



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 410 365-1109 TEST TIME \_\_\_\_\_ A/P Repair

AGENCY REVIEW: \_\_\_\_\_ DATE 8-12-10

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) Steen DAM BRISI

DAYTIME PHONE 443-677-0447 CELL same FAX None

MAILING ADDRESS 12219 Fawn Haven Ct Ellicott City STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT Charlie's Bobcat Service, Inc

DAYTIME PHONE 410-549-8020 CELL 410-365-1109 FAX 410-549-8022

MAILING ADDRESS 3 Energetic Endeavor Dr. Sylkesville MD 21784

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

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

PROPERTY ADDRESS 12219 Fawn STREET \_\_\_\_\_ TOWN/POST OFFICE \_\_\_\_\_

TAX MAP PAGE(S) 22 GRID 12 PARCEL(S) 167 PROPOSED LOT SIZE 1 ACRE

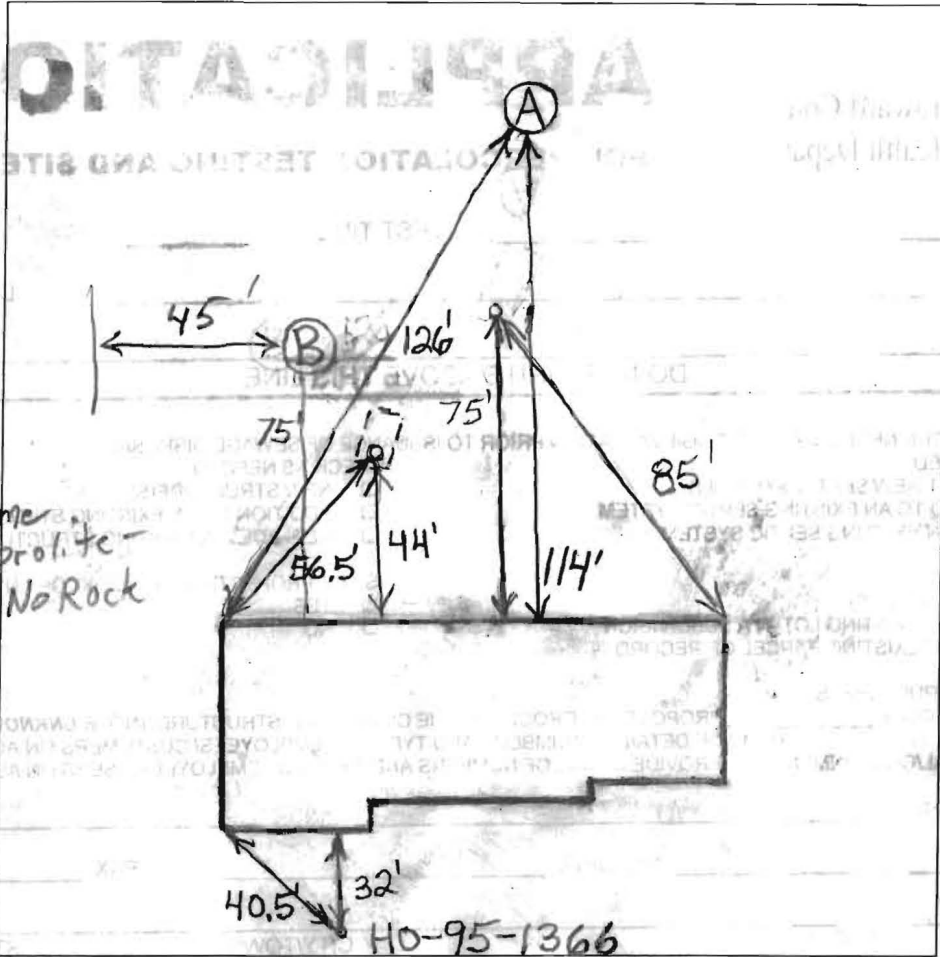
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

TEST RESULTS WILL BE MAILED TO APPLICANT.

[Signature]  
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

**(A)**  
 red sbk  
 cl loam 3'  
 red sa  
 cl loam  
 fine sbk  
 Dense Fine  
 Sa Loam 4'  
 Turning to  
 a Very Fine Some  
 Loamy Sa Saprolite -  
 Mottling No Rock  
 Near Very  
 Bottom 15'



**(B)**  
 red sbk  
 cl loam 2.5'  
 red sbk  
 sa cl loam 3'  
 red sa  
 loam  
 4-5'  
 or  
 loamy  
 sa  
 15-20'  
 Saprolite  
 5.5'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/20/2010	A	5' / 15'	1:46	1:48	1:50:45	2 3/4'	P
		8.5'	2:04	2:04:50	2:06:10	1 1/3'	F
		Repair	2:08	2:09:35	2:11:25	2	P
	B	6.5' / 5.5'	3:14:10	3:15:50	3:18:40	3	P

REMARKS \_\_\_\_\_  
 SANITARIAN B. Baker BACKHOE Charles Bobcat OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_