



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 6/25/04 9:00 Am. TEST TIME 9:00 Am. ADP 520422

AGENCY REVIEW: \_\_\_\_\_ DATE 6/15/04

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 \_\_\_\_\_ 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) THOMAS CHILCOATE / Agent 443-610-9482

DAYTIME PHONE 443-865-9544 CELL Tim FAX \_\_\_\_\_

MAILING ADDRESS 6916 PINDELL SCHOOL RD, FULTON MD 20759  
STREET CITY/TOWN STATE ZIP

APPLICANT JACK FLOCK Septic Service

DAYTIME PHONE 410-988-9270 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS P.O. BOX 89 GLENELG MD 21737  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME PEMBROKE KNOLLS LOT NO. 4

PROPERTY ADDRESS 6916 PINDELL SCHOOL RD, FULTON 20759  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 41 GRID 4 PARCEL(S) 153 PROPOSED LOT SIZE \_\_\_\_\_

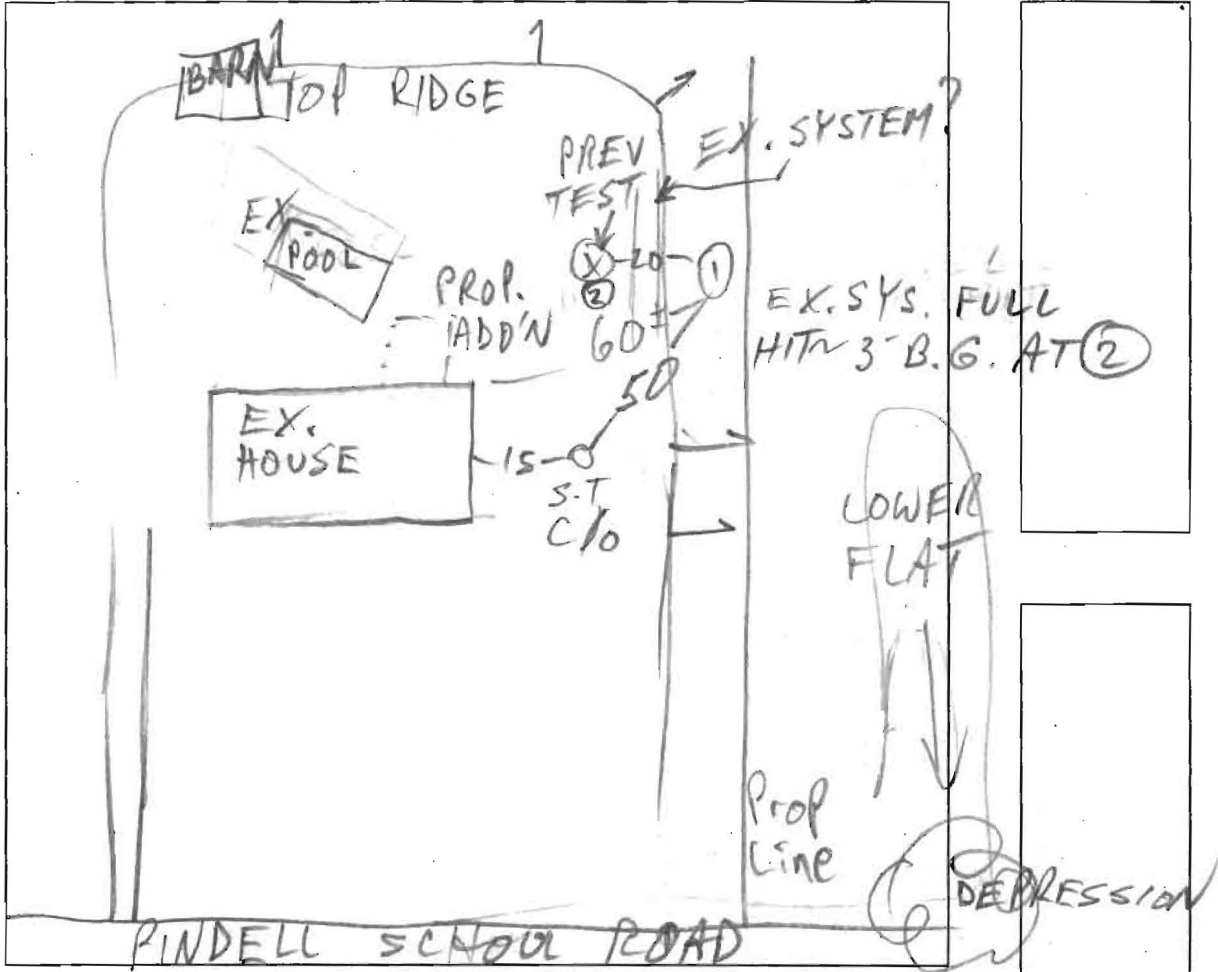
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

TEST RESULTS WILL BE MAILED TO APPLICANT. Michael Skipper  
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

LOW WET

AVR  
 ① ②  
 otge  
 hvysalm  
 3  
 beige tan  
 white  
 H. brn  
 coarse  
 mica  
 sand  
 5% s  
 frags



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	PIF/H
6/25/04	1	7	9:48:25	9:49:15	9:50:15	1	
		12 1/2	9:50:35	9:51:35	9:52:50	1 15	
		7	9:52:55	9:53:55	9:55:00	1	
	2	12' 9"	10-15%	Frags			

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