



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

APP 520831

8/17/2004

AGENCY REVIEW: _____

DATE 520831

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) Rich Allison

DAYTIME PHONE 301-225-6406 CELL _____ FAX _____

MAILING ADDRESS 7167 Pindell School Rd
STREET CITY/TOWN STATE ZIP

APPLICANT Fyock Septic Serv

DAYTIME PHONE 410-988-9270 CELL 410-984-0999 FAX 410-531-1256

MAILING ADDRESS P.O. Box 89
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME SAME AS ABOVE LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

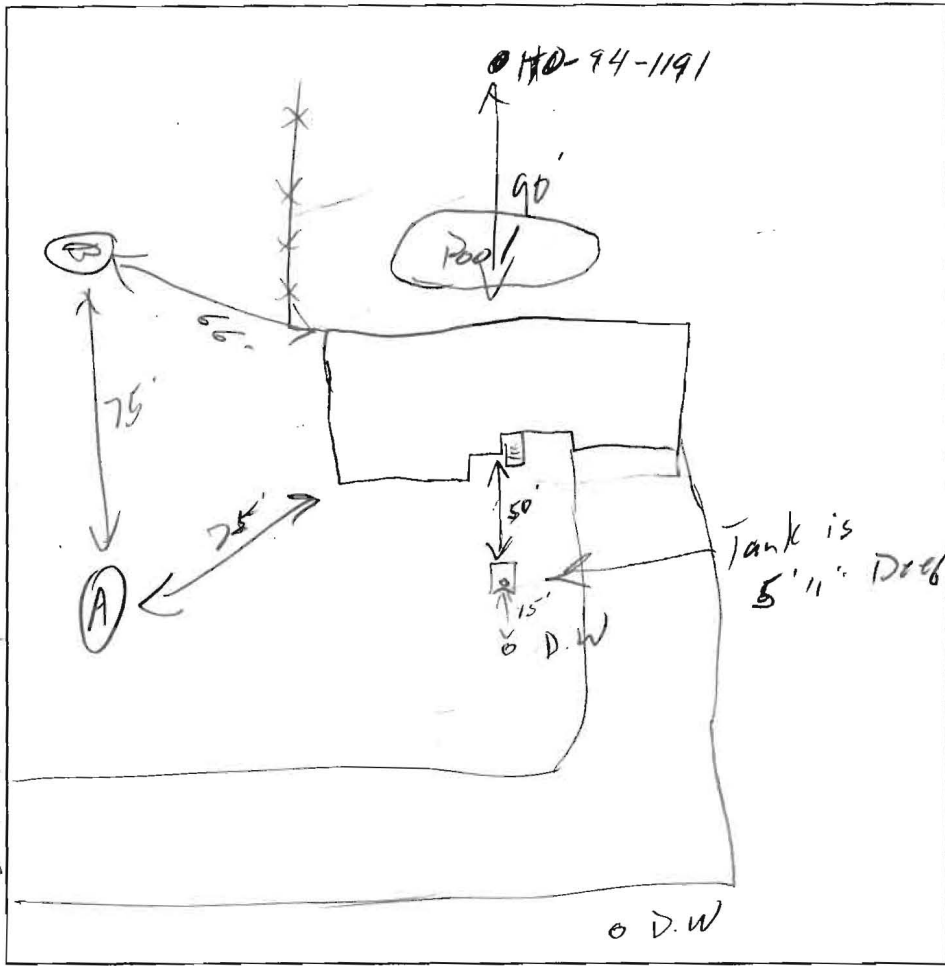
TAX MAP PAGE(S) 41 GRID 9 PARCEL(S) 321 PROPOSED LOT SIZE _____

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



6" Topsoil
Orange/Brown
Clay

4' red brown
Loam

Saprolite
Veins

18' (B)

Same
as

(A)

but
no
Saprolite

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/10/64	(A)	5.5 18	11:02	11:07	11:15	8	P
		8'	11:20	11:22	11:25	3	P
	(B)	16'					
Pump, collapsed, fill in old D.W.'s							
Size for 10 bedrooms							
Add to existing tank							

REMARKS 4.5' stone 9 1500 gal top seam tank - load bearing lid

SANITARIAN SD. BACKHOE Skp / Homeowner OTHERS

TEST HOLES USED IN SDA _____ AVG. PERC TIME 5.5 SQ. FT/BR 180

TRENCH WIDTH 2 INLET DEPTH 7-7.5 MAX. BOT DEPTH 11.5-12 EFFECTIVE SW 4.5

Pudell Street Rd

Tank is 5'11" Deep

D.W.

If it's a
repair, then do
it, if it's an
upgrade, no refund
let me know

INDEXED

SITE INSPECTION

OWNER RICH ALLISON 301-725-6406 DATE REQUESTED 4-22-97

ADDRESS 7167 PINDELL SCHOOL ROAD

MAP 41 GRID 9 PARCEL 321

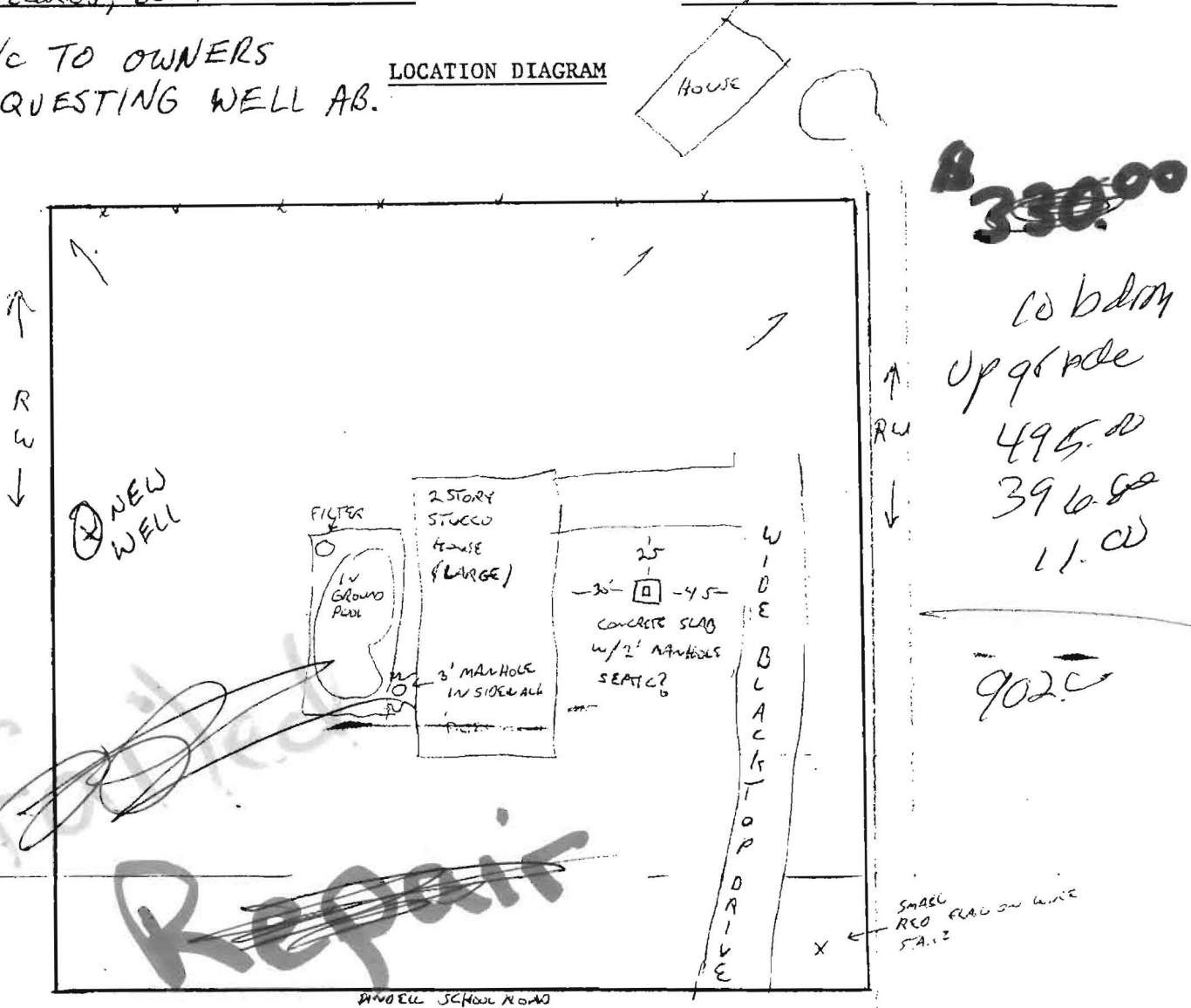
WELL TAG# _____

NO RECORDS, BUILT 1951

COUNTY# _____

2/14/00 T/C TO OWNERS
MR REQUESTING WELL AB.

LOCATION DIAGRAM



COMMENTS: EMERGENCY WELL SITE INSPECTION REQUESTED BY EASTERRAY WELL DRILLING.

HOUSE IS MODERN, NOT COMPLETE. LOGS OBTAINED. NO OBVIOUS WELL SALES.

NEED SEPTIC LOCATION. T/C W/ EASTERRAY, PROPOSAL IS FOR A REPLACEMENT

WELL TO ACCOMMODATE BUILDING PERMIT, EASTERRAY WILL SUBMIT PAPERWORK TO

US ONCE THEY RECEIVE A PLOT PLAN.

W 084075

This is
a repair
SO

Repair