

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AD 527339

AGENCY REVIEW: \_\_\_\_\_

DATE 9/10/07

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 5 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) Mark McNeill

DAYTIME PHONE 410 313 5211 CELL 410 489 4376 FAX \_\_\_\_\_

MAILING ADDRESS 16480 Frederick Rd Mt. Airy STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
STREET CITY/TOWN

APPLICANT Fagle's Septic Clean Inc

DAYTIME PHONE 410 795-5670 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 580 Obrecht Rd Sykesville MD STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
STREET CITY/TOWN

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 16480 Frederick Rd Mt. Airy  
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. Rent A Cassel  
SIGNATURE OF APPLICANT

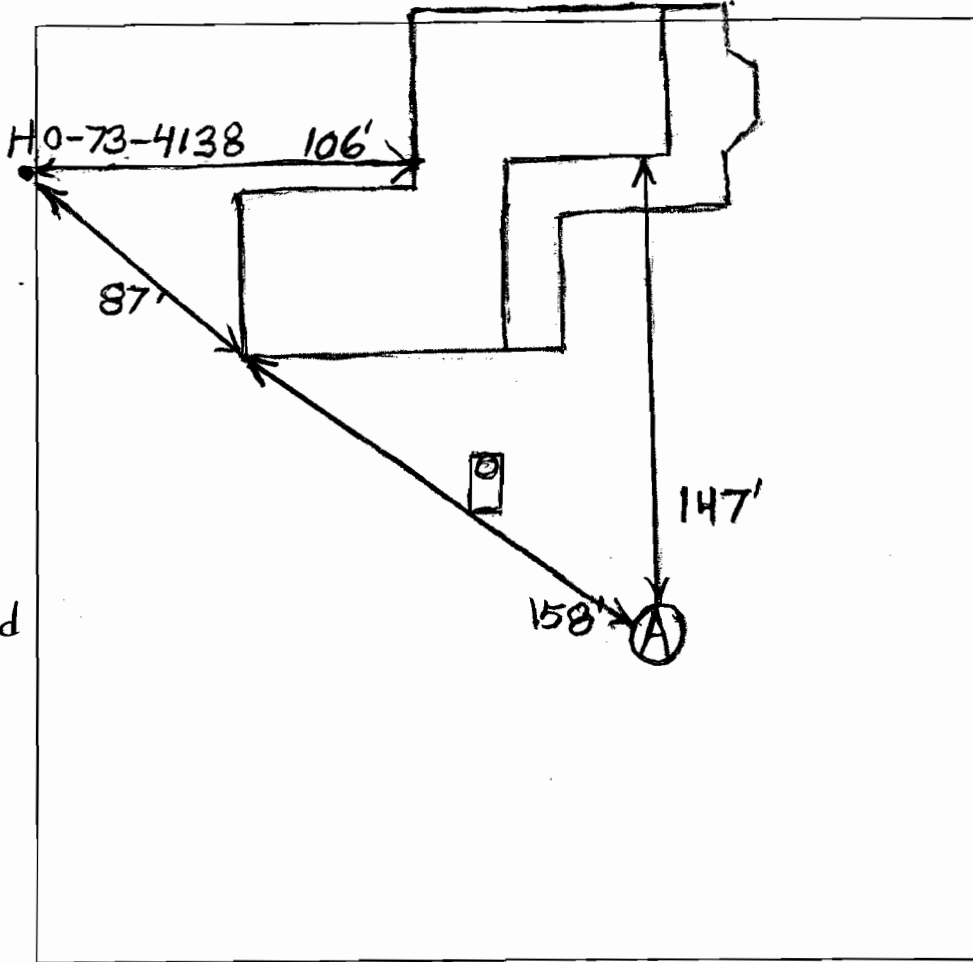
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P (A)

Or Br Loam  
10-15%  
Rock

5'-5.5'  
Or Br Sa  
Cl Loam  
Trace Rock

6'-6.5'  
Or Br and  
Light Red  
Loamy Sa  
30-50%  
Saprolite  
and Decayed  
Shale



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/24/07	A	6.5' / 15'	11:04	Pulled After 20 Minutes			
				- Close to 2nd Peg			
		7.5'	11:31	11:35:30	11:43:30		8

REMARKS Water Paured in Bottom of Hole - Rate O.K.  
 SANITARIAN B. Baker BACKHOE Fogles OTHERS M. McNeill  
 TEST HOLES USED IN SPA A AVG. PERC TIME 8 SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH 2' INLET DEPTH 5' MAX. BOT DEPTH 9' EFFECTIVE SW 2'

**SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST**

**Please fill out this form completely and check off the reason for the request:**

Date requested: \_\_\_\_\_

**Reason for Request**

Failing System (includes surface discharge or inadequate treatment zone)

**Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?**

In support of a building permit. Type of building addition: \_\_\_\_\_

\*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 or upgrade tank capacity \_\_\_\_\_

To replace collapsed drywell \_\_\_\_\_

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Septic Contractor: Fogles Septic Clean Inc

Contractor's Address: 580 Obrecht Rd  
Sykesville

Contractor's Phone #: 410 795-5670

Property Address: 16480 Frederick Rd

Property (Subdivision) & Lot # \_\_\_\_\_

Owner's Name: Mark McNeill

Is public sewer available/nearby: N/A

Names of Any Previous Owners: \_\_\_\_\_

Year House Built: \_\_\_\_\_

# of Existing Bedrooms: 5

# of Bedrooms after completion of addition: \_\_\_\_\_

Has this request been discussed previously with a Sanitarian, who? \_\_\_\_\_

*If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.*

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.

Environmental Sanitarian tentatively assigned \_\_\_\_\_