



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AD 5 21642-B

AGENCY REVIEW: _____

DATE 1/5/2005

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 3 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) Perry

DAYTIME PHONE 410-442-4038 CELL _____ FAX _____

MAILING ADDRESS 14015 Castle Bar Dr. Glenwood MD 21738
STREET CITY/TOWN STATE ZIP

APPLICANT Fyock Septic Service

DAYTIME PHONE 410 988 9270 CELL 240 882 9909 FAX _____

MAILING ADDRESS _____ Glenelg MD 21737
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Same AS Above LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

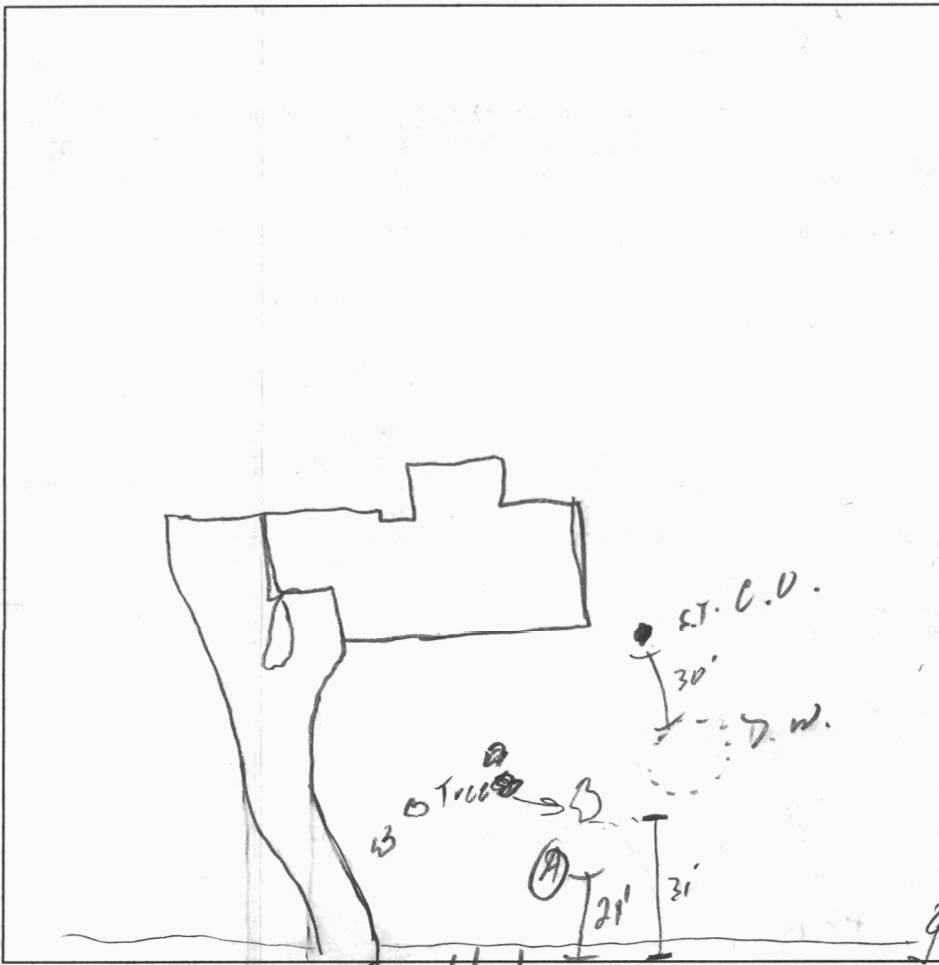
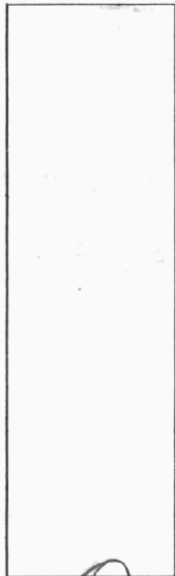
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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.

Michael Sherr
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



6'-1"
5'
16'

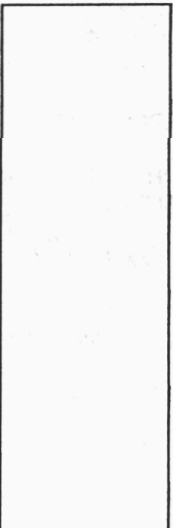
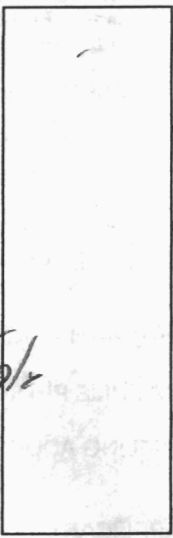
(A)
Topsoil
Red Orange Clay
Red Orange
S: CI
Loam

Castleburg

Butter sample

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
1/10/05	A	5.5 / 16'	2:26	2:30	2:33	.7	F

REMARKS _____
 SANITARIAN S.O. BACKHOE Robert F OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 2' SQ. FT/BR 180
 TRENCH WIDTH 2' INLET DEPTH 5' MAX. BOT DEPTH 10' EFFECTIVE S/W 5'
 At lower end



APPLICATION

A _____
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 gal. for 3 bedrooms

ELLICOTT CITY

Septic Tank - 1,000 " " 4 "
1,500 " " 5 "

DISTRICT _____

DATE 9/24/64

Drywell - 108 sq. ft. absorbent sidewall
area per bedroom
Locate drywell 35 ft. from front lot line and 30 ft.
from right side line as lot is seen when facing at
from Street "B".

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Burnt Woods Development Co., Inc.

ADDRESS 212 Cromwell Road, E. Co., Md. PHONE 202-583-375

PROPERTY LOCATION:

SUBDIVISION Burnt Woods LOT NO. 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

ROAD AND DESCRIPTION Street "B" - Cattlebar Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 180' x 270' x 40' TYPE BLDG. 3 bed per bedroom

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ H. A. Wakefield, Jr.

APPROVED BY Morgan-Plitcher FOR Drywell DATE 9/24/64

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

A _____

F _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

750 gal. for 3 bedrooms

ELLCOTT CITY

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DISTRICT _____

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TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.

PROPERTY OWNER Burnt Woods Development Co., Inc.

ADDRESS 212 Spinnwood Road, E. Co., Md. PHONE EE 54335

PROPERTY LOCATION:

SUBDIVISION Burnt Woods LOT NO. 12

ROAD AND DESCRIPTION Street "B" - Castlebar Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 180' x 270' x 400' TYPE BLDG. 3 bed per bedroom

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ H. A. Wakefield, Jr.

APPROVED BY Margaret Fletcher FOR Drywell DATE 9/24/64

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

