

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

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) O'Connell, Mr.

DAYTIME PHONE 410 489-7295 CELL _____ FAX _____

MAILING ADDRESS 12643 Howard Lodge Rd. Sykesville Md 21784
STREET CITY/TOWN STATE ZIP

APPLICANT Charles Jenkins (Jenkins Bros. Septic Svc. Inc.)

DAYTIME PHONE 410 781-7133 CELL 410 971-8104 FAX 410 552-1100

MAILING ADDRESS 7670 Smiths Private Rd. Sykesville Md. 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 12643 Howard Lodge Rd. Sykesville, Md 21784
STREET TOWN/POST OFFICE

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

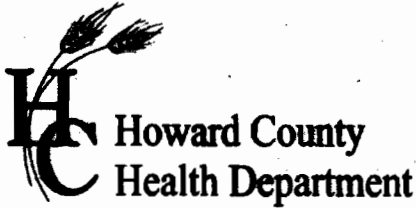
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

Charles Jenkins
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

FOR ORIGINALS ONLY (BY MAIL OR IN PERSON)



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PROPERTY OWNER(S) O'Connell

DAYTIME PHONE (410) 489-7295 CELL _____ FAX _____

MAILING ADDRESS 12643 Howard Lodge Rd.
STREET CITY/TOWN STATE ZIP

APPLICANT Charles Jenkins

DAYTIME PHONE (410) 781-7133 CELL (410) 971-8104 FAX (410) 552-1100

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 12643 Howard Lodge Road
STREET TOWN/POST OFFICE

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

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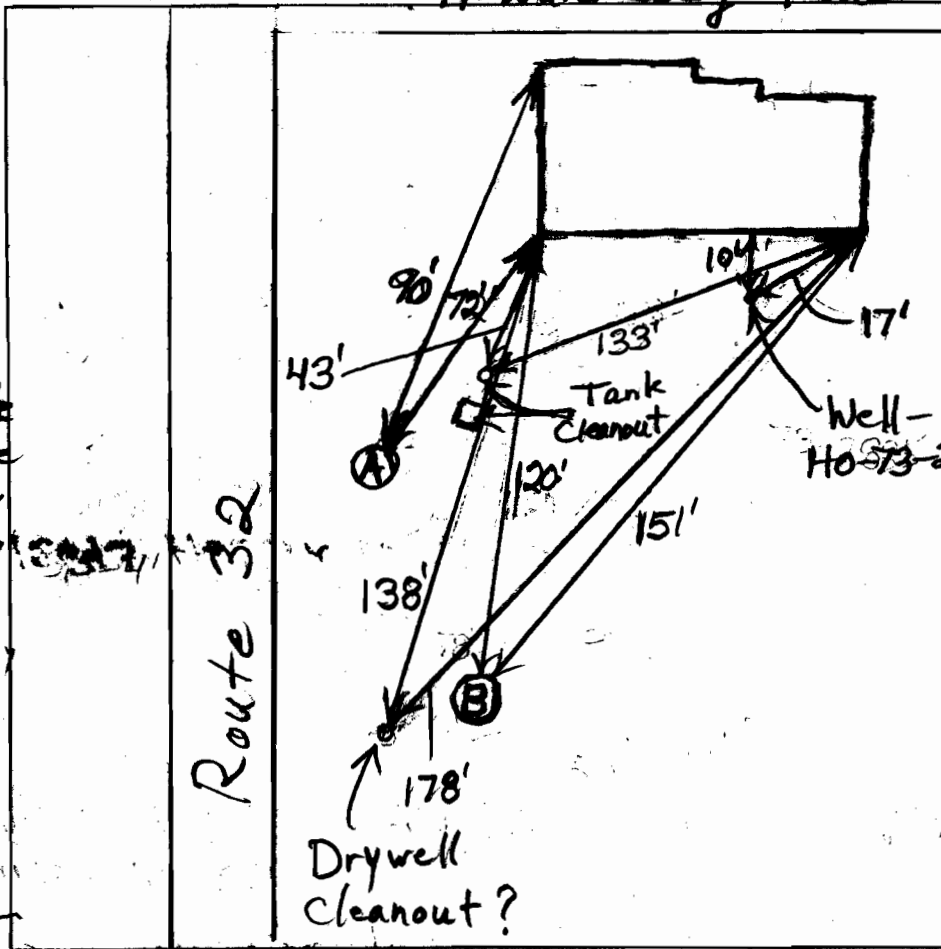
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3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

Howard Lodge Road

AP (A)

- Topsoil
- 1" Or Basal Clay
- 1.5' Red Br-cl Loam, Some Quartzite Pockets
- 3.5' Yellow Loam 10-15% Saprolite Some Quartzite Pockets
- 3.5' Getting Rocky at Bottom
- 4' Getting Rocky



(B)
Part of Demolished Barn Foundation Decided to Dig Elsewhere

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/1/07	A	55'/14V	11:11	11:13:10	11:16	3	P
	B						H

REMARKS Water Poured in Bottom - Rate O.K.
 SANITARIAN B. Baker BACCHOE Jenkins OTHERS _____
 TEST HOLES USED IN SDA A AVG. PERC TIME 3 SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____

Fee Paid \$
Receipt #P

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: 7/26/07

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) Yes
Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? Yes

In support of a building permit. Type of building addition: _____

*System relocation for proposed addition for setback compliance _____

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

To replace collapsed septic tank or upgrade tank capacity _____ (Saturated)
To replace collapsed drywell Replace drainfield

Septic Contractor: Jenkins Bros. Septic Svc. Inc. (Charles Jenkins)

Contractor's Address: 7670 Smiths Private Rd.
Sykesville, Md. 21784

Contractor's Phone #: 410781-7133

Property Address: 12643 Howard Lodge Rd. Sykesville, Md 21784

Property (Subdivision) & Lot # _____

Owner's Name: Mr. O'Connell

Is public sewer available/nearby: No

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: 4

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who? No

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned _____
FAX TO 410-313-2648