



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

APR 535217
DATE 5/26/2011

AGENCY REVIEW: _____

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 3 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) Wayne Krubon

DAYTIME PHONE 410-256-5245 CELL 400-259-0273 FAX _____

MAILING ADDRESS 1260 Driver Rd. Marvicksville MD 21104

STREET CITY/TOWN STATE ZIP

✓ APPLICANT Wayne Krubon

DAYTIME PHONE 410-256-5245 CELL 410-259-0273 FAX _____

MAILING ADDRESS 1260 Driver Rd. Marvicksville MD 21104

STREET CITY/TOWN STATE ZIP

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

✓ PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Driver Subdivision LOT NO. 3

PROPERTY ADDRESS 1260 Driver Rd.

STREET TOWN/POST OFFICE

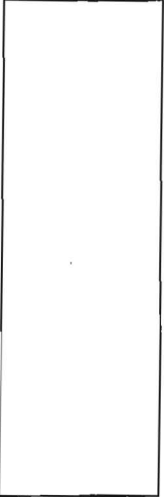
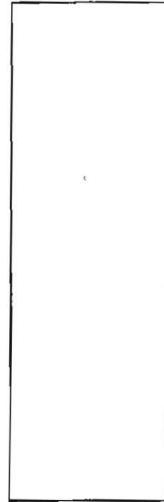
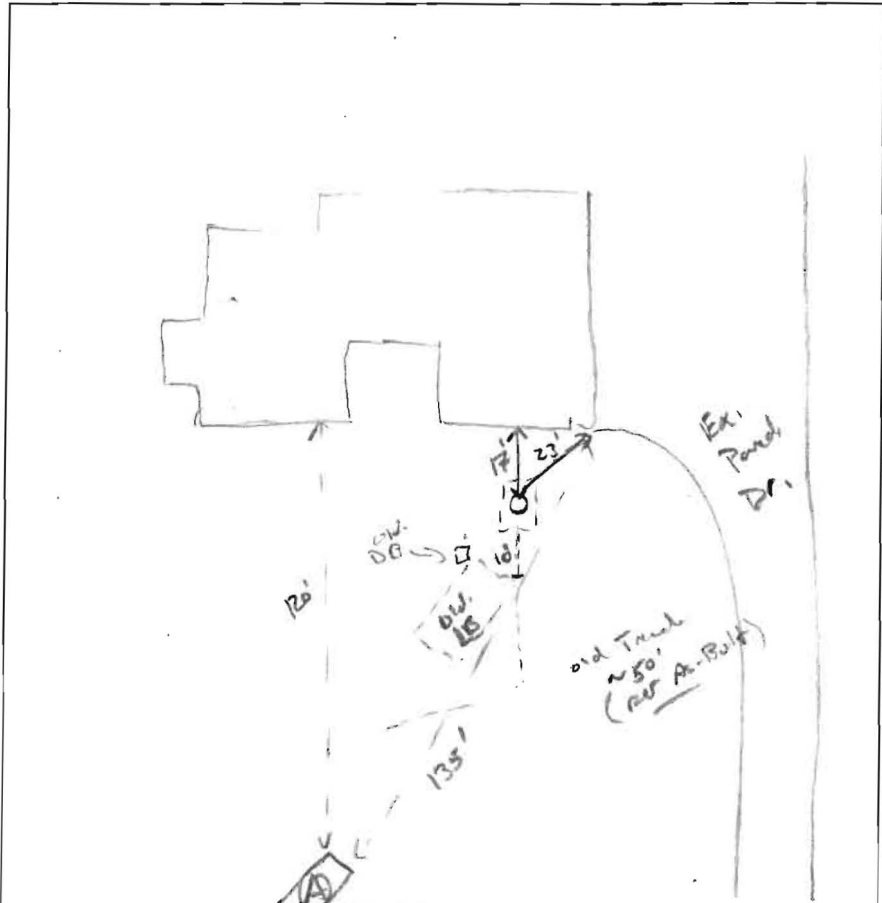
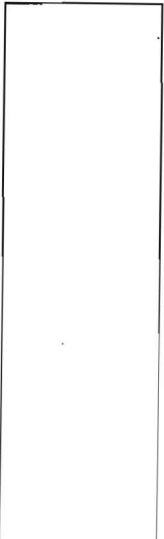
TAX MAP PAGE(S) 10 GRID _____ PARCEL(S) 112 PROPOSED LOT SIZE 2 1/2 acres

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.

Wayne Krubon
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)

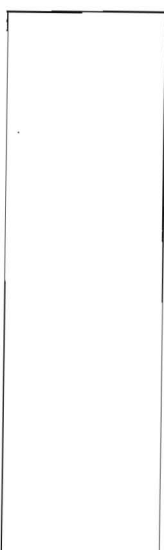
8" OM, SBK
Stony Cr.
Rt. 100
wk-med.
SBK Blocky
Friable, slightly
staky, roots.

4-5'

6.5'

11 or. SCL
fragments, friable.
yellow/or.
gravelly sly
Friable
20% rx Frost
↓

13'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/2/11	(A)	6' / BV	11:34	11:49	→ pulled	1" mount in 15 min	
		7'	11:51	11:55	12:05	10	(P)

* H₂O poured @ bottom

REMARKS Gladstone soil in front yard.

SANITARIAN K. Wolf BACKHOE W. Hopkins OTHERS _____

TEST HOLES USED IN SDA 1 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 2' INLET DEPTH 4 MAX. BOT DEPTH 9 EFFECTIVE SW 7