



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 4/13/04 TEST TIME \_\_\_\_\_ A/P 520/34

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:

- 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) Lawrence Lustig

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 11762 Carroll Mill Road  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 23 GRID 18 PARCEL(S) 101 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.

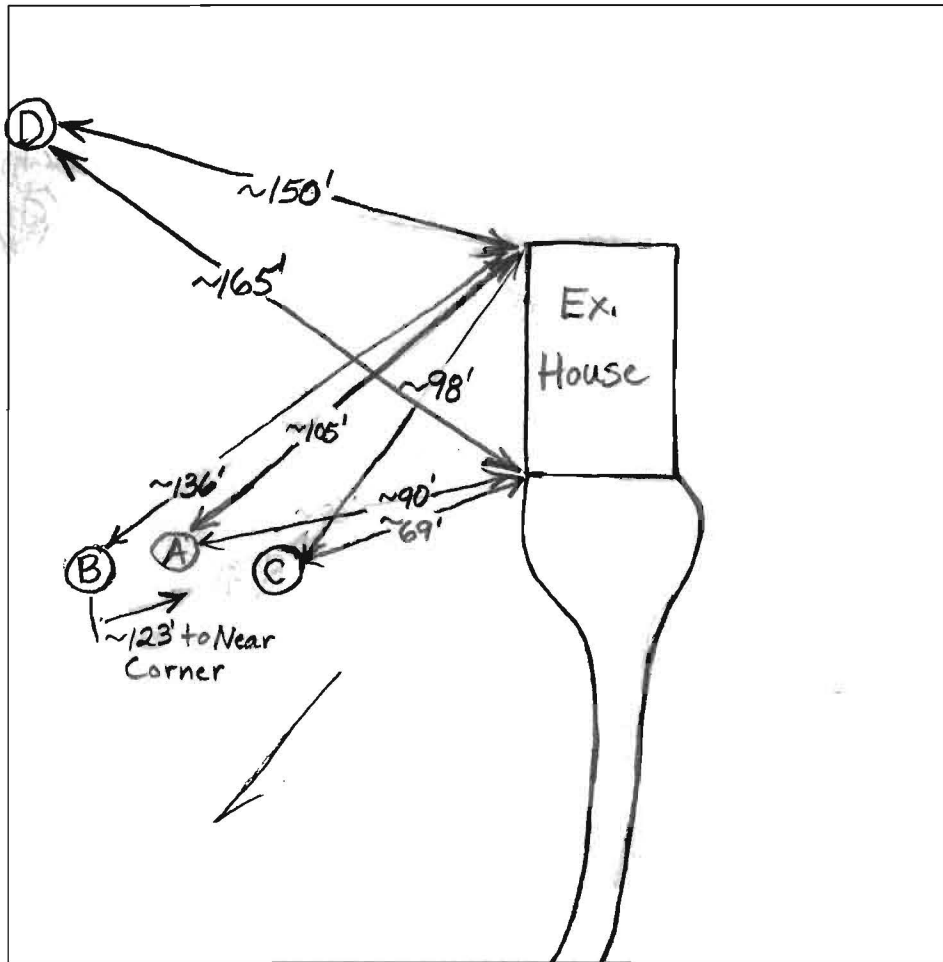
TEST RESULTS WILL BE MAILED TO APPLICANT. \_\_\_\_\_  
SIGNATURE OF APPLICANT

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  
**(A)**  
 BrCl Loam 3'  
 Red Br Si Cl Loam ~20% Rock 4.5'  
 Dense Red Br Sa Loam ~15% Rock 7'  
 Br Sa Loam ~40% Rock 10'  
 50-60% Rock 11.5'

**(B)**  
 BrCl Loam 3'  
 Red Br Si Cl Loam ~10% Rock 4.5'  
 Br Sa Loam ~40% Rock 7'  
 >50% Rock 7.5'  
 Hard Bottom

**(C)**  
 Similar to **(A)**  
 Except ~50% Rock Below 9' and Hard Bottom at 10'



**(D)**  
 BrCl Loam 3.5'  
 Red Br Si Cl Loam, ~10% Rock 4.5'  
 Red Br Sa Loam, ~10% Rock 5'  
 Br Sa Loam ~30% Rock 9'  
 >50% Rock Hard Bottom 9.5'

Carroll Mill Road

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/13/04	A	4'3" / 11.5'	No Movement in 10 Minutes			Slow	P
		6.5'	9:57	10:10:30	10:36	25 1/2	
	B	7.5' V	—————→				<b>(F)</b>
	C	5' / 10' V	11:11	11:19	11:34:30	15 1/2	P
	D	9.5' V	—————→				P
The rock in the above holes has a platy structure.							

REMARKS Water Poured In Bottom of Hole C - Rate o.k.

SANITARIAN B. Baker BACKHOE Freedom OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA A, C+D AVG. PERC TIME 20 SQ. FT/BR 240  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH 5' EFFECTIVE SW 0