



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 _____ 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) Tom Smith

DAYTIME PHONE _____ CELL 240 281 7401 FAX _____

MAILING ADDRESS 7052 Pindell School Rd Clarksville md
 STREET CITY/TOWN STATE ZIP

APPLICANT Hotfield's Equipment Inc

DAYTIME PHONE 301 490 4289 CELL 410 984 0101 FAX _____

MAILING ADDRESS P.O. Box 519 Annapolis Junction md 20701
 STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
 SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

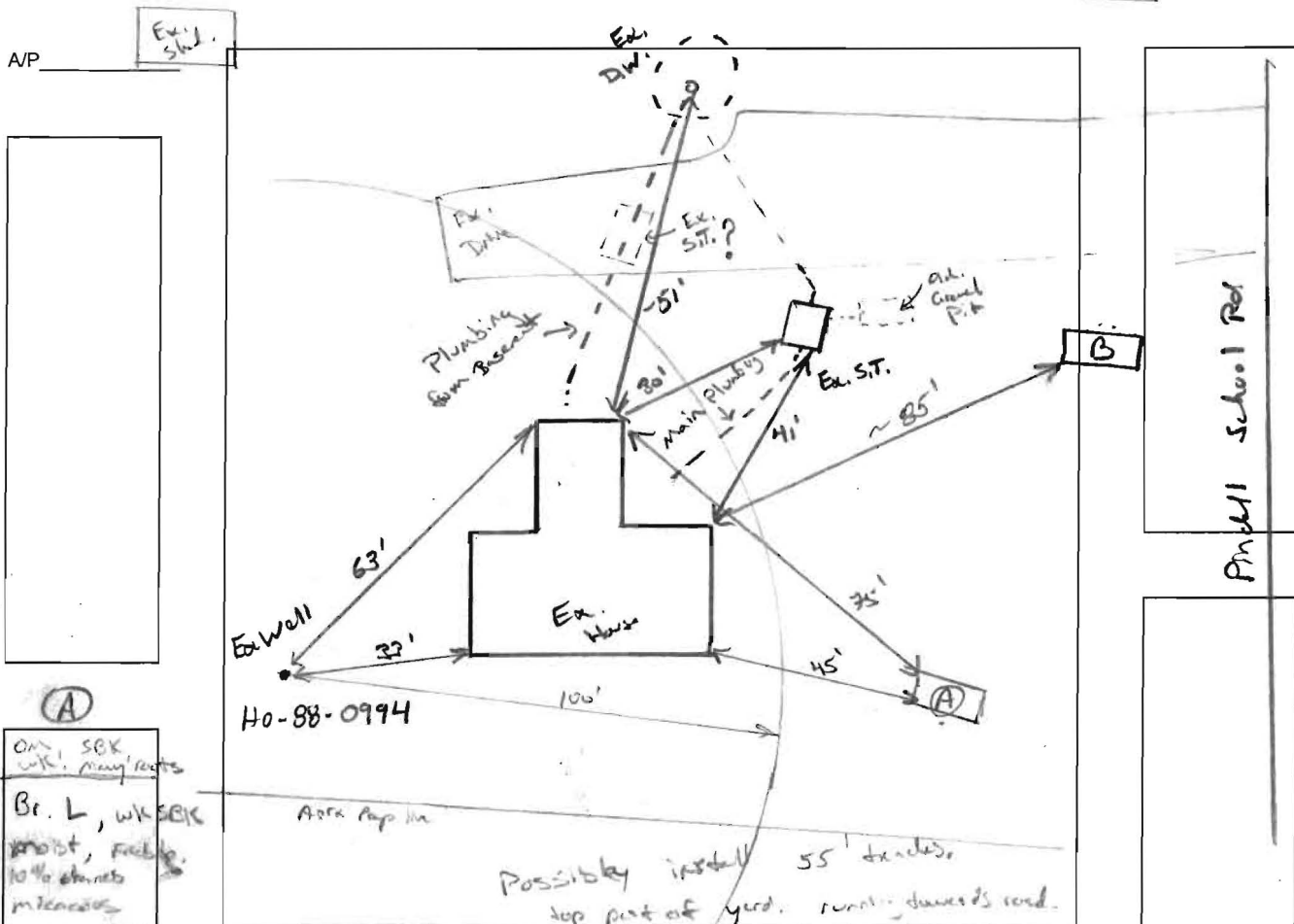
PROPERTY ADDRESS 7052 Pindell School Rd
 STREET TOWN/POST OFFICE

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
 1778 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



101'
 6'
 15.5'

(A)
 Onl. SBK
 wk. many roots
 Br. L, wk SBK
 moist, friable
 10% schist
 micaceous
 light Br/Y
 S.T. moist,
 Friable, wk SBK
 possibly
 platy structure,
 cw, 10% schist
 chert
 fine mica
 ↓
 Vcos
 moist

4'
 6-7'
 14'
 16'

(B)
 Br/Red. CL
 ↓
 20% rock
 not SBK
 Dense, CS,
 but friable
 Br/Y VFSH,
 Dry consistency,
 Friable,
 5% schist chert
 ↓
 moist S.T.
 Loring @ H
 Ho seepage
 @ 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/18/12	(A)	5' / 15.5'	11:06	pulled	-15 min	1/2 drop	(M)
		6.5'	11:21	11:26	11:33	7	(P)
	(B)	7' / 16'	11:42	11:50	12:01	11	(P)

swale soil present
 REMARKS Massive swale through middle of property (house in center)
 SANITARIAN K. Wolf BACKHOE Donnie Simpson OTHERS Kenny Hatfield SR.
 TEST HOLES USED IN SDA 2 AVG. PERC TIME 9 SQ. FT/BR
 TRENCH WIDTH 2' INLET DEPTH 2'-3' MAX. BOT DEPTH 9' EFFECTIVE SW 5'-9'

* Pump System Required. * Need new S.T.

$$150(3) = \frac{450}{0.8} = 562.5 \div 2 = 281.25 (.40) = 112.5 \text{ LF}$$

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 HONOLULU COUNTY HEALTH
 DEPARTMENT
 2012 MAY - 7 AM 10:45