Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ (A)P 538036

AGENCY REVIEW: _____ DATE 8-15-12

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 4 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) Steven + Judith Plote

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 2157 Mount View Rd Marriottsville MD 21104
STREET CITY/TOWN STATE ZIP

APPLICANT Ronnie Heaps

DAYTIME PHONE 443 277-7526 CELL Same FAX 410 552-5815

MAILING ADDRESS 425 oBrecht Rd. Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 2157 Mount View Rd. Marriottsville MD 21104
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
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

 PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

A/P _____

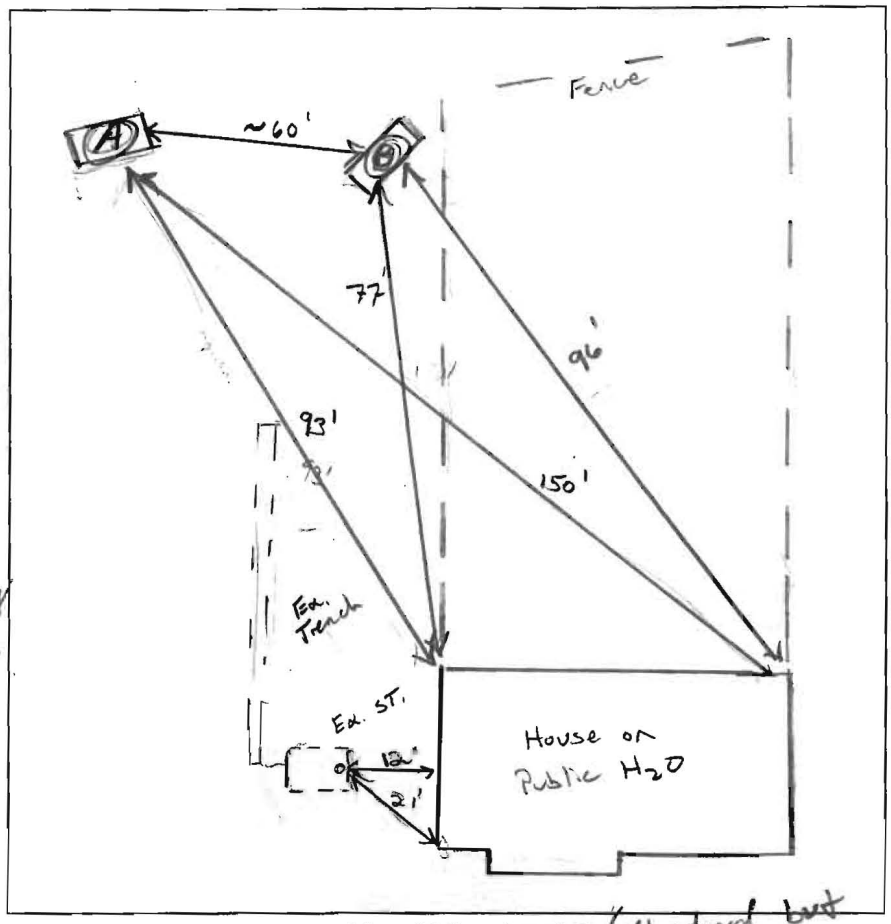
(A)

8' — Dry, rock: Strong Br. CL CS, Friable Dry, 5% rx, 15% schist & mica's pckt Qtz vein

6' — Br. L, Quartz Rx. Moderate platy w/ gradual SBK, 5% rx, Micaceous

7' — FSL, Friable no rx. wk platy wk SBK. Micaceous

15'



(B)

0m/SBK Dry — 10"

Br/Red. CL CW, 5% schist chunks roots. — 5'-6'

Br FSL, Friable, Highly micaceous

15'

HO-73-1450 (Abandoned but

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/23/12	(A)	5'8"/15'✓	11:21	11:31	1/4" in	10 min	
		7'10"	11:42	11:47	11:59	12	(P)
	(B)	6'/15'✓	12:26	12:28	12:31	3	(P)

RECEIVED COUNTY HEALTH DEPT 2012 AUG 15 PM 3:15

REMARKS H_2O poured @ bottom of Hole (A) OKV

SANITARIAN K. Wolf BACKHOE R. Hergas OTHERS _____

TEST HOLES USED IN SDA 2 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 2' INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W 7'-11'

600 gpd / 0.8 = 750 ÷ 2 = (.36) = 135