



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

A/P 522410

AGENCY REVIEW: _____

DATE 4/20/05

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) Tyler German

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 14096 Barbara Cir Cooksville
STREET CITY/TOWN STATE ZIP

APPLICANT Kurt Cassell

DAYTIME PHONE 410 795-5670 CELL _____ FAX _____

MAILING ADDRESS 580 Obrecht Rd Sykesville
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Villa Monticello LOT NO. 9

PROPERTY ADDRESS 14096 Barbara Cir Cooksville
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 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 $\text{\textcircled{1}}$

Brown L 1'

Red/Orange Brown Silcl 5 1/2'

Yellow/Brown micaceous Sil w/ trace Rock 2'

2

Brown L 1'

Red/Orange Silcl 5'

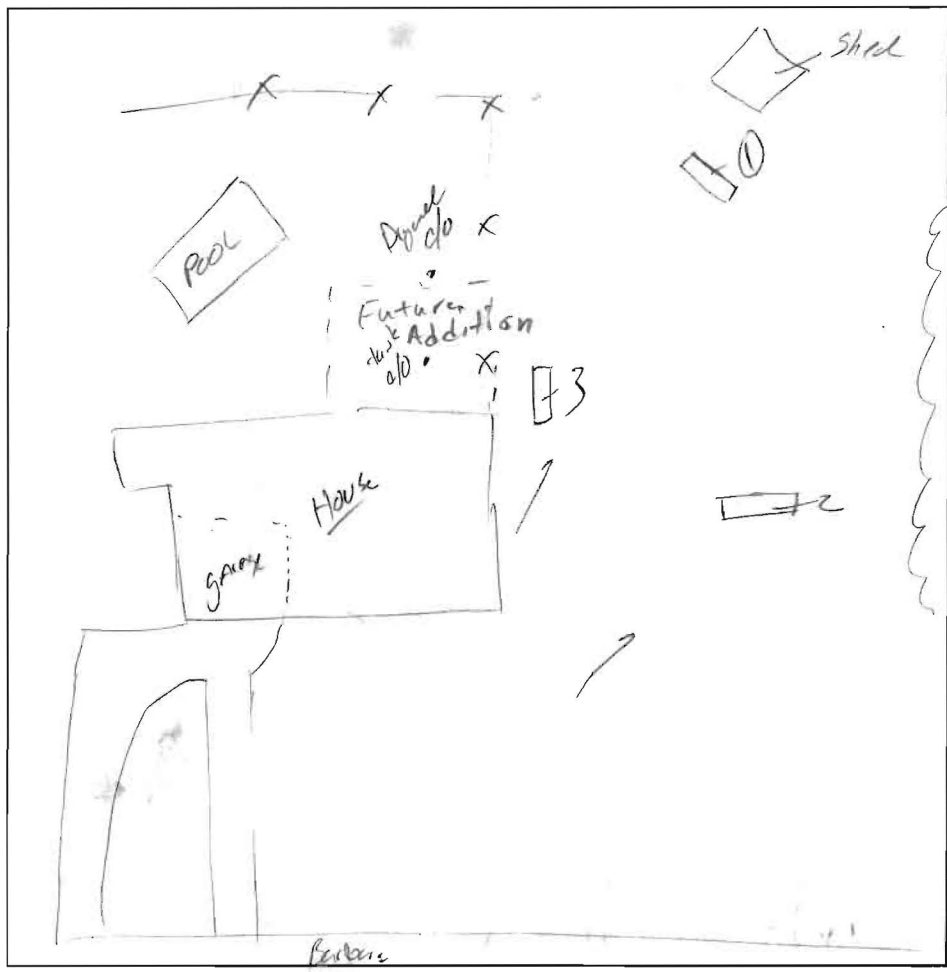
Yellow/Brown micaceous Sil w/ 10% Saprolite 11 1/2'

$\text{\textcircled{3}}$

Brown/Black L 2'

Yellow/Orange Red Silcl 6'

Yellow/Brown Pink Sil w/ trace Rock 11'



$\text{\textcircled{2A}}$

Red Silcl

5'

DARK YELLOW BROWN Silm

9'

Orange Brown Silm 10% weak saprolite 5% rock

16'

$\text{\textcircled{1A}}$

Red Silcl

5'

Red Brown Silm

8'

Orange Brown Silm 15% weak saprolite

16'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/12/05	1	6' / 12'	10:37	10:39	10:41	2min	P
	2	5 1/2' / 11 1/2'	10:47	10:49	10:53	4min	P
	3	6 1/2' / 11'	11:02	11:07	11:18	11min	P
6/28/05	2A	16' / 16'	Pour	in Bottom	> 2m	P	
6/28/05	1A	16' / 16'	Pour	in Bottom	> 2m	P	
			7ft SW	3ft			
			2 BR x 180/3 x .28 =	33.6			→ 3' wide
			3 BR x 180/4 x .32 =	43.2			→ 4' wide

REMARKS _____

SANITARIAN KJB-5/12/05 $\text{\textcircled{GAC}}$ BACKHOE _____ OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

FILE INQUIRY FORM

Property Address: 14096 Barbara Circle

Perce test conducted on 5/12/05 established
area for the proposed addition 5/18/05 KJR
Shed will not affect established SDA. 6/9/05