

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ *AP 520765*

AGENCY REVIEW: _____ DATE *8/5/04*

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) *Calvin & Virginia Fry*

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS *7534 Cherry Tree Drive*
STREET CITY/TOWN STATE ZIP

APPLICANT *R & K Excavating Inc.*

DAYTIME PHONE *410-442-1336* CELL *410-984-8230* FAX *410-442-1335*

MAILING ADDRESS *P.O. Box 280 Lisbon Md. 21265*
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS *7534 Cherry Tree Drive*
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ 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. *Judith A. Williams*
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

Cherry Tree Dr

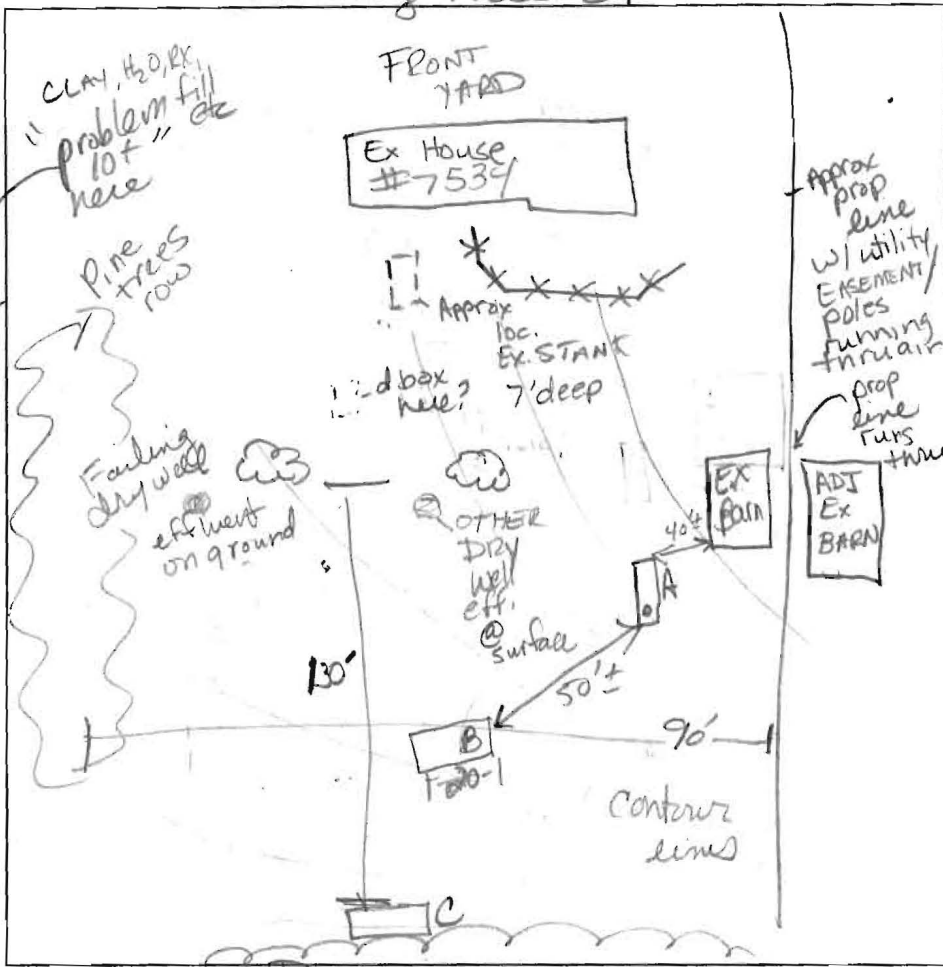
uphill SIDE
 A/P
 (A)
 2msbk red
 hvy L-CL
 2'
 Str rd
 SL
 CLAY 15%?
 3'
 org
 mdgr
 SAND
 v. micac.
 v. platy
 Pockets
 of Saprolite
 SM, v. fr. frag
 DRY
 Bottom

(B)
 rd, str brn
 SbK L
 1'
 s.g. / sbk
 SCL
 ribbons 1/2"
 5'
 str org
 LS

6'
 Abrupt transition
 wk rd
 f. mdgr
 SAND
 Micaceous
 Bottom

(C)
 str rd
 CL
 4'
 transitional
 layer of
 loam

6'
 mdgr.
 SAND
 Massive
 s.g.
 Structure
 DRY
 Saprolite 10%
 Bottom 15'



PINDERSCHOOL ROAD

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/6/04	(A)	7 1/2' DOWN HILLSIDE	1:38	1:40	1:43	3	P
	(B)	4 1/2'	2:00	2:07	2:16	9	P
	(C)	4' 8"	2:28	2:38	2:51	13	P

**MAINTAIN BACKYARD AS SDA
 NO BPS ALLOWED FOR BACKYARD
 STRUCTURES**

REMARKS Ex 4 bdrm
 SANITARIAN Kacie BACKHOE Kettermans OTHERS Jay
 TEST HOLES USED IN SDA A-C AVG. PERC TIME 2-13 SQ. FT/BR 210
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____