



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____

TEST TIME _____

AP 521582

AGENCY REVIEW: _____

DATE 11/15/06

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 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) Elsie Davis Sartorio

DAYTIME PHONE 410-663-1063 CELL - - - FAX - - -

MAILING ADDRESS 10520 Samona Avenue Cockeysville MD 21030

STREET CITY/TOWN STATE ZIP

APPLICANT Heritage Land Development

DAYTIME PHONE 410-489-7900 CELL 410-984-0408 FAX 410-489-4754

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

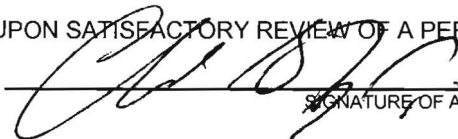
SUBDIVISION NAME Davis Property LOT NO. 2

PROPERTY ADDRESS Old Annapolis Road Woodbine

STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 7 GRID 21 PARCEL(S) 123 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

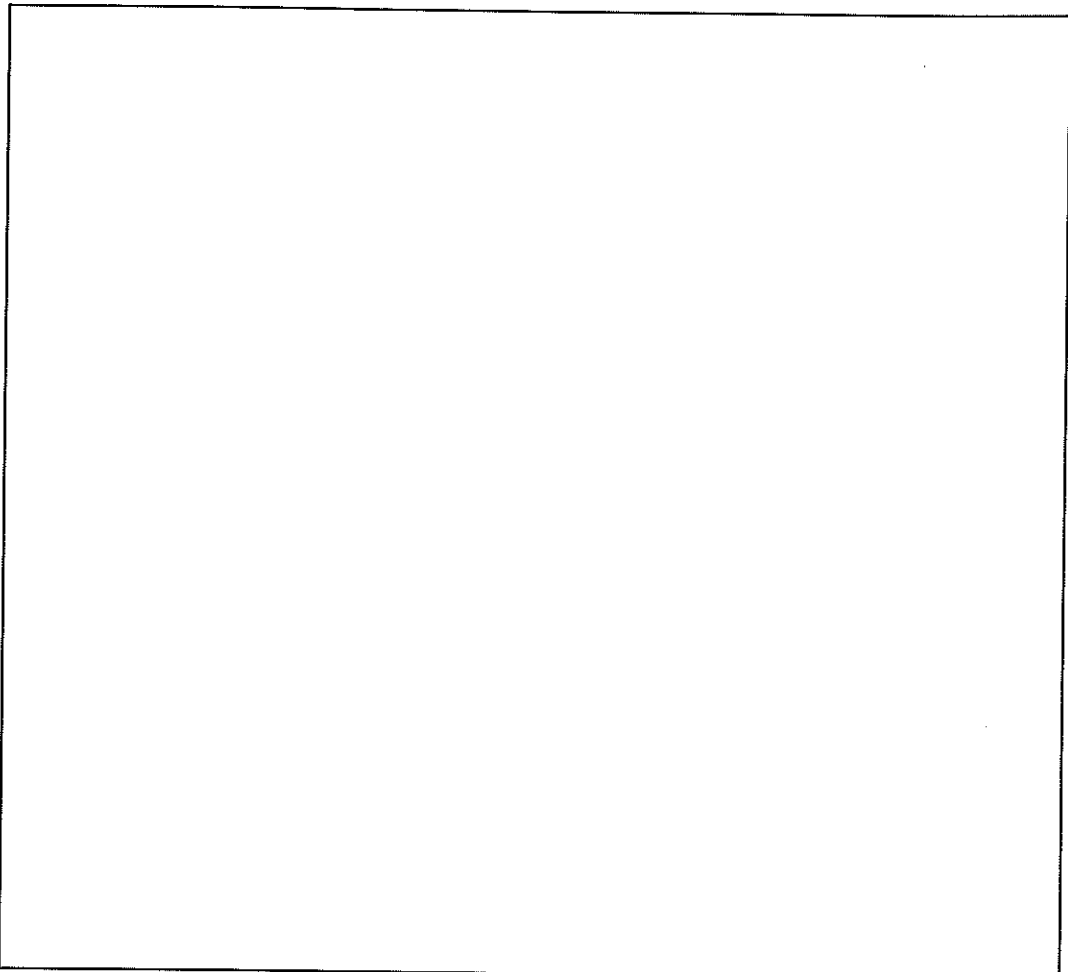
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P 608

Bar L
 led/orange
 Bar
 SI
 6 1/2'
 Yellow/Bar
 Sil ✓
 15%
 Loose
 cherty
 SAP
 HB
 10 1/2'

606
 Bar
 L
 Yellow/orange
 CL
 4'
 Yellow/Red
 Sil
 w/ 15%
 Sap
 9'
 35%
 13'

605
 Red/Bar
 L
 Orange/Red
 SIC
 2'
 Yellow/Bar
 Sil
 w/ 10%
 SAP
 4'



607
 Bar
 L
 Red/Yellow
 Sil
 4'
 Yellow/Bar
 Red
 Sil
 w/ 15%
 SAP
 12'

607
 Brown
 L
 Red/Yellow
 Bar
 Sil
 3 1/2'
 Yellow/Bar
 Sil
 10%
 SAP
 3'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/14/01	608	5 1/2' / 10 1/2'	9:55	9:58	10:03	5 min	P
	606	5' / 13'	9:35	9:41	9:48	7 min	P
	605	4' / 12 1/2'	9:45	9:48	9:51	3 min	P
	609	- / 12'	-	Vig. cut	-	etc	P
	607	3 1/2' / 13'	10:06	10:08	10:14	6 min	P
	608	- w/ cal. of		8" hole	-	6.65 min	P

REMARKS # 608 -> 8" hole (all holes dug per plan)

SANITARIAN KJR BACKHOE Justin OTHERS Chuck, Tim, Zack

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

