



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

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

(AP) 527212

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

DATE 6/14/07

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 4 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) Shannon David Doyle

DAYTIME PHONE 410-531-2889 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 5330 Green Bridge Rd. Dayton MD 21036  
STREET CITY/TOWN STATE ZIP

APPLICANT Rennie Neaps / J.M. cont. LLC

DAYTIME PHONE 443-277-7526 CELL SAME FAX 410 552 5815

MAILING ADDRESS 425 O'Brecht Rd. Sykesville MD 21784  
STREET CITY/TOWN STATE ZIP

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

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

PROPERTY ADDRESS 5330 Green Bridge Rd. Dayton Md. 21036  
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. \_\_\_\_\_ 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

AP (A)

1.5' Topsoil and Roots

3.5' Or Br Sa Cl Loam ~5% Rock

5' Or Br Sa Loam Trace Rock

15' Beige Loamy Sa, ~15% Soft Rock

(B)

1.5-2' Topsoil and Roots

6'-6.5' Or Br Sa Cl Loam Some Pockets of ~35-45% Rock

7.5-8' Beige Loamy Sa ~10-15% Soft Rock

(C)

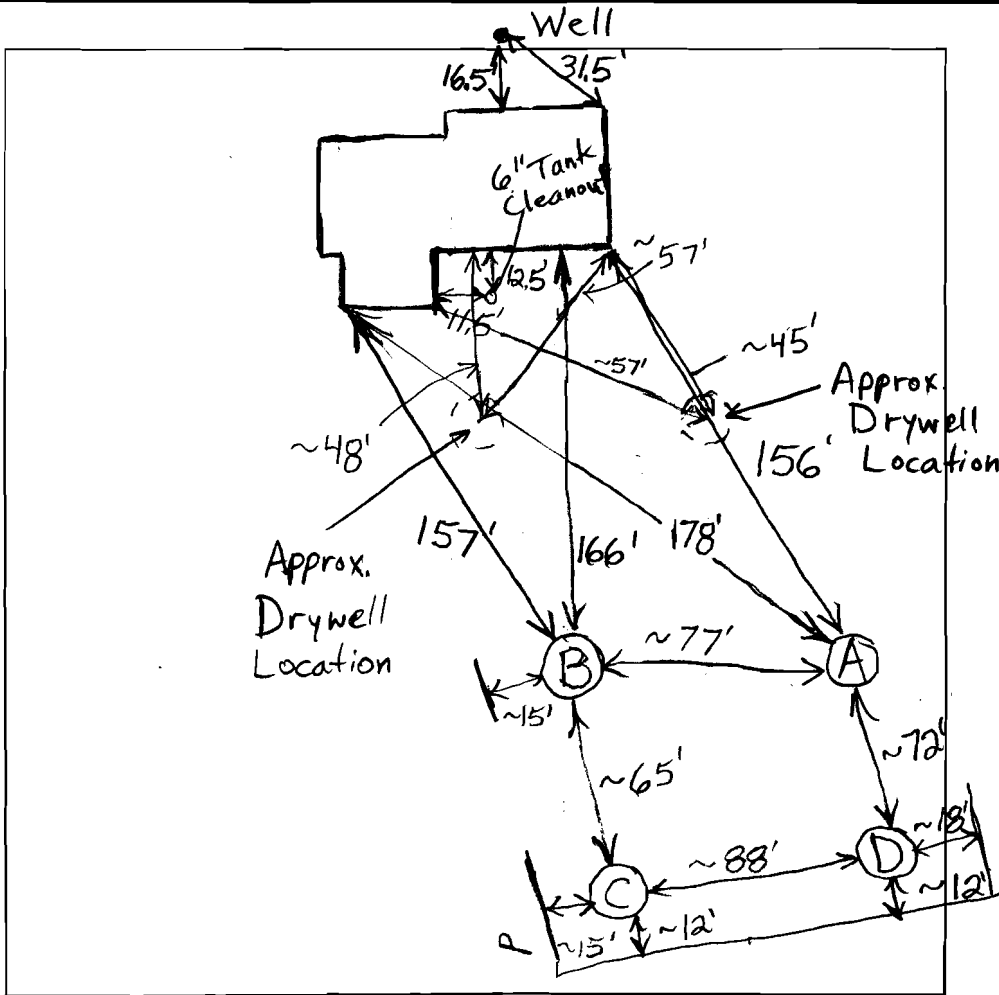
1.5' Br Sa Cl Loam and Roots

2.5-3' Or Br Sa Cl Loam 15-20% Rock

6'-6.5' Red Br Sa Cl Loam ~25% Rock

8' Beige Loamy Sa ~10% Soft Rock

14.5' Rock



(D)

1' Br Loam

3'-3.5' Or Br Sa Cl Loam Trace Rock

15' Beige Loamy Sa ~25% Soft Rock

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
6/20/07	A	4.5'/15' V	1:27	1:30	1:36	6	P
	B	7'/14.5' V	1:48:30	1:58	2:10	12	P
	C	7'/14.5' V	2:27	2:34:30	2:44:30	10	P
	D	4.5'/15' V	2:55	2:59	3:05	6	P

REMARKS Perc. Rate Marginally Fast in Bottom of Hole D

SANITARIAN B. Baker BACKHOE R. Heaps OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA A, B, C, D AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

**INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION**

For internal office use only

**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?  *dry well falling in*

\*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

To replace collapsed drywell

Septic Contractor:

Contractor's Address:

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #

County file number if known:

Owner's Name:

Is public sewer available/nearby:

**If public sewer may be close, mention further research will be performed to verify availability**

Names of Any Previous Owners:

Year House Built:

# of Existing Bedrooms:

# of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian:

If yes, then with whom and when: *Brian & Sara*

*Rennie Heaps / J.M. Coart LLC.  
425 O'Brien Rd  
Sykesville MD. 21784  
443 277 7526  
5330 Green Bridge Rd. Dayton MD 21036  
Shannon David Doyle  
NO*

**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.**

Print out copy of Real Property Data via Dept. of Taxation website \_\_\_\_\_ Indexed file found \_\_\_\_\_

\*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362). If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061). If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing. If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: \_\_\_\_\_  
Date of request: \_\_\_\_\_ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.