

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 527289

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 4 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) Greg & Sharon Turnatore

DAYTIME PHONE 301-854-3148 CELL 443-255-5648 FAX _____

MAILING ADDRESS 13707 Highland Rd Clarksville MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT S.M. Contracting LLC / Ronnie Heaps

DAYTIME PHONE 443-277-7526 CELL same FAX 410-552-5815

MAILING ADDRESS 425 OBrecht Rd. Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 13707 Highland Rd. Clarksville Md. 21029
STREET TOWN/POST OFFICE

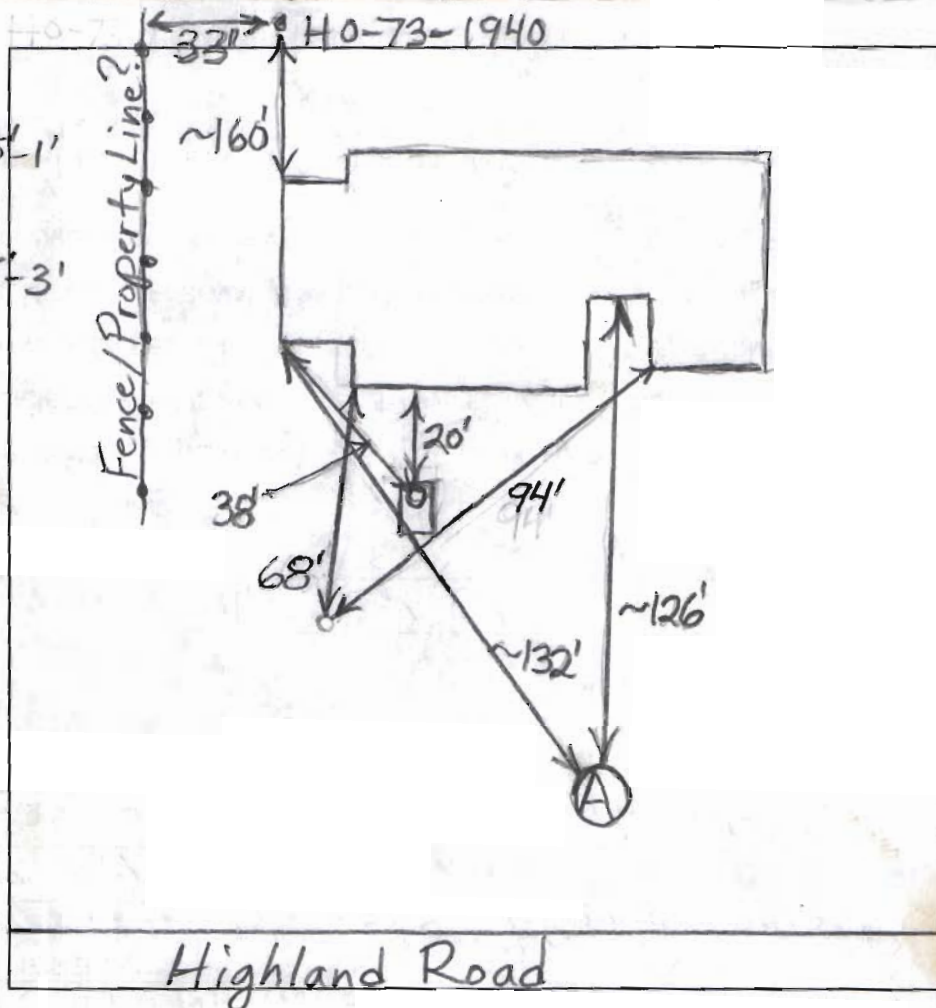
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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.

[Signature]
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)
- Topsoil 0.5'-1'
 - Or Br Sa Cl Loam 2.5'-3'
 - Light Br Loamy Sa 15-20% Decayed Rock and Saprolite 12.5'
 - 40-50% Rock 13.5'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/16/07	A	5'/135'	10:49	10:51	10:54	3	P

REMARKS Water Poured in Bottom of Test Hole - Rate O.K.
 SANITARIAN B. Baker BACKHOE R. Heaps OTHERS _____
 TEST HOLES USED IN SDA A AVG. PERC TIME 3 SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

Reason for Request:

Failing System (includes surface discharge or inadequate treatment zone)

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? YRS

System relocation for proposed addition for setback compliance *

Verification of adequate system per COMAR 26.04.02.02D (4)*

To replace collapsed septic tank

To replace collapsed drywell

Septic Contractor:

Contractor's Address:

Ronnie Heaps / JM Contracting LLC

425 O Burch Rd

Sykesville Md. 21784

Contractor's Phone #:

443 277 7526

Property Address:

13707 Highland Rd Clarksville MD 21029

Property (Subdivision) & Lot #

County file number if known:

Owner's Name and Phone number:

Greg - Sharon TORNATORE

Is public sewer available/nearby:

NO

If public sewer may be close, mention further research will be performed to verify availability

Names of Any Previous Owners:

Year House Built:

1980

of Existing Bedrooms:

4

of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian: _____ Name: _____

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling/review of the repair, upgrade or evaluation.

Print out copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

***Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.**

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).

If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: _____

Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling Sanitarian.

No permit is to be issued nor inspection to be scheduled without prior fee collection at office unless an emergency situation exists. Contractor to notify office of the emergency situation as soon as possible.