



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ AP 525105

AGENCY REVIEW: \_\_\_\_\_ DATE 6/13/2006

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) Anthony B. Comberiate

DAYTIME PHONE 301-776-3055 CELL 443-277-7526 FAX \_\_\_\_\_

MAILING ADDRESS 7202 Meadow Woodway Clarksville MD 21029  
STREET CITY/TOWN STATE ZIP

APPLICANT Bonnie Heaps

DAYTIME PHONE 443-277-7526 CELL 443-277-7526 FAX \_\_\_\_\_

MAILING ADDRESS 425 Obriecht Rd Sylkesville MD 21784  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME Repair Person LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 7202 Meadow Woodway Clarksville  
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.

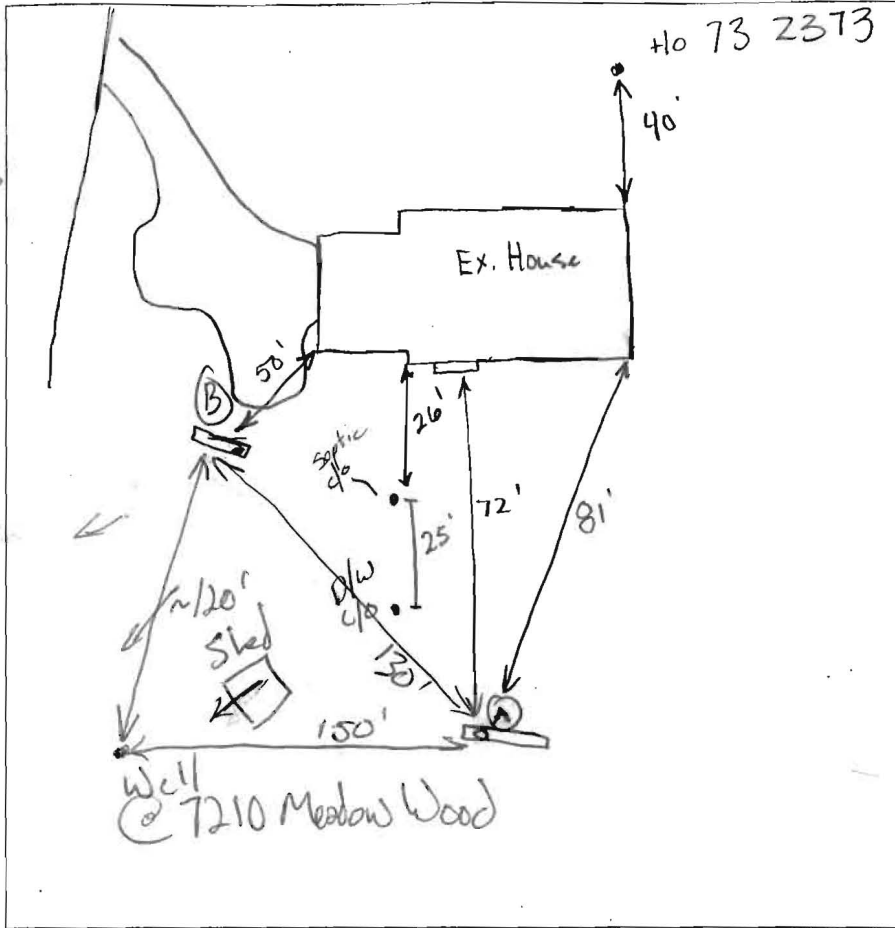
R. E. H.  
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AVP

- (A)
- 0 Brown Topsoil 1cm
  - 1 Orange Red 1cm 15% cobbles
  - 3 Orange Red Yellow Si Cl miscellaneous
  - 6 Orange/yellow Solm very 20% Rx compact
  - 8 Red/Orange Solm Very compact 30% Rx
  - 10 miscellaneous Red Solm very compact
  - 13 large Cobble Rx

- (B)
- 1 Brown Topsoil Gravelly Red 1cm
  - 3 Red Orange Yellow Purple Solm
  - 7 Red/Purple Solm 20% platy Saprolite
  - 12 Red So cobbly Rx



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/21/06	(A)	6'/15'	12:31	12:36	12:43	7m	(P)
	(B)	6'/14'	1:08	1:14	1:23	9m	(P)

Ex. 1250 New Out. Manhole Baffle  
 Dbox in Between A & B  
 1x65' each Direction  
 2' wide  
 10' bottom  
 5' inlet  
 5 feet stone

REMARKS Soils are very compacted w/ thick platy - Subangular structures:  
 SANITARIAN GAC BACKHOE Ronnie Heaps OTHERS Homeowner  
 TEST HOLES USED IN SDA A, B AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_  
4 BR  $4 \times 210 = 840 / 2 = 420 \times .31 = 130.2$

# APPLICATION

A 25301

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 475, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 443-5000, EXT. 356

Septic Tank { 1-3 Bedrooms 1000 gallons  
4 Bedrooms 1200 gallons  
DATE 3/17/77

⊗ Dry well to have 170 yft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 4 1/2' below original grade and maximum depth 12 1/2'. Location per plat: 50' from left rear corner pt + 10' in from left property line when facing lot from Simpson Road. Per hole (142).

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

⊗ If dry well + trench used - need:  
① 5' earth baffles between trench + dry well  
② 2 inspections of trench before and after installed

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. **PHASE II, LTD.**

PROPERTY OWNER LANDSBORG, INC. SUITE 128

ADDRESS 1000 CENTURY PLAZA COL. MD. 21044 PHONE 730-0500

PROPERTY LOCATION:

SUBDIVISION SIMPSON WOODS, SECTION ONE LOT NO. 5

ROAD AND DESCRIPTION SIMPSON ROAD COR. OF ROAD A Block A

SIZE OF LOT 44,600 sq TYPE BLDG. 3024

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OR APPLICANT Landberg, Pres. Phase II, Ltd.

APPROVED BY C. B. Stuckey FOR Dry well; w/o Dry well + trench DATE 9/27/77

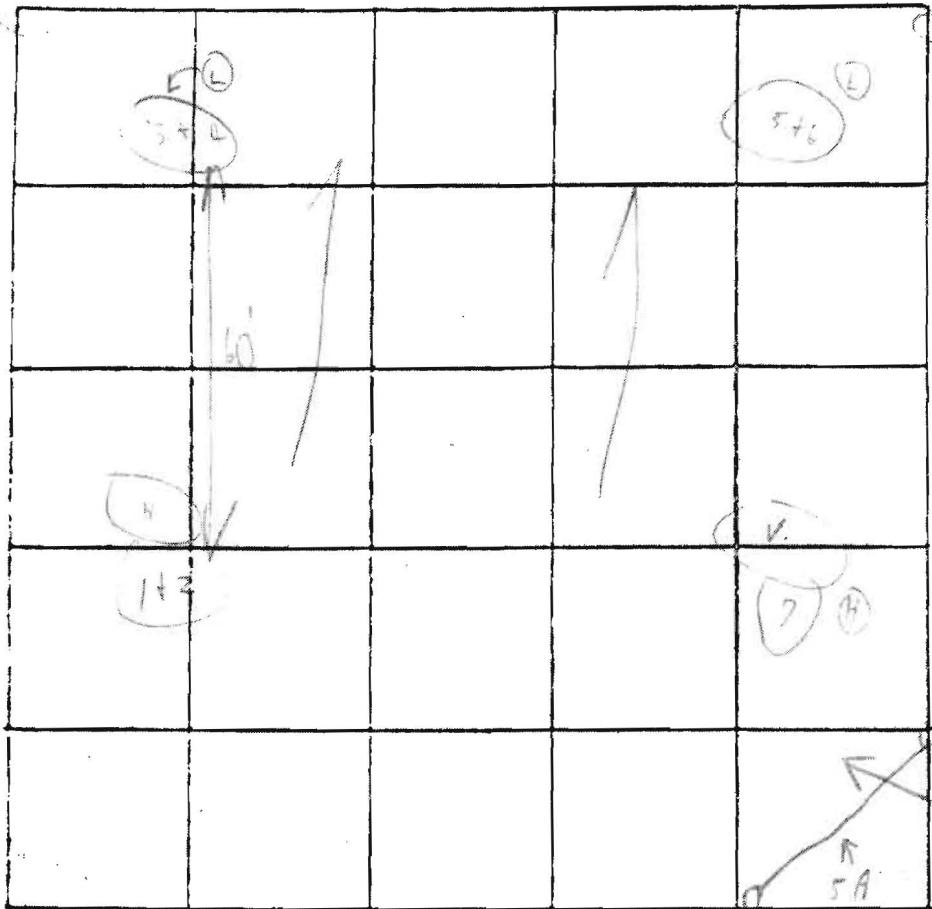
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED AND RETURNED 3/16/77  
serial # 34982

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RD  
 1/2  
 1/4  
 1/8  
 1/16  
 1/32  
 1/64  
 1/128  
 1/256  
 1/512  
 1/1024

Soil Profile  
 1  
 2  
 3  
 4  
 5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/9/77	1	4"	2:33	2:39	2:39	3:04	25m
	2	12 1/2"	2:34	2:36	2:36	2:44	20m
	3	5 1/2"	2:28	2:32	2:32	2:53	21m
	4	13"	2:29	2:31	2:31	2:38	9m
	5	5 1/2"	3:05	3:10	3:10	3:20	10m
		12 1/2"	3:06	3:08	3:08	3:21	13m
		12 1/2"					

Stage 1  
out

cloud

190

14

REMARKS High Break  
 TYPE OF SOIL Loam soil below clay  
 TESTED BY C. B. D. ALSO PRESENT: Ketterman