



Howard County  
Health Department

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 9/22/03 TEST TIME 12:30 #P 519564  
 AGENCY REVIEW: No plan requested; o.k. to test DATE 9/10/2003

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 5 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) MARK & MARY CANNON

DAYTIME PHONE \_\_\_\_\_ CELL 301 219 3205 FAX \_\_\_\_\_

MAILING ADDRESS 1440 BRIGHTON WAY RD CLARKSVILLE MD 21029  
STREET CITY/TOWN STATE ZIP

APPLICANT TICO MCCREADY

DAYTIME PHONE 410 465-7687 CELL \_\_\_\_\_ FAX 410 465-7737

MAILING ADDRESS 8329 MAIN ST. ELICOTT CITY MD 21043  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
 SUBDIVISION/PROPERTY NAME O'MALLEY / STEGGERDA PROPERTY LOT NO. 5

PROPERTY ADDRESS 6825 HAVILAND MILL RD CLARKSVILLE MD 21029  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 40 GRID 1 PARCEL(S) 483 PROPOSED LOT SIZE 6.56 AC

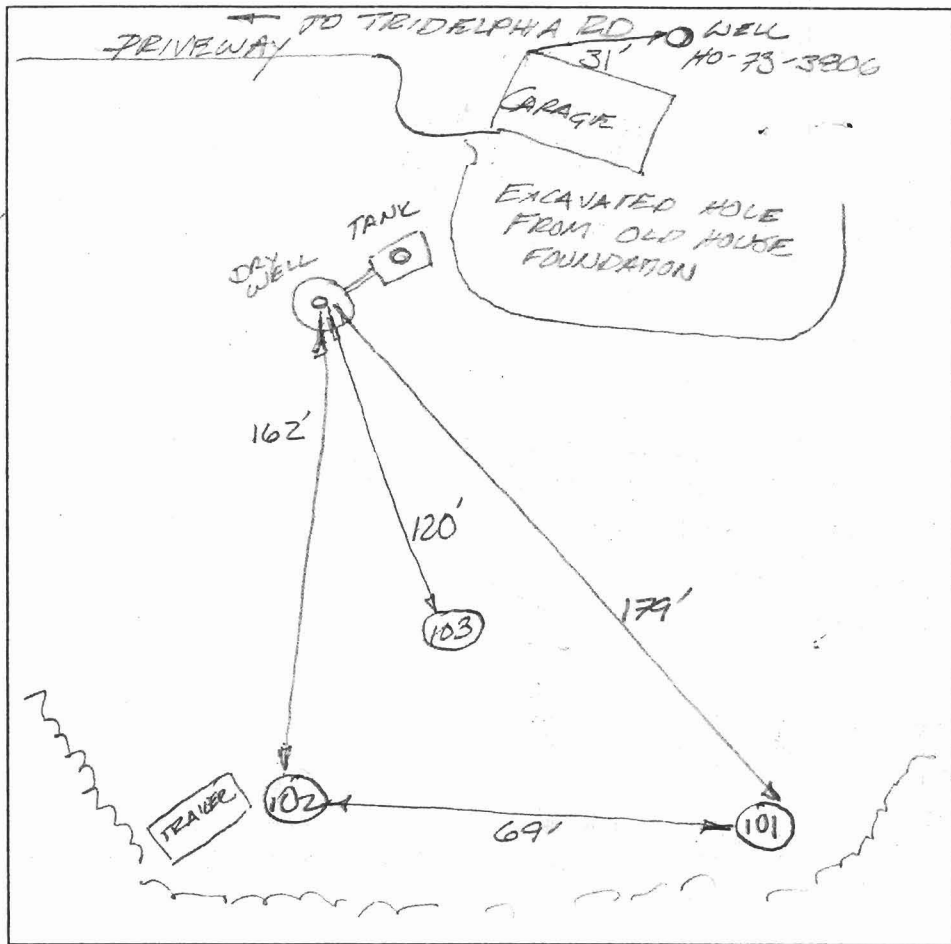
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

TEST RESULTS WILL BE MAILED TO APPLICANT. Tico McCready  
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

A/P

101  
 ORGANIC LOAM 8"  
 TAN / LT BROWN OR LOAM - SILT LOAM 22-3"  
 LT BROWN YELLOW BROWN SILT LOAM 25-40"  
 ROCK 11"  
 HARD BOTTOM



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/22/03	101	5' - 11'	12	14	12	3M40	P
		WILL PERC AT 4'					
	102	VISUAL OK TO 12'					
	103	VISUAL OK TO 12'					

REMARKS \_\_\_\_\_

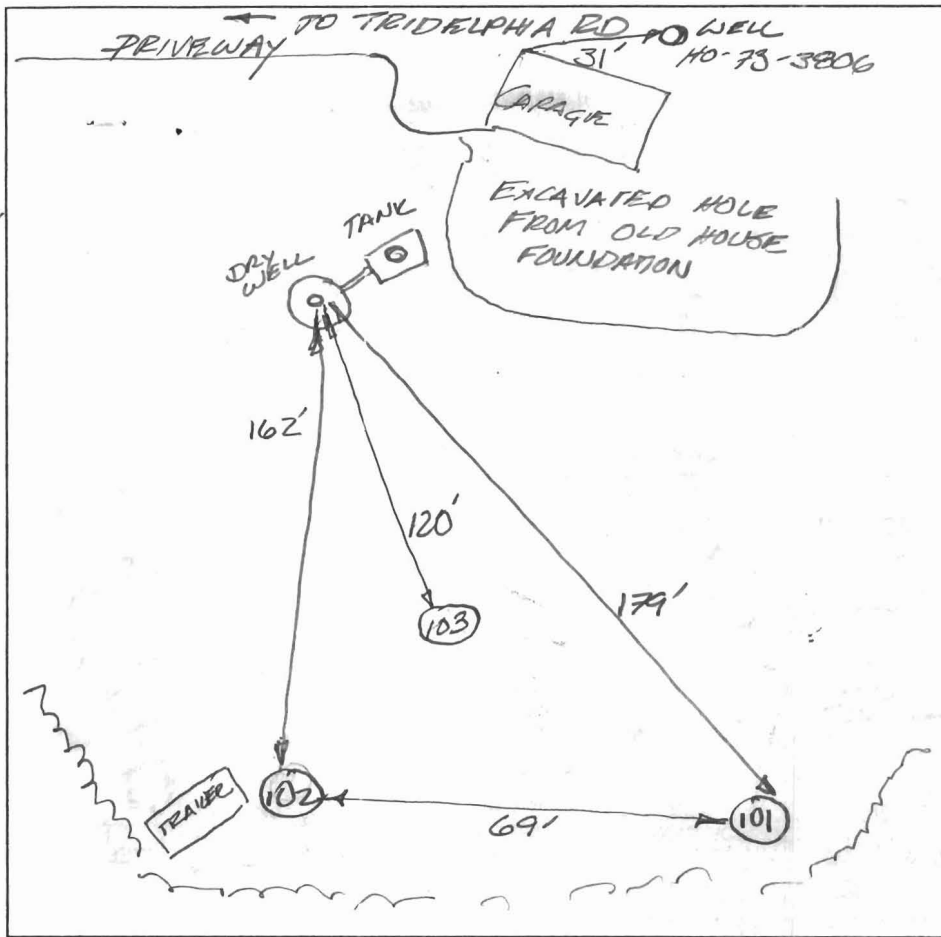
SANITARIAN F. ALFONSO BACKHOE \_\_\_\_\_ OTHERS MARK

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

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

A/P

101  
 ORGANIC LOAM 8"  
 TAN / LT BROWN OR LOAM → SILLOAM 22-3  
 PLATY MICA HORIZON  
 LT BROWN YELLOW BROWN SILLOAM L 5 90 ROCK  
 HARD BOTTOM 11"



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/22/03	101	5' - 11'	12'	14'	17'	3:00 P	
		WILL PERC AT 4'					
	102	VISUAL OK TO 12'					
	103	VISUAL OK TO 12'					

REMARKS \_\_\_\_\_  
 SANITARIAN F. ALFONSO BACKHOE \_\_\_\_\_ OTHERS MARK  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_