

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

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

AP 5 27304

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

DATE 8/17/07

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: Residence

- 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) John & Kathleen Ignacio

DAYTIME PHONE 301 854-2072 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 7537 Greenwood Dr Highland, Md 20777  
STREET CITY/TOWN STATE ZIP

APPLICANT Jenkins Bros Septic Svc. Inc. (Charles M. Jenkins)

DAYTIME PHONE 410 781-7133 CELL 410 971-8104 FAX 410 552-1100

MAILING ADDRESS 7670 Smiths Private Rd Sykesville Md 21784  
STREET CITY/TOWN STATE ZIP

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

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

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

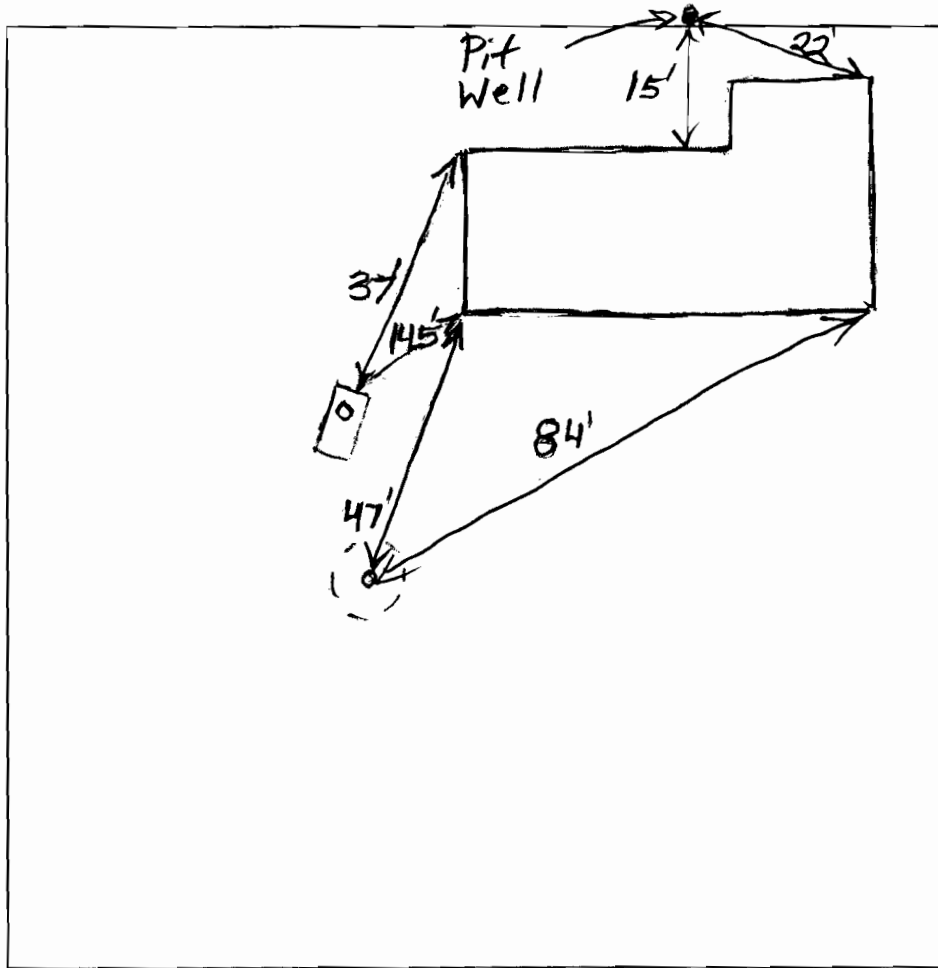
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Charles M. Jenkins  
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 (A)

0.5'-1' Topsoil  
 Or Br Sac1  
 - Sa Loam  
 ~25% Rock  
 2.5'-3' Beige Sa  
 Loam  
 10-15% Sapr.  
 4'-4.5' Mixture of  
 Br and Beige  
 Loamy Sa  
 10-50% Rock  
 and Saprolite  
 15'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/23/07	A	4'/15'	10:40:15	10:43:20	10:49	5 1/2	P

REMARKS \_\_\_\_\_  
 SANITARIAN B. Baker BACKHOE C. Jenkins OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ 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)

Yes

**Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?**

Yes

System relocation for proposed addition for setback compliance \*

No

Verification of adequate system per COMAR 26.04.02.02D (4)\*

No

To replace collapsed septic tank

No

To replace collapsed drywell Saturated

No

Septic Contractor:

Charles Jenkins (Jenkins Bros Septic Svc. Inc.)

Contractor's Address:

7670 Smiths Private Rd

Sykesville, Md 21784

Contractor's Phone #:

410 781 7133

Property Address:

7537 Greenwood Dr. Highland, Md 20777

Property (Subdivision) & Lot #

County file number if known:

Owner's Name and Phone number:

John + Kathleen Ignacio

Is public sewer available/nearby:

No

**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:

3

# of Bedrooms after completion of addition:

N/A

Has this request been discussed previously with another Sanitarian: No Name: \_\_\_\_\_

**A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling/review of the repair, upgrade or evaluation.**

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.**

**No permit is to be issued nor inspection to be scheduled without prior fee collection at office unless an emergency situation exists. Contractor to notify office of the emergency situation as soon as possible.**