



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ 8P 53677

AGENCY REVIEW: _____ DATE 12-1-12

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) John Daniels

DAYTIME PHONE 1-240-882-4506 CELL _____ FAX _____

MAILING ADDRESS 9450 Ellsworth Court Fulton md
STREET CITY/TOWN STATE ZIP

APPLICANT Freedom Septic

JAYTIME PHONE 410-795-2947 CELL _____ FAX _____

MAILING ADDRESS 2809 Liberty Road Sykesville md 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Contrivance Estates LOT NO. 12

PROPERTY ADDRESS 9450 Ellsworth Court
STREET TOWN/POST OFFICE

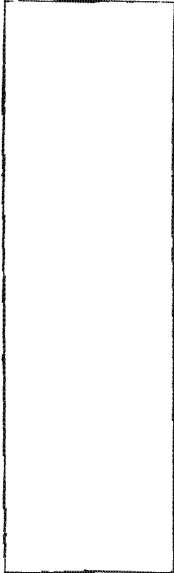
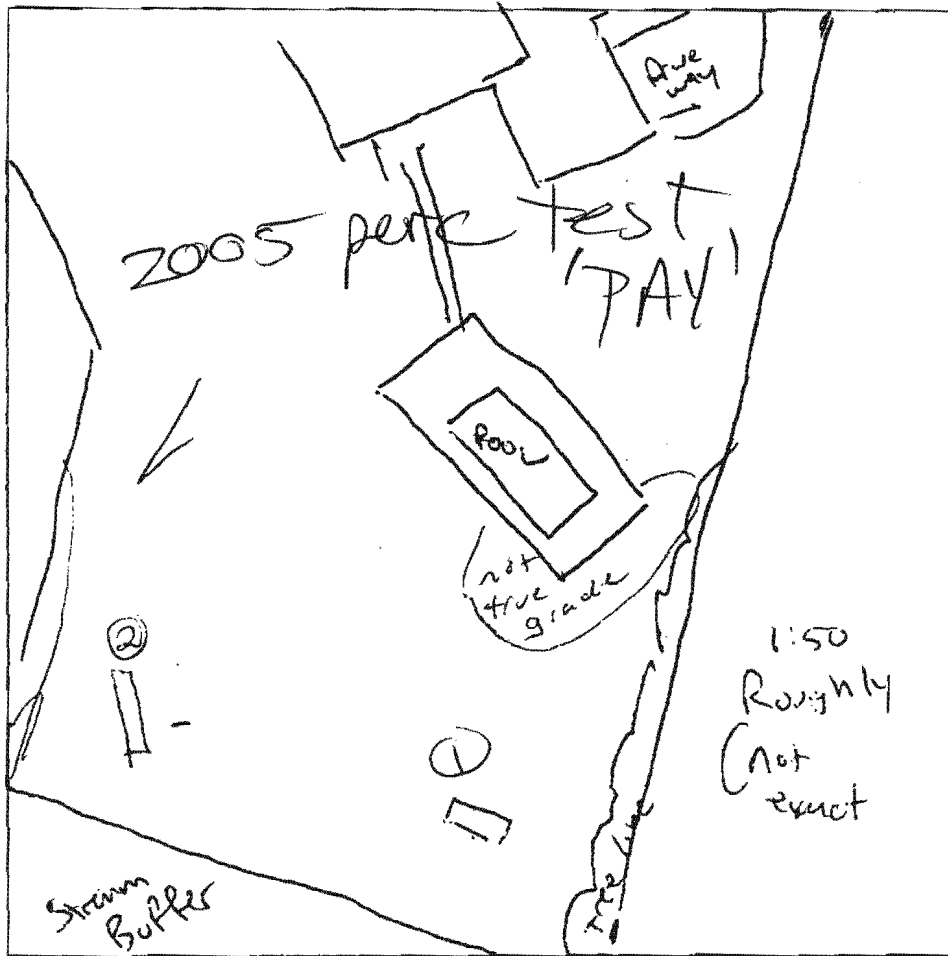
AX MAP PAGE(S) 45 GRID 6 PARCEL(S) 55 PROPOSED LOT SIZE _____

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.

Bruce Lopez
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



①
brown l
red brown
ab heavy
loam/scl
yellow
brown
very micaceous
20-25%
residuals of
c. cherty
yellow
brown
micaceous
sandy
loam
roomy
coarse sand

rock / lots

3

Black
bands
quartzite
white /
blue
y-b
scl
sl

5 1/2

②
brown l
yellow
brown
heavy
loam
micaceous
+ lots of
micaceous
rock
y/b
silty /
sand / (mix)
dark y-b
micaceous
loam scl

8 -
dark
yellow
brown

12 (lots of mica)

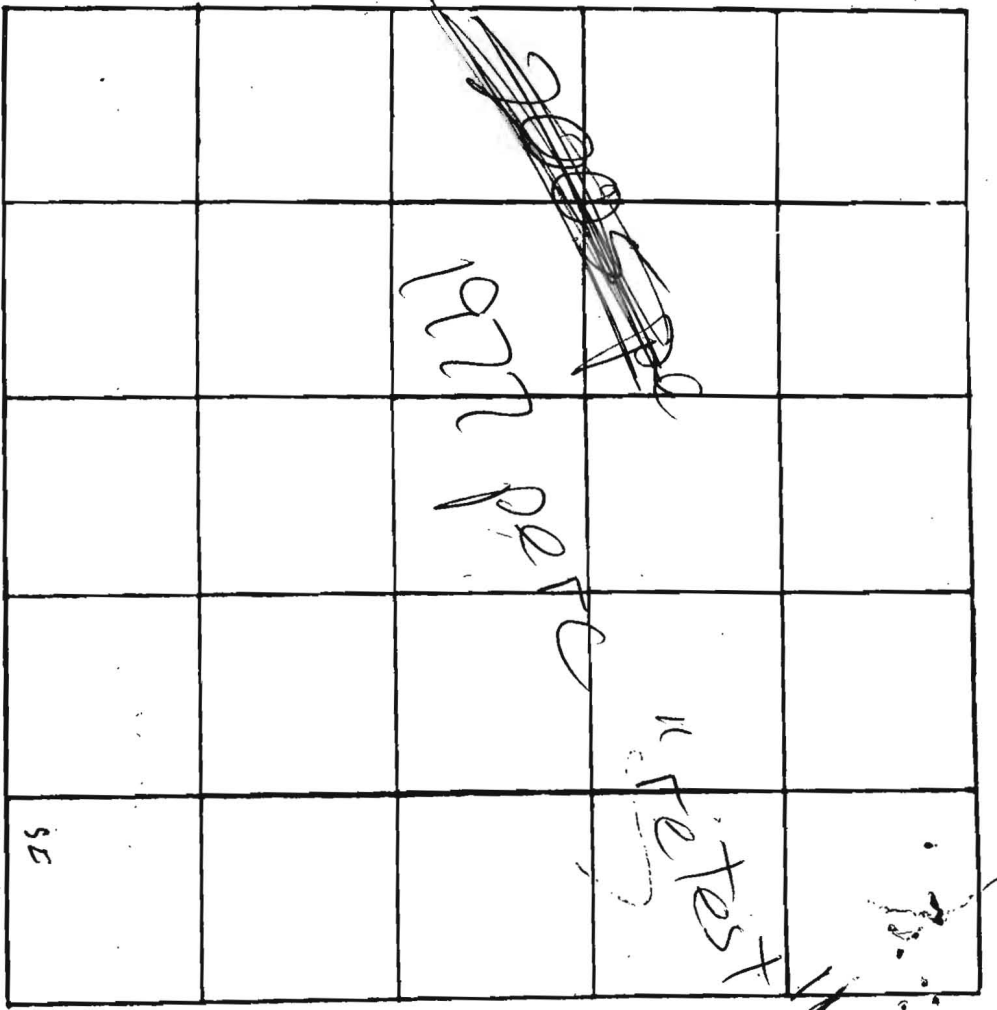
A

5' 0"
↓
20-
25%
cherty
micaceous
loam
silty
clayey
in
rocks

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/27/05	1	4 11 1/2	1:02	1:35 ⁴⁵	1:19 ⁰¹	14	Pass
	2	5 12	1:10	Slow			
repair		6 12	1:23	Slow			
		7 12	1:54	2:14	2:40	26	Pass

REMARKS establish repair area prior to dec permit signature.
 SANITARIAN DAY BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH' _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

(Very DRY Ground)



TOP 5 FT
CONCRETE

TOP 4 FT
CONCRETE

TOP 4 FT
CONCRETE

TOP 4 FT
CONCRETE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/9/77	1D	13 1/2	205	208	208	212	4
	1S	6	225	227	224	233	6
	2D	12 1/2	212	214	214	215	1
	2S	5	234	235	235	239	4
	3V	12 1/2	TOP 4 FT CONCRETE		TOP 4 FT CONCRETE		
6/9/77	04M3		SEE ORIGINAL		PERIC		

BEST
WILLIAMS CONTRACTORS ESTD 1951

