



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

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

AP 520394A

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

DATE \_\_\_\_\_

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: 3

- 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) Dave Weinman

DAYTIME PHONE 301-317-6802 CELL 301-938-6329 FAX \_\_\_\_\_

MAILING ADDRESS 7413 Meadow View Ct Clarksville Md  
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfield's Septe

DAYTIME PHONE 301-854-6172 CELL 410-984-0047 FAX 410-489-4404

MAILING ADDRESS 13789 Burtwoods Rd Glenns Md 21732  
STREET CITY/TOWN STATE ZIP

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

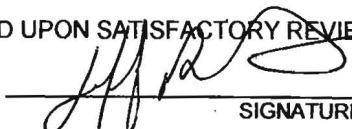
PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME 7413-Me LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 7413 Meadow view Ct Clarksville  
STREET TOWN/POST OFFICE

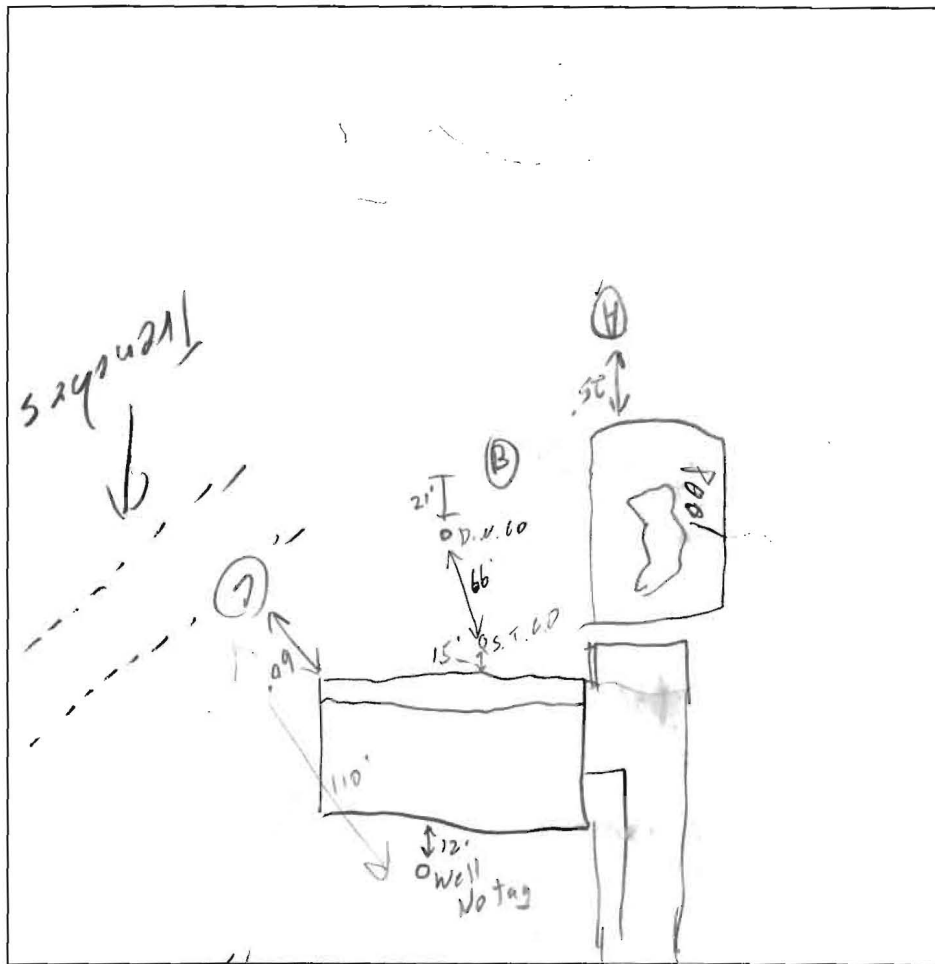
TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

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



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
6/16/04	(A)	<del>6</del> 13'	10:47	11:00	No	movement	F
		<del>7'</del>	11:03	11:27	1/2"	-Pulled	
		8'	11:35	11:56	No	movement	
	(B)	HIT	D.W.	effluent			F
	(C)	<del>3.5</del> 12.5'	12:51	1:00	1:15	15'	P

REMARKS Hat fields

SANITARIAN S.D. BACKHOE Todd OTHERS Todd

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 15 SQ. FT/BR 2/0

TRENCH WIDTH 2 INLET DEPTH 5 MAX. BOT DEPTH 9 EFFECTIVE S/W 4

6.3

(A)

Topsoil

Orange mica Clay

6.5

Tan/Silver mica Clay Lamin

13'

Water

(C)

1'

Topsoil

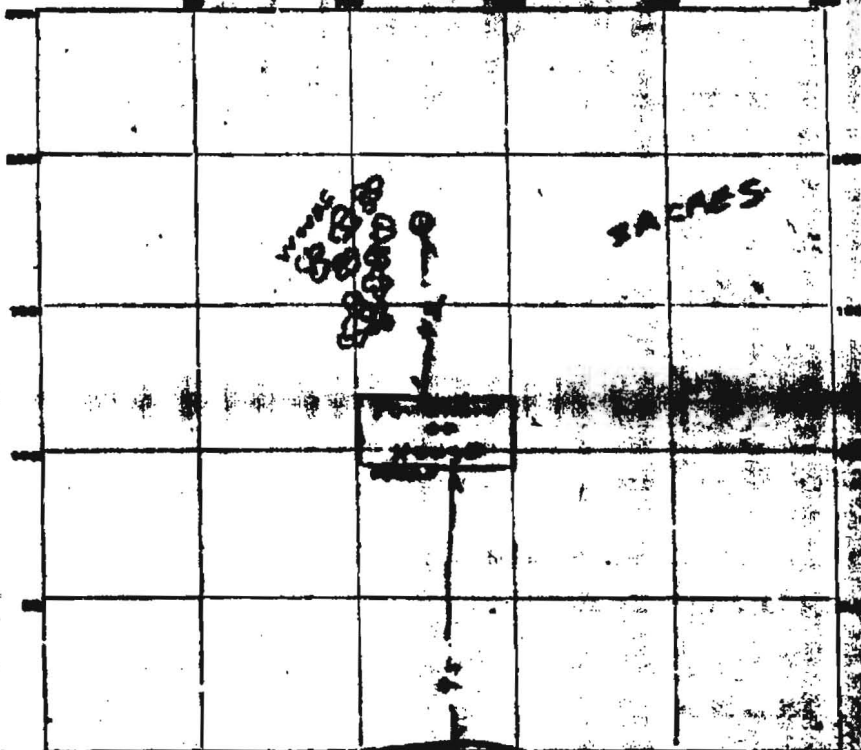
orange mica Clay

4'

orange/purple mica Lamin

13.5

[Empty vertical boxes for additional notes or data]



INDICATE HOW TO RE-ENTER PARCELS SHOWN AS BEING LOST.

**CIRCLE OFF PARCELS AREA**

DATE	TEST NO.	DEPTH	PERCENT		TEST 1" DEEP		TIME
			START	STOP	START	STOP	
5/15/50	1	9 1/2	1109	1112	1112	1117	

SOIL AUGER FINDING *none after 1st foot of topsoil*  
 TESTED BY *Raymond Hodges*  
 REMARKS *A. C. Lewis*  
 ALSO PRESENT *Lot 1*