



Howard County
Health Department

ORIGINAL NOTES (FR) 1/21/04

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A# 519617

AGENCY REVIEW: _____ DATE 10/14/03

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 UNKNOWN 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) MR. THEODORE L. MARIANI

DAYTIME PHONE (202) 824-8141 CELL _____ FAX _____

MAILING ADDRESS #16449 ED WARFIELD ROAD WOODBINE MD. 21797-7805
STREET CITY/TOWN STATE ZIP

APPLICANT MARK L. ROBEL
% FISHER, COLLINS & CARTER, INC.

DAYTIME PHONE (410) 961-2855 CELL _____ FAX (410) 750-3784

MAILING ADDRESS 10272 BALTIMORE NATIONAL PINE ELLCOTT CITY MD. 21042
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION "THE MARIANI PROPERTY"
SUBDIVISION/PROPERTY NAME (3,200'± WEST OF PHEASANT RIDGE COURT) LOT NO. 1

PROPERTY ADDRESS #16449 ED WARFIELD ROAD WOODBINE
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 13 GRID 23 PARCEL(S) 277 PROPOSED LOT SIZE 1 ACRE ±

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.

Mark L. Robel

SIGNATURE OF APPLICANT

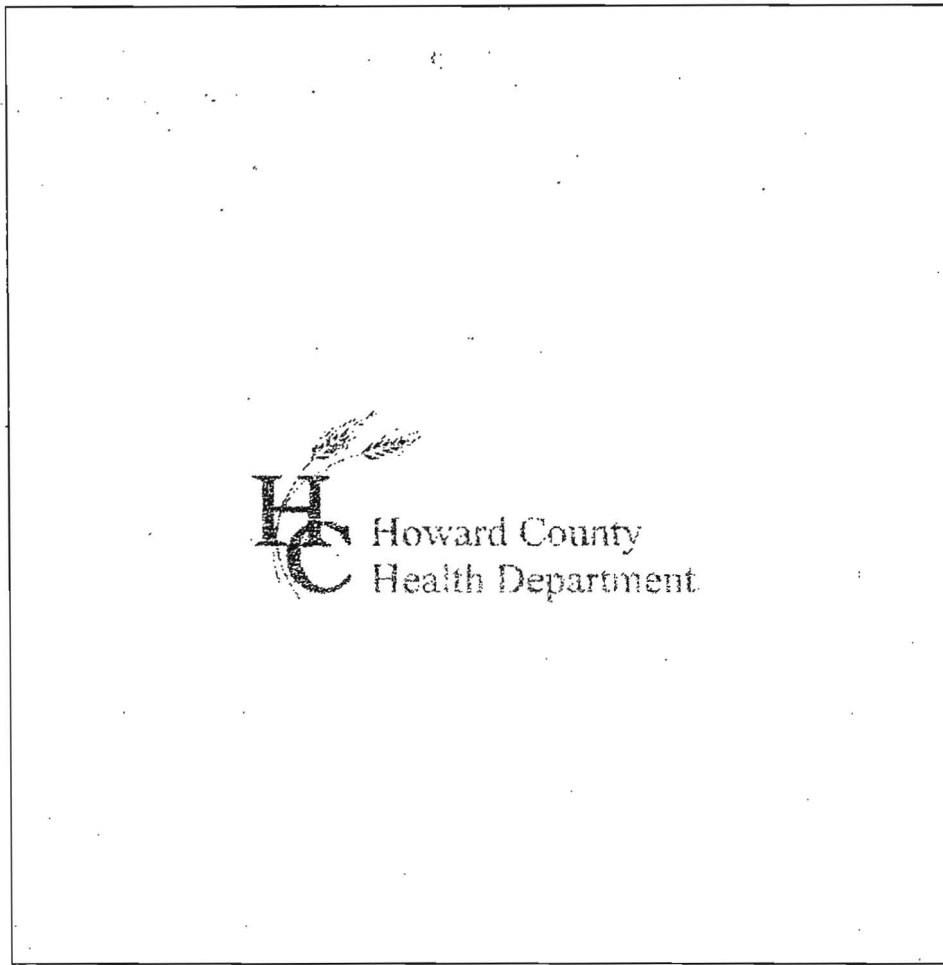
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

Empty rectangular box for notes or identification.

Empty rectangular box for notes or identification.

Empty rectangular box for notes or identification.



Empty rectangular box for notes or identification.

Empty rectangular box for notes or identification.

Empty rectangular box for notes or identification.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

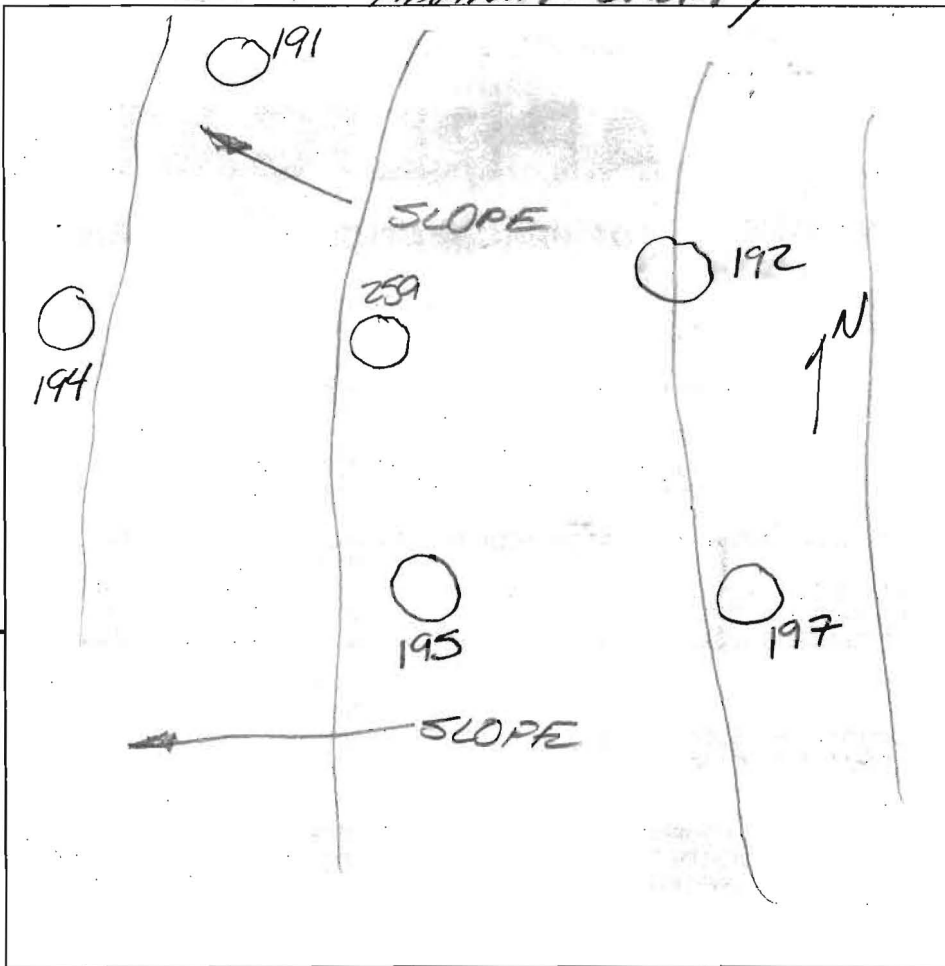
LOT 1 MARIANI PROPERTY

AP: 191

191
Brown Loam
Yellow Brown Silty Loam
Red Brown Yellow Silty Loam
Silty Loam
10-15% Charney
Mud
122

194
Brown Loam
Red Silty Loam
Red Yellow Silty Loam
Silty Loam
15-20% Charney
Mud
122

259
Brown Loam
Yellow Brown Silty Loam
Yellow Red Silty Loam
Silty Loam
5-10% Charney
Mud
13 1/2



195
Brown Loam
Yellow Gray Silty Loam
Yellow Red Silty Loam
15-15% Charney
Mud
13'

192
Brown Loam
Red Silty Loam
Red Yellow Red Silty Loam
Silty Loam
5-10% Charney
Mud
13'

197
Yellow Brown Loam
Yellow Clay Loam
Red Silty Loam
Silty Loam
5-10% Charney
Mud
13'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
1/23/04	191	6 1/2' / 12 1/2'	9 ⁵⁰	10 ⁰⁴	10 ¹⁰	12min	P
	194	6 1/2' / 12 1/2'	10 ⁰⁰	10 ⁰⁸	10 ¹⁶	8min	P
	259	6 1/2' / 13 1/2'	10 ²⁵	10 ³⁰	10 ³⁷	7min	P
	195	6 1/2' / 13'	10 ³⁶	10 ⁴¹	10 ⁴⁸	7min	P
	192	5 1/2' / 12 1/2'	10 ⁵⁵	11 ⁰⁰	11 ⁰⁷	7min	P
	197	5 1/2' / 12 1/2'	11 ¹⁸	11 ²²	11 ²⁸	6min	P

REMARKS _____
 SANITARIAN FA BACKHOE _____ OTHERS Olin Jr.
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

(1-1)



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PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER 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 _____

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