



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AGENCY REVIEW: _____

Ⓢ A/P 536727

DATE 2-9-12

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) Kenneth Kave

DAYTIME PHONE 301-928-4777 CELL _____ FAX _____

MAILING ADDRESS _____ STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

APPLICANT Hatfield's Equipment

DAYTIME PHONE 410-984-0047 CELL _____ FAX 301 480 5789

MAILING ADDRESS PO Box 519 Annapolis Junction MD STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME 3594 Conchota Drive LOT NO. _____

PROPERTY ADDRESS _____ STREET _____ TOWN/POST OFFICE Ellicott City

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
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)

Fill 2.5'
 Red Brcl Loam, sbk 5.5'-6'
 Red Br Sa Loam turning to a Reddish Loamy Sa with Depth 15-20% Rock Dry
 16'



| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|----------|--------|-------|-------|---------------|--------------|------------------|-------|
| 5/4/2012 | A | 7'16" | 10:58 | 10:59:20 | 10:02:20 | 3 | P |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS Water Poured in Bottom of Hole - Rate Good
 SANITARIAN B. Baker BACKHOE Hattfields OTHERS Kenneth Kave
 TEST HOLES USED IN SDA A AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____