



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

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

CA# 583561

AGENCY REVIEW: \_\_\_\_\_

DATE 10/27/05

05-349079

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) NJEH Felix

DAYTIME PHONE 301 346-9785 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 13615 Nichols Dr Clarksville md 21029  
STREET CITY/TOWN STATE ZIP

APPLICANT Fyock septic service

DAYTIME PHONE 240-882-4025 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS Po Box 89  
STREET CITY/TOWN STATE ZIP

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

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

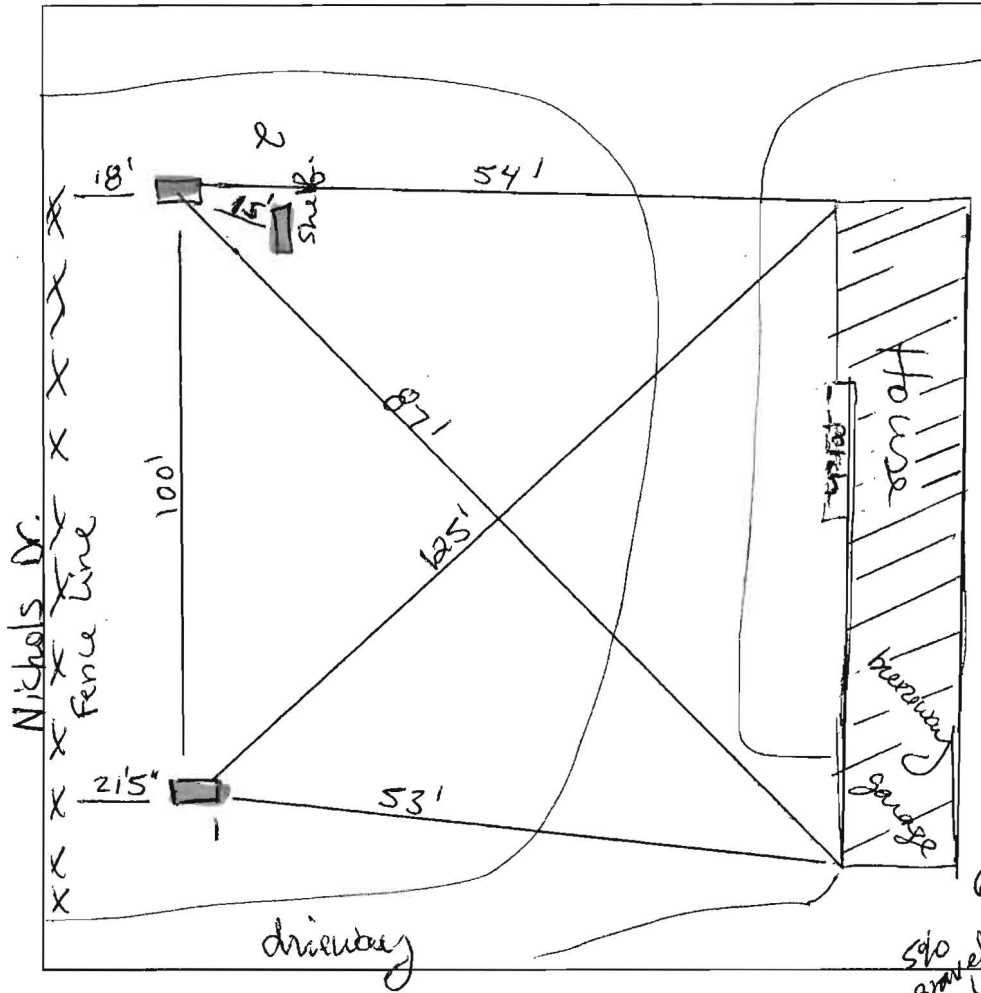
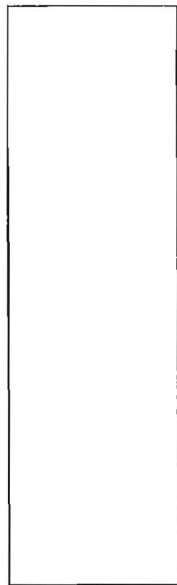
PROPERTY ADDRESS Same as Mailing Address  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

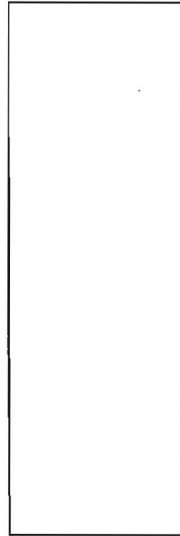
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

*Robert Fyock*  
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



- 5' black
- 5' brown hl → sil
- 25' brown sil m
- 25.5' brown sil cw micaceous
- 11.5-12' 25% saprolite light brown sil micaceous
- 13' 5% gravel



- 2
- 4" black L
- 12" red L micaceous tomato roots
- 6.5-7" brown sil m
- 7.6" weak red sil sg micaceous
- 14' yellow sil w/ weak red micaceous

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/3/05	1	5'9" / 13'	1:16 <sup>15</sup>	1:18 <sup>54</sup>	1:23 <sup>40</sup>	5	P
	2	7' / 14'	2:42 <sup>51</sup>	2:48 <sup>18</sup>	2:56 <sup>00</sup>	8	P

REMARKS #2 had some layering yellow clay loam = moved to shelf 15' up and soil improved.

SANITARIAN SF BACKHOE R. Fyock OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 6.5 SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_





# HOWARD COUNTY HEALTH DEPARTMENT

23561

DATE  
10 / 27 / 05

AS

Received From

Felix Njeck Njeck

PHONE # 301 346-9785

13615 Nichols Drive Clarksville MD 21029

For

Perc Appl (Easton)

CASH

CHECK

13615 Nichols Drive

NO.

2034

five hundred <sup>00</sup>/<sub>100</sub>

Dollars

\$ 506 | 00

Received By

*[Signature]*