



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

Fee \$ 180.00

TEST DATE(S) _____ TEST TIME _____

#P 5 20068

AGENCY REVIEW: _____

DATE 2/23/2004

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) Philip J. Vilardo & Lisa A. Wilde

DAYTIME PHONE 410-203-9266 CELL _____ FAX _____

MAILING ADDRESS 2340 Daniels Rd Ellicott City MD 21043
STREET CITY/TOWN STATE ZIP

APPLICANT Philip J. Vilardo

DAYTIME PHONE 410-203-9266 CELL _____ FAX _____

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STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME David E. Boyd Property LOT NO. 2

PROPERTY ADDRESS 2340 Daniels Rd Ellicott City, MD 21043
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 18 GRID _____ PARCEL(S) 4 PROPOSED LOT SIZE 1.8024

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. Philip J. Vilardo
SIGNATURE OF APPLICANT

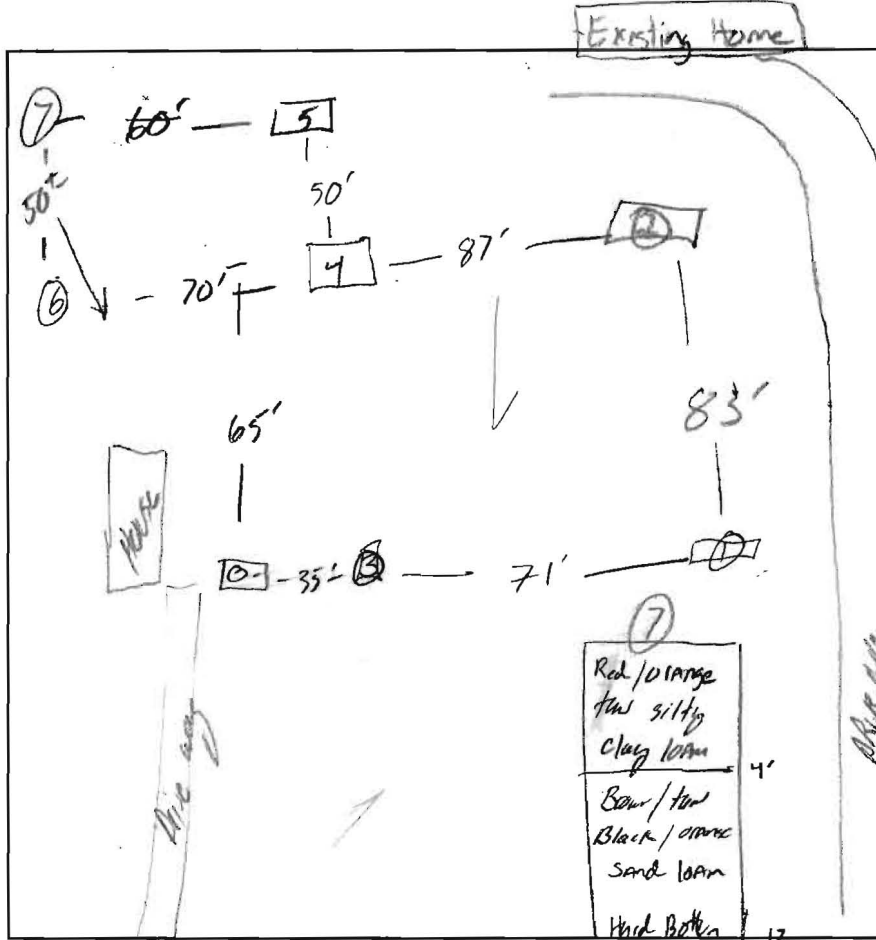
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

1
Dark Brown heavy loam
3'
tan/Brown Clay loam
10'
Orange/Red Brown micaceous sl
13'

2
Red/Brown heavy clay loam
5'
Red/orange tan silty loam
- come yard
14'

3
Brown/tan heavy clay loam
7'
tan/orange Brown Sandy clay loam
20% Rock
Water
8'



4
Red/Brown Clay loam
4 1/2'
tan/orange Brown Sandy loam
20-25% Rock
Hao
14'
14 1/2'

5
Brown/tan heavy cl
4 1/2'
tan/orange Sand/silty loam
5% Rock
15'

6
Brown loam
1'
tan/Brown Clay loam
4 1/2'
tan/Brown micaceous Sand/silt loam
- trace Rock
14'

Drains Rd

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
4/8/04	1	7' / 13'	9:55	Pulled	10:20	Slow	F	
	2	6' / 14'	10:02	10:04	10:07	3 min	P	
	3	8' / 14'	Visual - high water - Deep clay					F
	4	5 1/2' / 14 1/2'	10:20	10:23	10:26	3 min	P	
	5	6' / 15'	10:40	10:50	11:17	27 min	P	
	6	5 1/2' / 14'	10:53	11:04	11:19	15 min	P	
	7	5 1/2' / 13'	11:20	11:23	11:27	4 min	P	

REMARKS _____

SANITARIAN KB/AH _____ BACKHOE _____ OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____