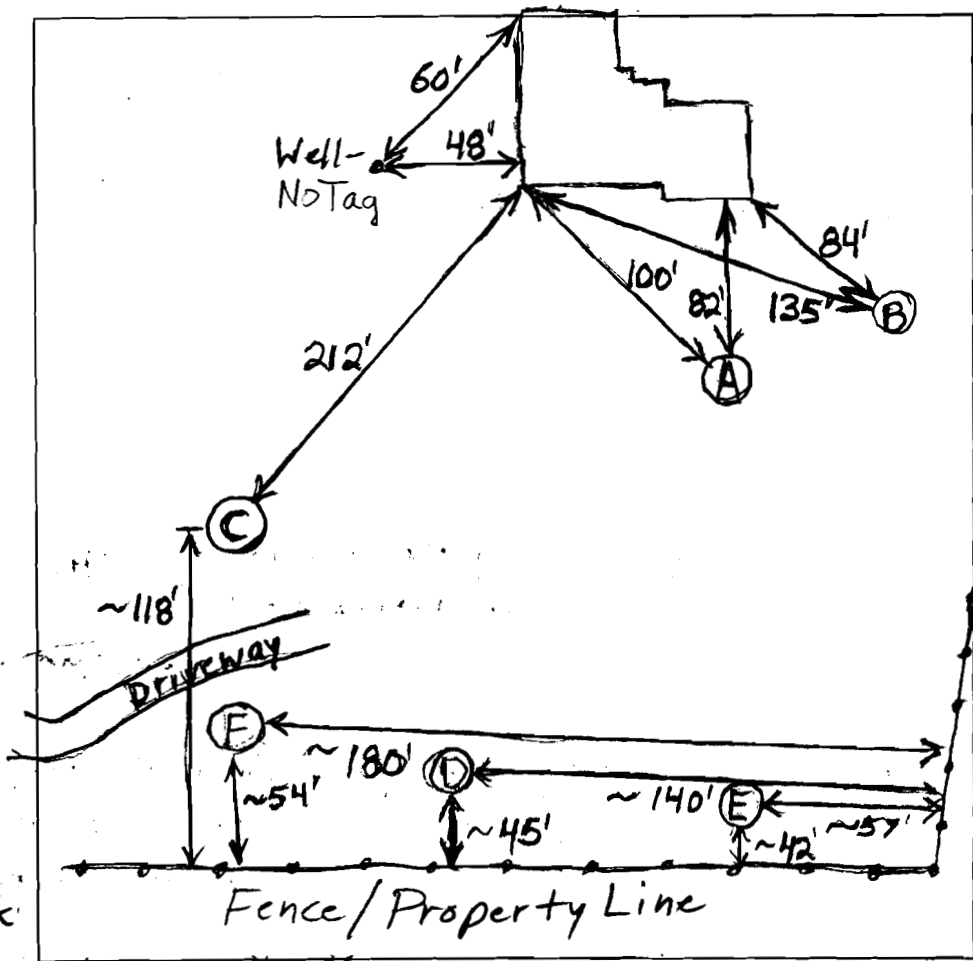
1' Topsoil

Or Br Sa Cl Loam ~35% Rock

3.5'-6' Reddish Sa Loam Close to 50% Rock

6' >50% Rock

7.5'



(D)

Topsoil 1'

Or Br and Red Br Sa Cl Loam 10-15% Rock 3'-5'

Beige Sa Loam ~25% Rock 8.5'

>50% Rock 9.5'

(E)

Or Br Sa Cl Loam 25-30% Rock 3'

>50% Rock 4.5'

(F)

Topsoil 1'

Red Br Sa Cl Loam 10-15% Rock 3'-7.5'

Beige Sa Loam 25-45% Rocks, Rockiest Near Bottom Hard Bottom 10'

Florence Road

DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2nd INCH	P/F/H
7/24/07	A	4' / 10' V	10:31	10:31:35	10:32:25	50 sec	F
	Repair		10:36:50	10:37:15	10:38:20	6.5 sec	
	Repair		10:39:50	10:40:05	10:40:50	1 1/2	F
	B						F
	C	7.5' V					F
	D	5.5' / 9.5' V	11:28	11:32:15	11:38:45	6 1/2	P
	E						F
	F	4.5' / 10' V	12:03:40	12:10:15	12:22:15	12	P

REMARKS Holes D+F Have Varying Amounts of Bottom and Sidewall

SANITARIAN B. Baker BACKHOE Baker Ent. OTHERS David Simanton

TEST HOLES USED IN SDA D+F AVG. PERC TIME 9 SQ. FT/BR

TRENCH WIDTH 3' INLET DEPTH 3.5' MAX. BOT DEPTH 4.5' EFFECTIVE SW Ng

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

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?
*System relocation for proposed addition for setback compliance _____
*Verification of adequate system capacity per COMAR 26.04.02.02D (4) _____
To replace collapsed septic tank _____
To replace collapsed drywell _____

Septic Contractor:
Contractor's Address:

B R Holsten, Inc.
3882 Maryland Manor Drive
Monrovia, MD 21770

Contractor's Phone #:

301-831-3410

Property Address:

1409 Florence Road

Property (Subdivision) & Lot #

Hilton Property Lot #4

County file number if known:

Owner's Name:

David E Simanton

Is public sewer available/nearby:

NO

If public sewer may be close, mention further research will be performed to verify availability

Names of Any Previous Owners:

Year House Built:

of Existing Bedrooms:

4

of Bedrooms after completion of addition: 4

Has this request been discussed previously with another Sanitarian: Robert

If yes, then with whom and when: _____

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.

Print out copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362). If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061). If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing. If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: _____

Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.