



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 531949

AGENCY REVIEW: _____

DATE 10-5-09

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 4-5 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) GREENFIELD HOMES INC/ ROBERT NAECKER

DAYTIME PHONE 410-365-3702 CELL 410-365-3702 FAX 410-988-2453

MAILING ADDRESS 6656 LUSTER DR. HIGHLAND MD 20777
STREET CITY/TOWN STATE ZIP

APPLICANT GREENFIELD HOMES INC - RICK MINOR

DAYTIME PHONE 410-365-3702 CELL 410-365-3702 FAX 410-988-2453

MAILING ADDRESS 6656 LUSTER DR. HIGHLAND MA 20777
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME WILLOW POND LOT NO. 6

PROPERTY ADDRESS 12740 CLARKSVILLE PIKE CLARKSVILLE MD
STREET TOWN/POST OFFICE

AX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE 3AC

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 DETAILED SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MINIMUM 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
 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

4
556
9'
11.5'

688

dk bm l
yellow bm
scl
msbk
red bm
sl
red bm
fsl
micaceous
↓

5'
3-35
8'
11'

691

dk bm e
yellow bm
sl/scl
msbk
yellow bm
sl
↓
yellow bm
ls
saprotic
tan vsl

8'
3'
5'
11'

690

dk bm l
red bm
scl
msbk
yellow bm
micaceous
sl
yellow bm
vsl
↓
tan bm
ls

See Roberts drawing

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10-20-09	688	6.5' / 11.5'	2:12	2:25	2:38	13	P
	687	4' / 10'	2:26	2:27	2:30	3	P
	691	4' / 11'	2:55	2:50	2:58	2	P
	690	4' / 11'	2:59	3:02			

REMARKS Ex. house Lot 6e

SANITARIAN #15 BACKHOE OTHERS Wayne, Greg, Rick

TEST HOLES USED IN SDA 5 AVG. PERC TIME SQ. FT/BR

TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE SW

