



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 1-26-04 TEST TIME 9:00 Am AP 520041
 AGENCY REVIEW: _____ DATE 1/22/04

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) Bill Vance

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 14000 CASTLEBAR DR Glenwood MD
STREET CITY/TOWN STATE ZIP

APPLICANT Van Sant Pln.

DAYTIME PHONE 301 829 0444 CELL 301 748 5206 FAX 301 829 6756

MAILING ADDRESS 3 N MAN ST MT Airy MD 21771
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME Burnt Wood LOT NO. 7

PROPERTY ADDRESS 14000 CASTLEBAR DR Glenwood Md
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 22 GRID 1 PARCEL(S) 110 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

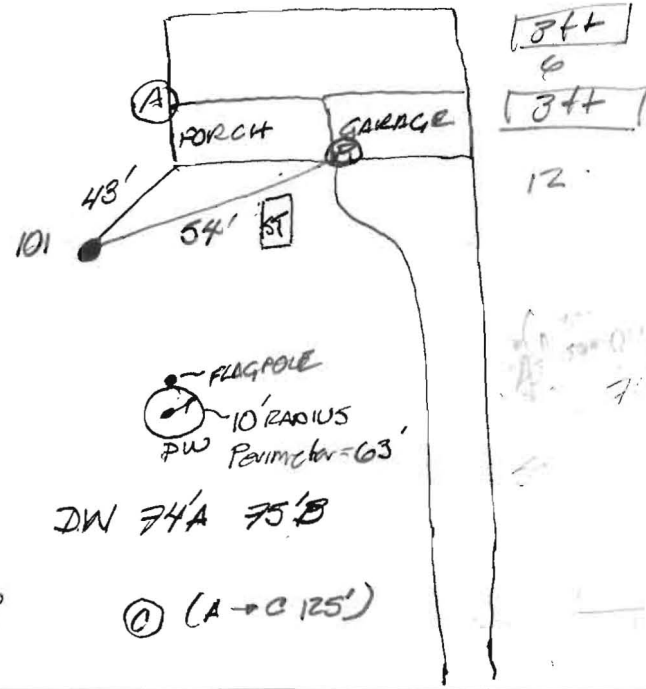
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

01
 Brown clay 6"
 Yellow Brown Soil clay com 40% clay 3'
 Red Silty loam 6'
 Red Yellow Silty com 8'
 Yellow Silty com 12'

A- LEFT CORNER OF HOUSE (BRICK)
 B- LEFT CORNER OF GARAGE (VINYL SIDING)

2100 ft²



DW 74'A 75'B

443
 950
 1078

ⓐ (A → C 125')

14000 CASTLEBAR DR.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
2/4/03	101	7' / 12'	10 ⁰²	10 ⁰⁷	10 ¹⁷	10min	P

REMARKS _____
 SANITARIAN FL BACKHOE _____ OTHERS MIKE BUEVINS ED HARBROUGH
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____