

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AD 520126-C

AGENCY REVIEW: _____

DATE 3/31/2004

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 UNKNOWN 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) 32 40 Partnership c/o Harry B. Cooper & Associates

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 10749 FALLS RD. #202 LUTHERVILLE MD. 21093-7013
STREET CITY/TOWN STATE ZIP

APPLICANT FSH Associates c/o Zach Fisch

DAYTIME PHONE (410) 750-2251 CELL _____ FAX (410) 750-7350

MAILING ADDRESS 8318 Forrest st. Ellicott city MD 21043
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 32 40 partnership LOT NO. 4

PROPERTY ADDRESS N Route 144 West Friendship 21794
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 15 GRID 11 PARCEL(S) 72 PROPOSED LOT SIZE 1 Ac.

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.

Zacharia Y. Fisch

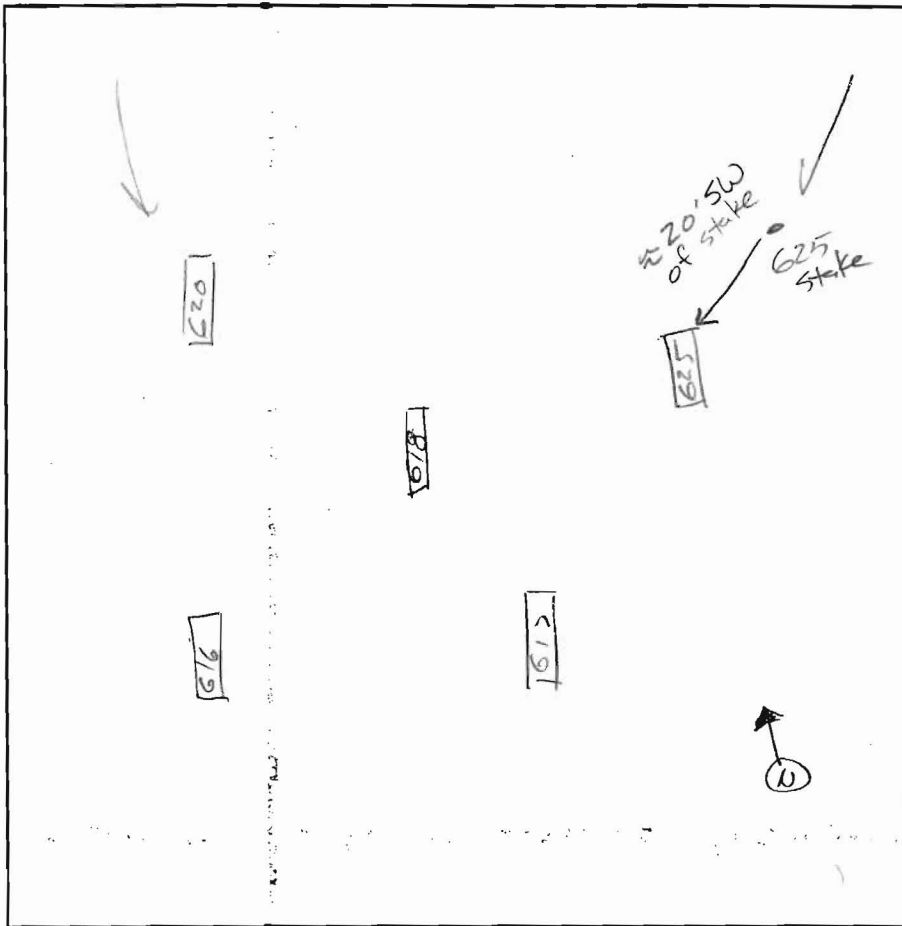
SIGNATURE OF APPLICANT

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

616
Brown
rooted L
1/2
Orange
brown
mucosidus
SL of 10-15%
weak sap
& Mr bands
13

620
Orange brown
rooted L
1/2
Orange brown
mucosidus
SL of 15-
20% firm
saporite
5 1/2
fine brown
mucosidus
SL of 10-15%
weak sap
13

618
brown mucosidus
rooted L
1/2
heavy orange
brown mucosidus
SL of 10-15%
firm sap
3 1/2
fine brown
mucosidus
SL
13



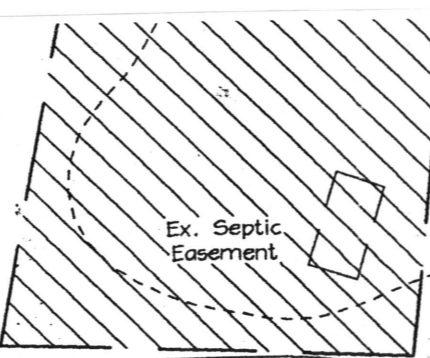
3 1/2
Orange
brown
rooted L
SL of 10-15% weak sap
Orange
brown
mucosidus
SL
13

617
Orange brown
rooted
SL
1
Orange brown
mucosidus L
SL of 15-20%
firm sap
2 1/2
Orange brown
mucosidus
SL of <10%
weak
saporite
12

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/11/04	616	5/13	8:53	8:57	9:07	10	P
5/11/04	620	3/13	9:00	9:34	FE 3'	730	F
5/11/04	618	13U	Similar to 616 @ 4'			8-15	P
	625	5/13	9:11	9:12	9:15	3	P
	617	4/12	9:25	9:27	9:30	3	P
	620	13V	0.4 @ 5 1/2	similar to 616		8-15	P

REMARKS Note: 625/619 + 617/621 shared holes
SANITARIAN J. Poris BACKHOE Level/Lump OTHERS _____
TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

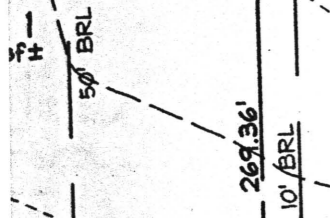
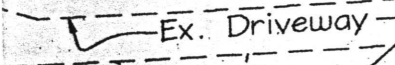
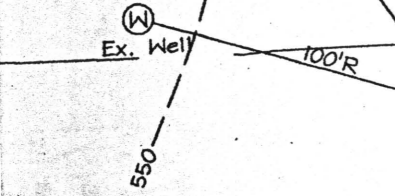
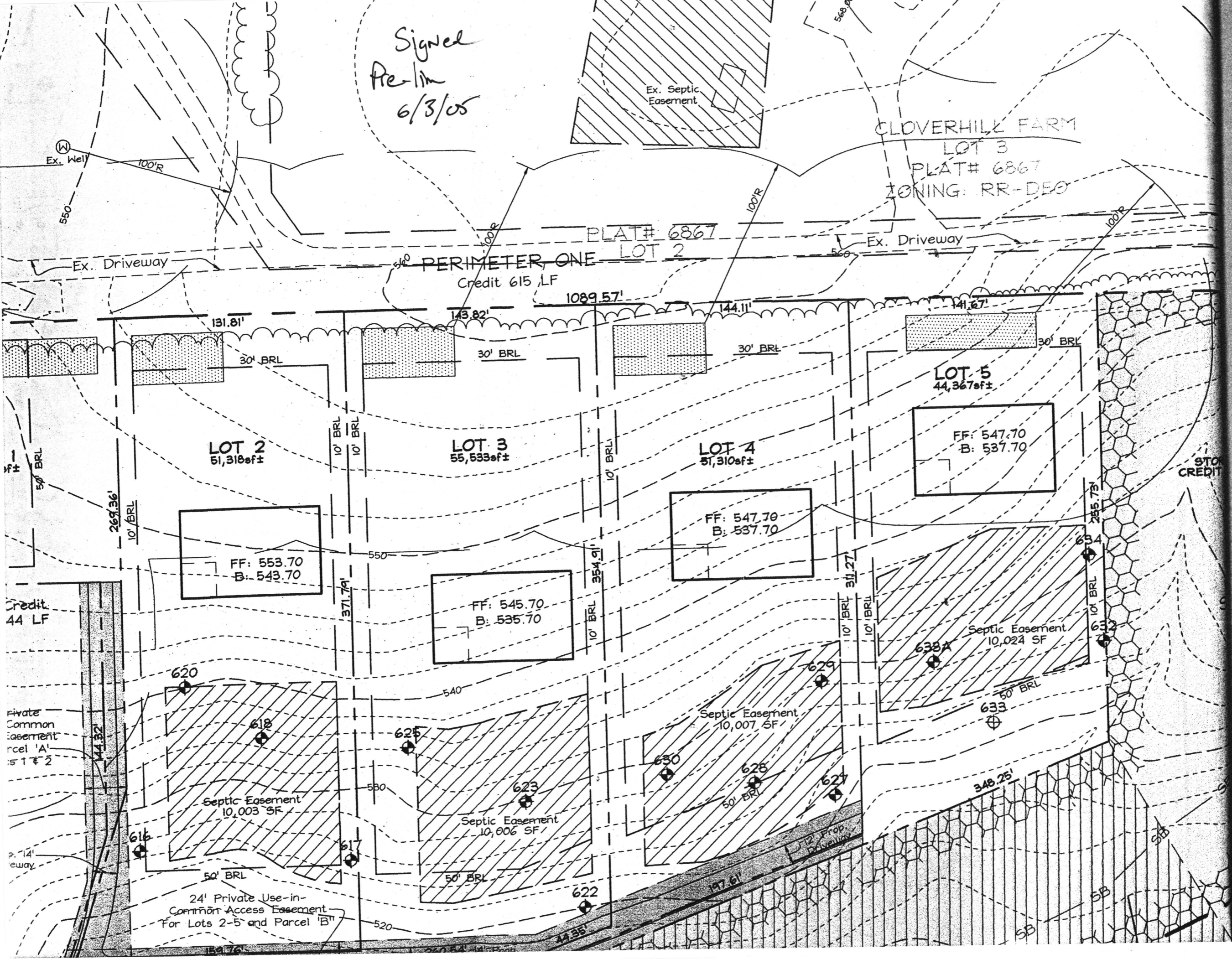
Signed
Pre-lin
6/3/05



CLOVERHILL FARM
LOT 3
PLAT# 6867
ZONING: RR-DEO

PLAT# 6867
LOT 2

PERIMETER ONE
Credit 615 LF

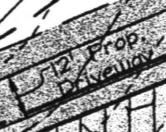
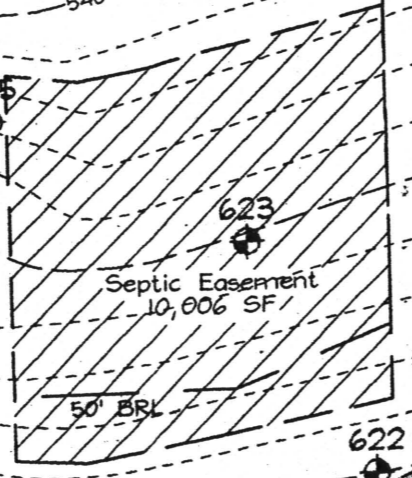
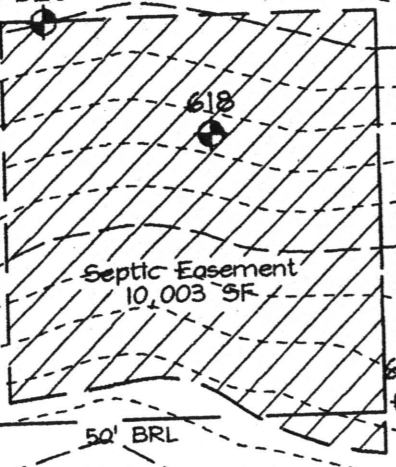
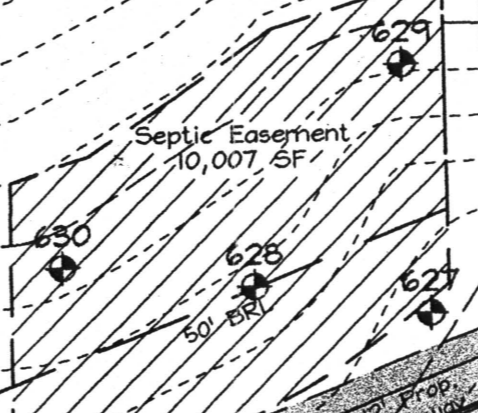
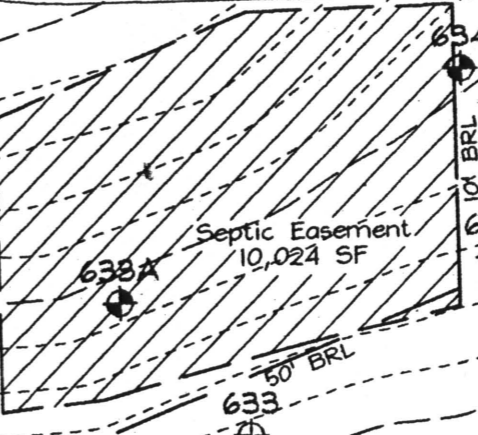
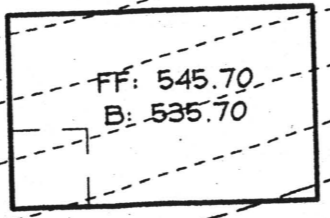
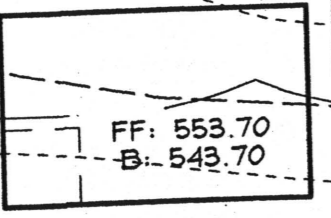
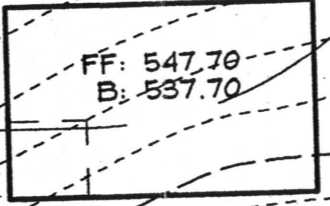
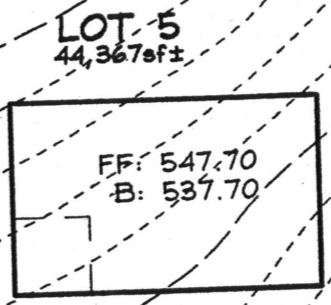


Credit
44 LF

Private
Common
Easement
Parcel 'A'
5' 1 & 2



24' Private Use-in-
Common Access Easement
For Lots 2-5 and Parcel 'B'



STO
CREDIT



348.25'

