



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 8/18/04 TEST TIME \_\_\_\_\_ A# 520832  
 AGENCY REVIEW: \_\_\_\_\_ DATE 8/17/2004

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 6 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) Juanita Conway

DAYTIME PHONE 410-418-9288 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 3590 Conchita Drive, Ellicott City, MD 21024  
STREET CITY/TOWN STATE ZIP

APPLICANT Larry Lundberg - Ardo Contracting Inc.

DAYTIME PHONE 443-803-1072 CELL \_\_\_\_\_ FAX 410-280-5824

MAILING ADDRESS 9693 BERWICK LANE, COLUMBIA MD 21046  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME KINGSTON LOT NO. 3

PROPERTY ADDRESS 3590 CONCHITA DRIVE, ELLICOTT CITY 21042  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 22 GRID 10 PARCEL(S) 198 PROPOSED LOT SIZE JAME

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. Jerry Lundberg  
SIGNATURE OF APPLICANT

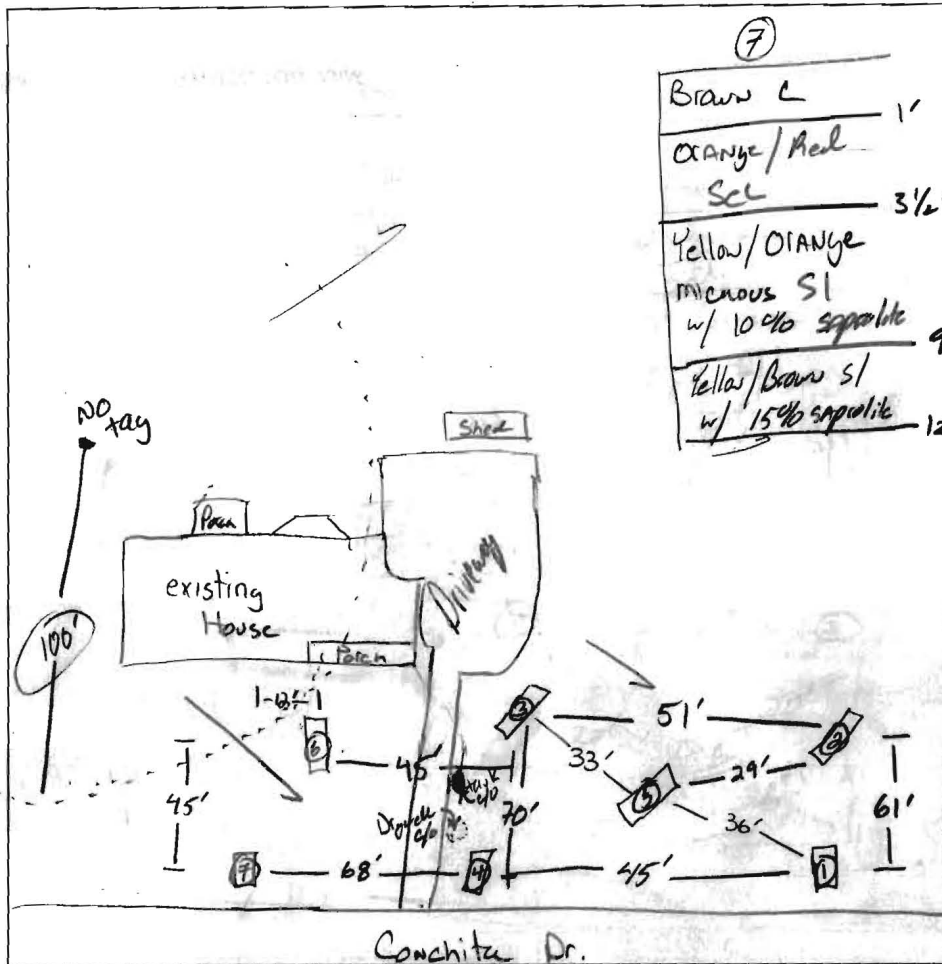
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

⑤  
 Brown L 1'  
 Brown/Red  
 Heavy Sol 4'  
 Yellow/Brown  
 micaceous  
 sil w/ 15-20% mica schists 9 1/2'  
 Yellow/Brown  
 sil -10% saprolite 13'

②  
 Brown L 1'  
 Yellow/Brown  
 Orange  
 micaceous  
 sil 5 1/2'  
 Yellow/Brown  
 sil w/ 10-15% Saprolite/atx 8'  
 Yellow/Brown  
 platy  
 mica schist/sil. 12'

④  
 Brown L 1'  
 Orange/Red  
 micaceous  
 sil 3 1/2'  
 Yellow/Brown  
 micaceous  
 sil 9'  
 Orange/Yellow  
 Brown sil  
 w/ 15% Saprolite  
 5% atx 12'



⑦  
 Brown L 1'  
 Orange/Red  
 Sol 3 1/2'  
 Yellow/Orange  
 micaceous sil  
 w/ 10% saprolite 9'  
 Yellow/Brown sil  
 w/ 15% saprolite 12'

①  
 Brown L 1'  
 Red/Orange  
 micaceous  
 sil 3 1/2'  
 Brown/Yellow  
 orange w/ 10%  
 sil 9'  
 Yellow/Brown  
 sil w/ 20% platy  
 saprolite  
 HB 11'

③  
 Brown L 1'  
 Orange/Red  
 Yellow/Brown  
 micaceous  
 sil 3 1/2'  
 Yellow/Brown  
 micaceous sil  
 w/ 10-15% Saprolite 9'  
 Brown/Yellow  
 sil w/ 15% Saprolite  
 -Platy- 12'

⑥  
 Brown L 1'  
 Red/Orange  
 Brown gravel  
 Sol 4'  
 Yellow/Orange  
 micaceous sil 10'  
 Brown/Yellow  
 sil w/ 10% flossy  
 Saprolite 13'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/19/01	2	4 1/2' / 12'	9:35	9:36:30	9:38:30	2min	P
	3	6' / 13'	9:50	9:52	9:55	3min	P
	4	4' / 12'	10:18	10:21	10:24	3min	P
	1	4' / 11'	10:34	10:37	10:40	3min	P
	5	- / 12'	- Visual -			ok	P
	6	4' / 13'	10:53	10:55	10:57	2min	P
	7	4' / 12'	11:03	11:05	11:07	2min	P

REMARKS **Drigwell is failing**  
 SANITARIAN Kob BACKHOE Hatfields OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_