



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

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

AP 524473

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 \_\_\_\_\_ 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) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET 1730 Route CITY/TOWN 32 STATE ZIP

APPLICANT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

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

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

PROPERTY 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.

SIGNATURE OF APPLICANT

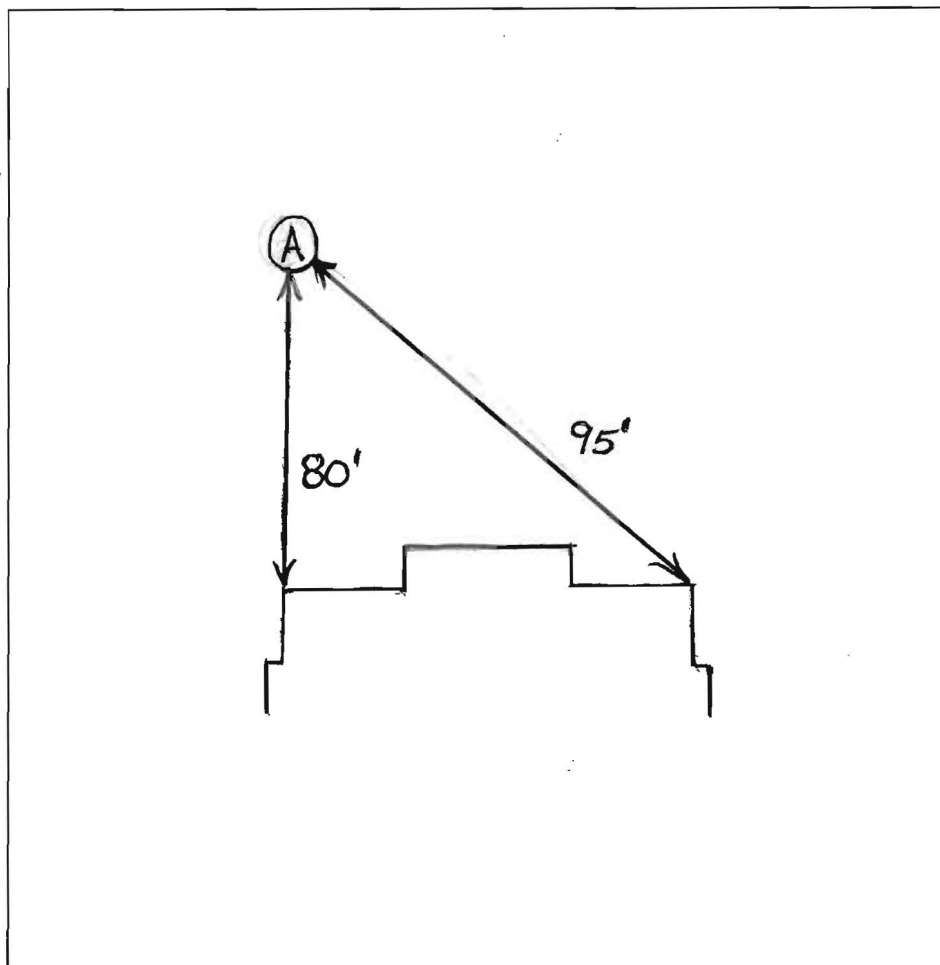
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AVP (A)

Red Br  
Heavy Cl Loam  
~5% Rock 3.5'

Red Br  
Si Loam -  
Small Amount  
of Clay -  
Trace Rock 5'

Or Brand Red Br  
Si Loam to  
Very Fine Sa  
Loam ~25%  
Silt + Rock  
and Saprolite 15'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/24/06	A	6.5'/15'	10:37	10:43:30	10:57	13 1/2	P

REMARKS Water Poured in Bottom (15') - Rate O.K.

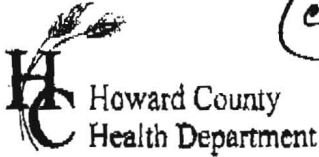
SANITARIAN B. Baker BACKHOE Linsenmeyer OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA A AVG. PERC TIME 13 1/2 SQ. FT/BR 210

TRENCH WIDTH 2 INLET DEPTH 5.5 MAX. BOT DEPTH 10 EFFECTIVE SW Yes

Attention Sabel

Note: Check for \$330.00 for septic repair permit and per test fees (ch# 17665) is being mailed today E.L.L.



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ **(AP) 524473**  
AGENCY REVIEW: \_\_\_\_\_ DATE 5/19/06

DO NOT WRITE ABOVE THIS LINE

(HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

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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: 3 (Bedroom apartment)

- 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) MICHAEL ALLEN

DAYTIME PHONE 410-442-3744 ~~WORK~~ 410-655-8836 FAX \_\_\_\_\_

MAILING ADDRESS 1730 RT. 32 SYKESVILLE MD. 21784  
STREET CITY/TOWN STATE ZIP

APPLICANT EDWARD L. LINSENMAYER PLUMBING & HEATING

DAYTIME PHONE 410-922-8172 ~~PAPER~~ 410-351-6219 FAX 410-655-2013

MAILING ADDRESS 9304 MILAN RD. PANDALLSTOWN MD. 21133  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: ~~OWNER~~ PLUMBER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

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

PROPERTY ADDRESS 1730 RT. 32 SYKESVILLE 21784  
STREET TOWN/POST OFFICE ZIP

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

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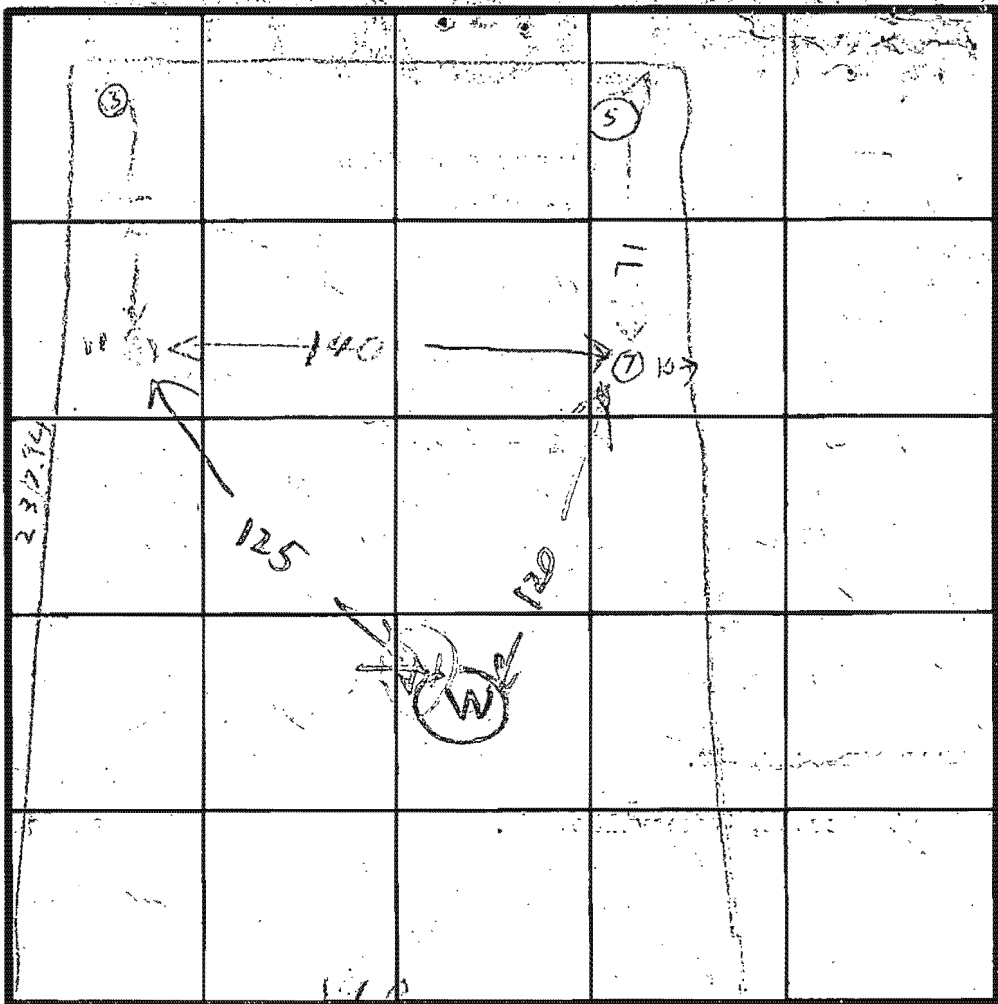
TEST RESULTS WILL BE MAILED TO APPLICANT.

Edward L. Linsenmayer  
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

HD-216 (2/03) PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)





INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

ROUTE 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
11/18/72	BM	8 1/2	216	324	224	230	11
	6S	4	221	302	LITTLE P. R.		
	6V	12 1/2	SEE SOIL PROFILE				
	7M	9	253	303	303	310	4
	7S	4 1/2	257	303	303	310	7
	7V	12	TOP SH. 7 CLAYTS BOT SH. SANDY				
	6LV	14 1/2	SEE SOIL PROFILE				
	6ES	3 1/2	322	325	322	328	10

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY B. HODGES

BACKLIP REINHARDT  
ALSO PRESENT SANDWICK