

LOT 8

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____

TEST TIME _____

AP 522473-2

AGENCY REVIEW: _____

DATE 5/24/05

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 ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

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) 997-7400 (GOODIEK BUILDERS) CELL _____ FAX _____

MAILING ADDRESS ECHO FARM ROUTE 3 43 EAST LITCHFIELD ROAD, LITCHFIELD, CONNETICUT 06750
STREET CITY/TOWN STATE ZIP

APPLICANT Heritage Land Development

DAYTIME PHONE 410-489-7900 CELL 410-984-0408 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 LOT NO. 20

PROPERTY ADDRESS 14944 Roxbury Road Glenelg
STREET TOWN/POST OFFICE

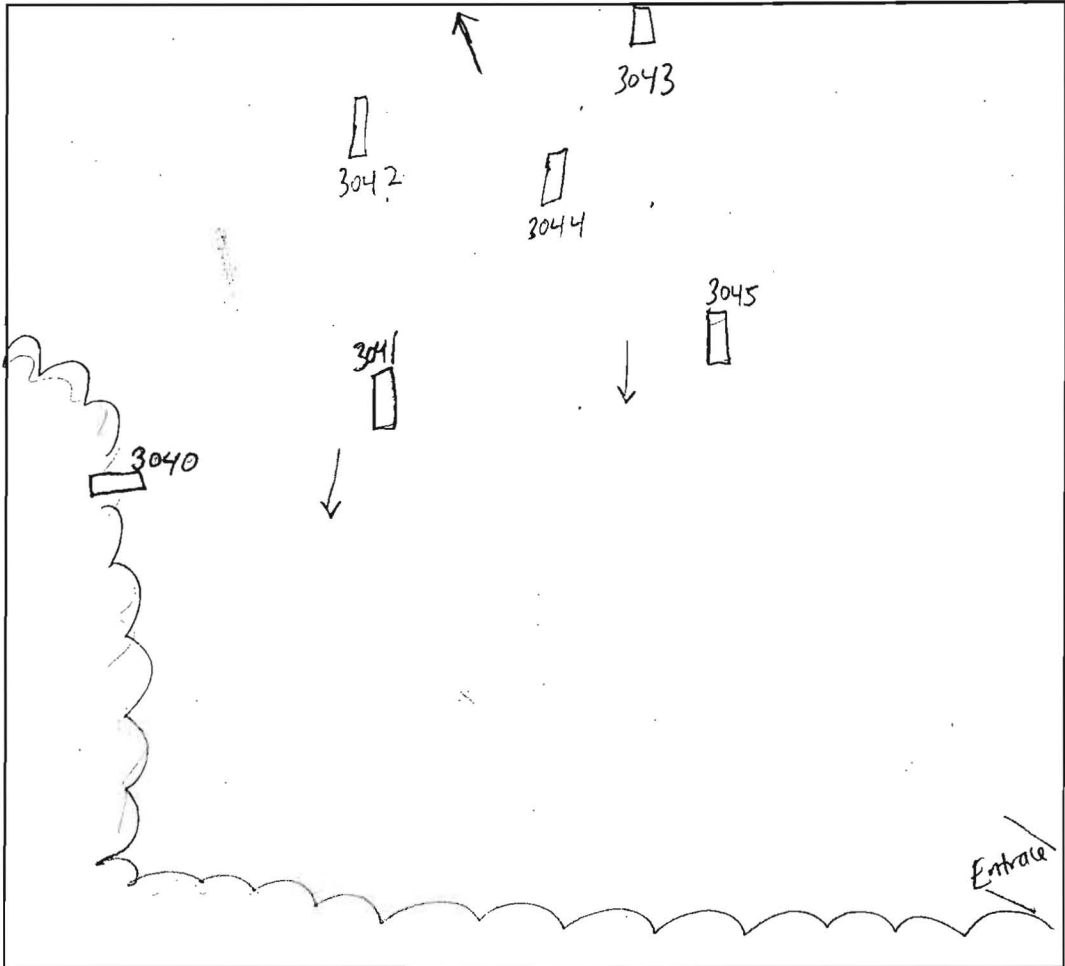
TAX MAP PAGE(S) 21 GRID 16 PARCEL(S) 28 PROPOSED LOT SIZE 1 Acre

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.

Jimmy Kuttler
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

AVP 522493



9"
5'9"
9'
13'

3041
brown L
orange/red brown
hl-sil
cw bk
orange brown
sil sg
cw sbk
trace rock

13'

3045
brown L
orange brown
sil
cw bk
5% cobble/gravel
orange/white brown
sil gritty
25% rock grains
gravel
cobble

5'
10'

3044
brown L
orange brown
sil
cw bk
5'
orange/white
sil bk
cw sg
trace rock
12'4
3042
brown L
1'
orange brown
sil
cw sbk
55"
orange/white
brown
sil
cw sbk
trace rock

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
6-27-05	3041	5'4" / 13'	2:20 ²⁶	2:29 ⁰³	2:44 ⁴⁸	15 ⁴⁵	P
	3045	4'9" / 10'	2:46 ⁴⁸	2:48 ⁵⁵	2:51 ¹⁶	2 ³⁹	P
	3044	4'9" / 12'4"	2:54 ⁵⁷	2:56 ¹⁴	2:58 ¹⁴	2	P
	3042	5'3" / 12'2"	3:00 ⁰⁴	3:03 ⁵⁴	3:10 ⁴⁵	6 ⁵¹	P
	3043	5'11" / 12'	3:05 ¹¹	3:10 ¹⁸	3:24 ⁵³	14 ³⁵	P

12'2"
3043
brown L
1'
orange brown
sil sbk
cw
6"
pink brown
sil sg
cw sbk
trace rock
12'

REMARKS Holes dug per plan
 SANITARIAN SF BACKHOE Level Land OTHERS Tim Feago
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 8.1 SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

Archer Alley

