

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____

TEST TIME _____

AP 52,2987

AGENCY REVIEW: _____

DATE 7/22/05

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) Frances Devlin

DAYTIME PHONE 410-997-4600 Goodier Bldrs. CELL _____ FAX _____

MAILING ADDRESS Echo Farm Route 3, 43 East Litchfield Rd., Litchfield CT 06750

STREET CITY/TOWN STATE ZIP

APPLICANT Heritage Land Development

DAYTIME PHONE 410-489-7900 CELL 410-982-2882 FAX 410-489-9768

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 Meriweather Farm - Section 3 LOT NO. 89

PROPERTY ADDRESS 14944 Roxbury Road Glenelg

STREET TOWN/POST OFFICE

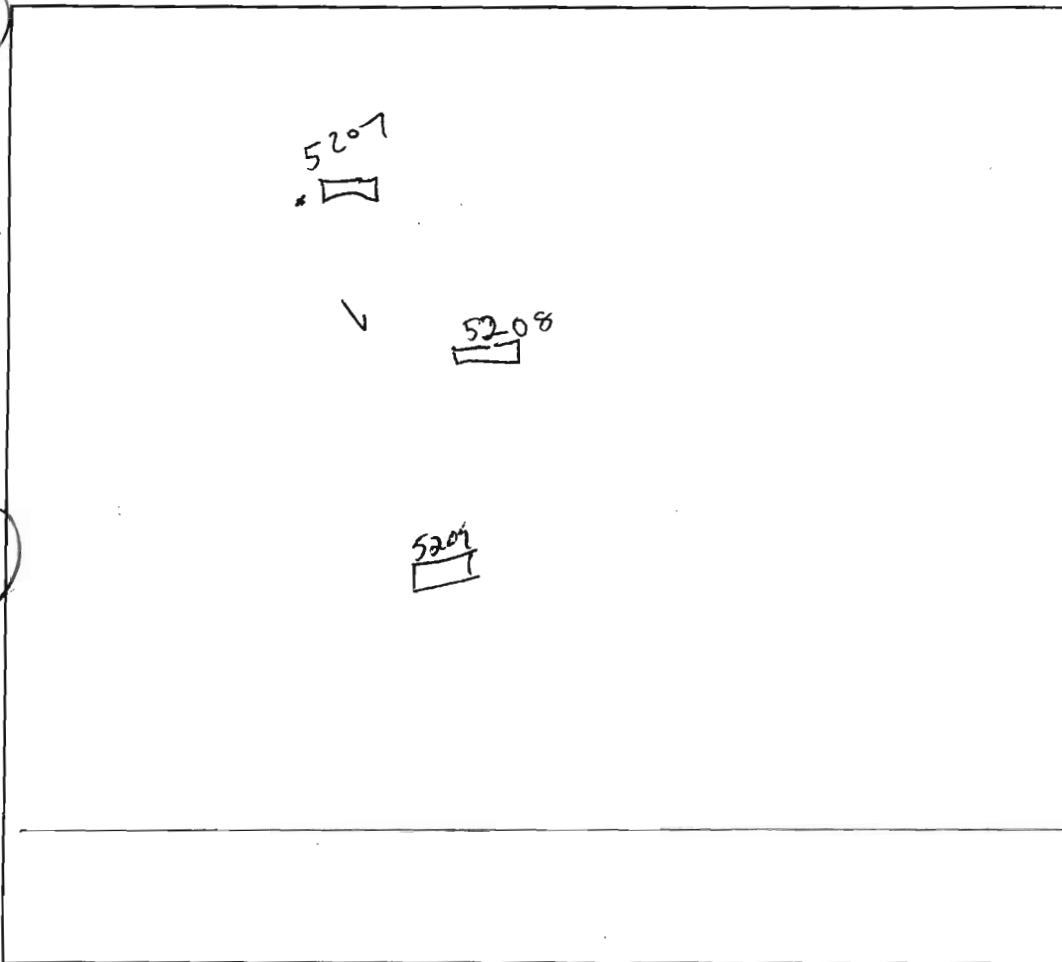
TAX MAP PAGE(S) 21 GRID 16 PARCEL(S) 28 PROPOSED LOT SIZE 1 Acre

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.

Jeremy Rutter
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
 5207
 brown
 heavy orange brown
 SCL (ab) 3 1/2
 0-4-6
 Sandy loam
 0-2
 grey brown
 S1
 5-10% coarse
 cherry frags
 11



5208
 Brown C
 Red/orange
 heavy SCL
 0-10% brown
 SL w/
 10% fr

Yellow/grey
 SL w/
 15% to - clay
 frags
 HB
 5209

Brown C
 Red
 heavy
 SCL
 Orange/Yellow
 Brown
 SL
 Yellow/Brown
 SL w/
 fine
 Red

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/14/05	5207	4 1/2 11	7:44 ³⁰	7:46 ³⁰	7:50 ¹⁰	3:40	P
	5208	5 1/2 10	7:55	7:57	8:01	4 min	P
	5209	4' 13'	7:57	8:02	8:05	3 min	P

REMARKS lot 80 8A 1000

SANITARIAN PAY/KJSB BACKHOE Level Land OTHERS Zepp

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

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

