



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

(A/P) 545030
08130

AGENCY REVIEW: _____

DATE 5-9-13

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 5 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) Market Pro - Dan Bronstein

DAYTIME PHONE _____ CELL 240 498 0391 FAX _____

MAILING ADDRESS 609 Oak Knoll Terrace Rockville MD 20850
STREET CITY/TOWN STATE ZIP

APPLICANT Michael A. Picarella - Pickles Services

DAYTIME PHONE _____ CELL 301 514 7938 FAX 410 775

MAILING ADDRESS 10701 A McKinstry Mill Rd New Windsor MD 21776
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 6805 Haviland Mill Rd Clarksville 21029
STREET TOWN/POST OFFICE

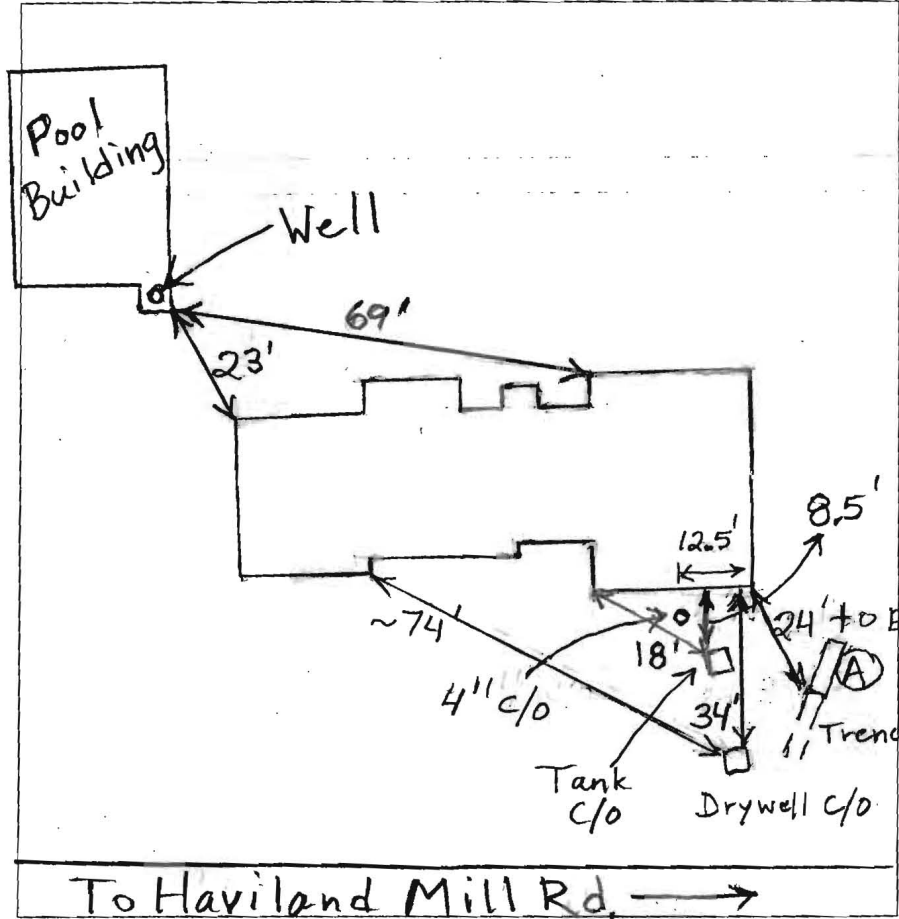
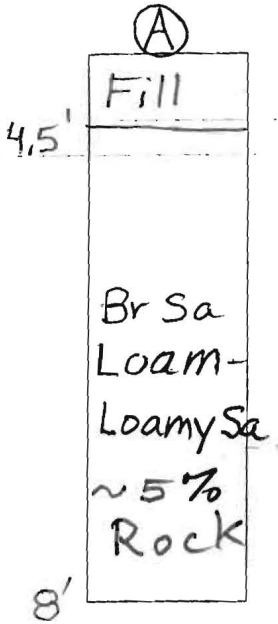
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE 2.5 acres

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
1718 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P



To Haviland Mill Rd. →

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/23/2013	A	8' V					H
Will Probably Be Difficult to Find Repair Area Without Using a Pump Tank							

REMARKS Existing Trench O.K. - Effluent in Very Bottom of It
 SANITARIAN B. Baker BACKHOE M. Picarella OTHERS _____
 TEST HOLES USED IN SDA None AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

PICKLES SERVICES

Septic Locating, Installation and Repairs

Drain Cleaning- Excavating

High Pressure Jetting

Sand Mounds- Nitrogen Reduction Systems

Camera Inspections

301-514-7938

Fax 410-775-2084

Mike Picarella

Mike@pickleservices.com