



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____

TEST TIME _____

WP 522987

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?

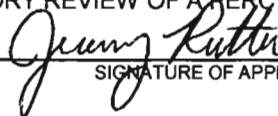
- YES
- NO

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	<input checked="" type="checkbox"/> DEVELOPER	<input type="checkbox"/> BUILDER	<input type="checkbox"/> BUYER	<input type="checkbox"/> RELATIVE/FRIEND
		<input type="checkbox"/> REALTOR	<input type="checkbox"/> CONSULTANT	
PROPERTY LOCATION	Meriweather Farm - Section 3			
SUBDIVISION NAME			LOT NO.	38
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.


 SIGNATURE OF APPLICANT

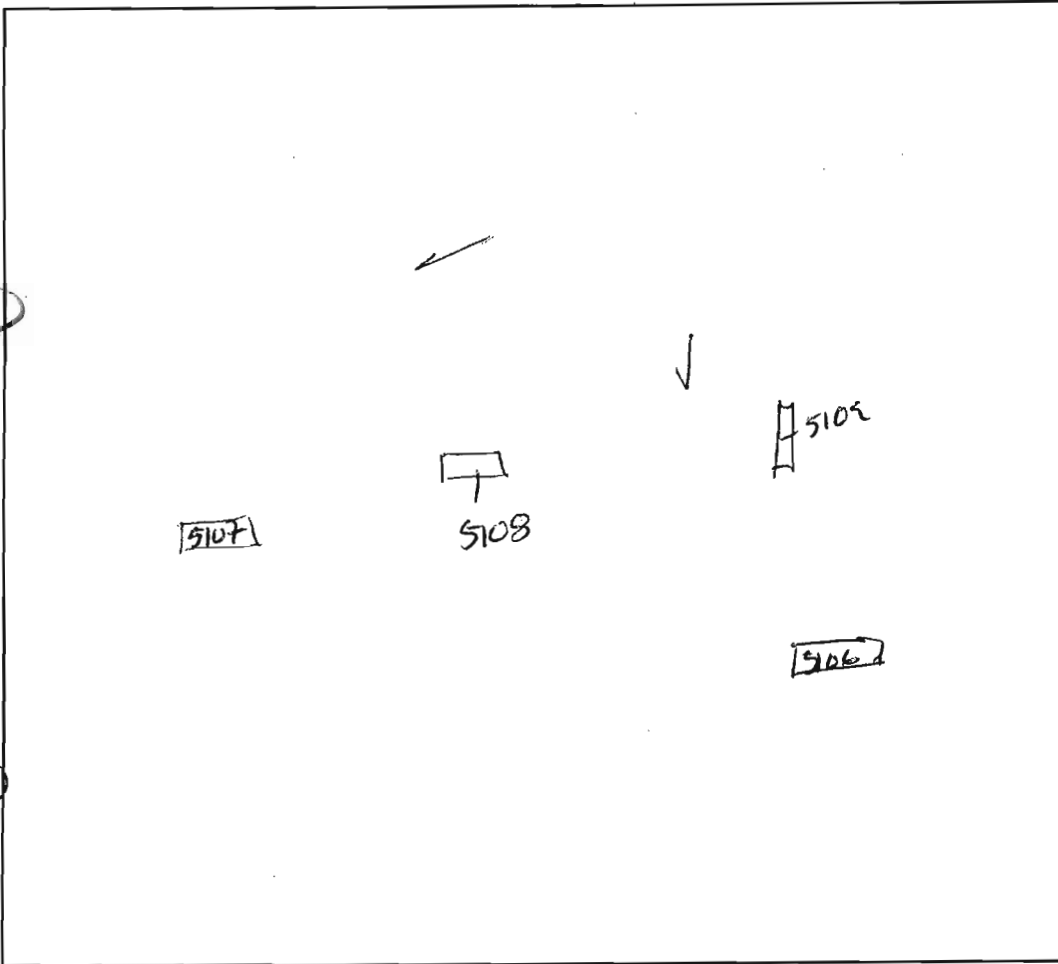
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P 5109

Brown L 1'
 Yellow/Brown Sel 2'
 Red/Brown Sel 3 1/2'
 Orange/Red Sel 7'
 Yellow/Brown Sel w/ trace Rock 12 1/2'

5108
 Brown L 1'
 Red/Orange heavy Sel 6'
 Orange/Yellow Brown Sel 8'
 Yellow/gray S w/ 15% clay Fungus Rock 11'

5107
 Brown L 1'
 Yellow/Brown Sel 2'
 Red/Orange Sel 4 1/2'
 Yellow/Brown Sel 10'
 Yellow/Brown Sel S w/ trace Rock 13 1/2'



5106
 Brown L 1'
 Orange/Brown heavy Sel 3'
 Red/Brown Sel 5 1/2'
 Yellow/Brown Sel w/ 15% clay 10'
 Yellow/Brown Sel w/ trace Rock 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/14/05	5109	3 1/2' / 12 1/2'	9:18	9:32	9:30	8 min	P
	5108	4' / 11'	9:35	- Puller @ 10:00		stop	F
	5107	4 1/2' / 13 1/2'	9:31	9:38	9:45	7 min	P
	5108	6' / 11'	10:10	10:12	10:14	2 min	P
	5106	5 1/2' / 14'	10:15	10:20	10:30	10 min	P

REMARKS lot 7964

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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

