



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 538116

AGENCY REVIEW: \_\_\_\_\_

DATE 11-1-12

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) William & Brenda Murstein

DAYTIME PHONE 410-988-9688 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 11986 Fredrick Rd. Ellicott City MD 21042  
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 11986 Fredrick Rd LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 11986 Fredrick Rd Ellicott City MD 21042  
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.

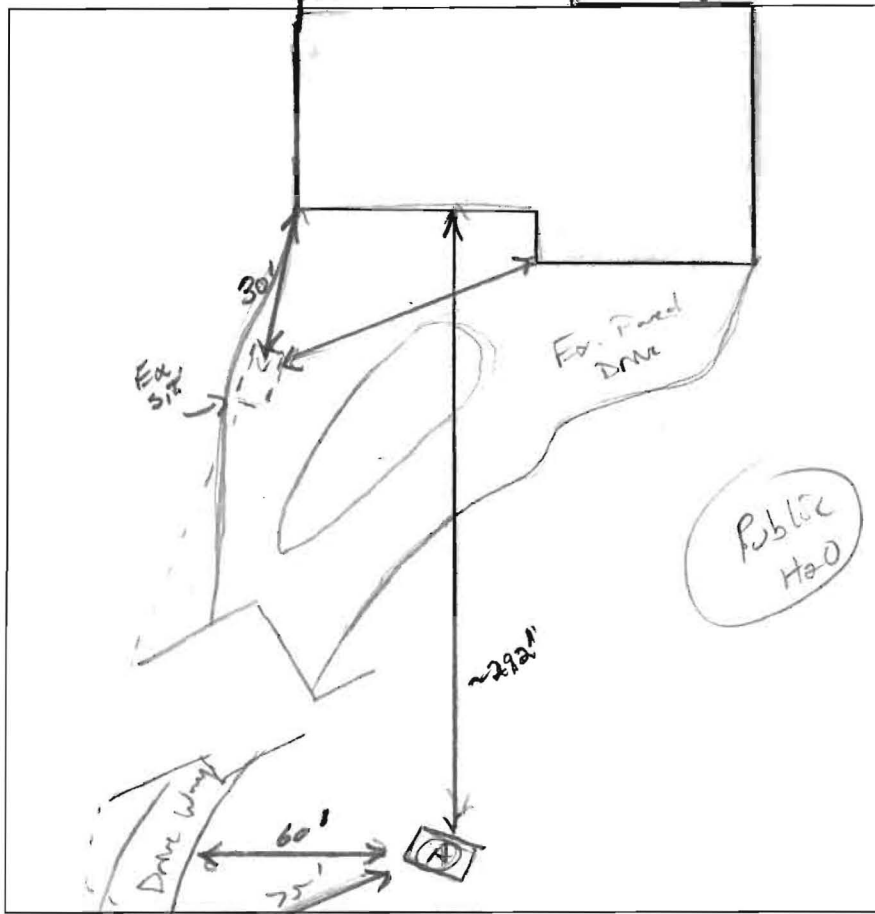
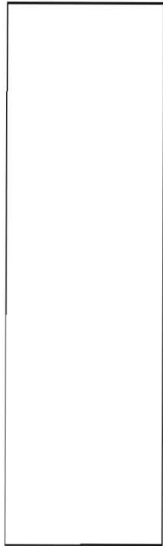
TEST RESULTS WILL BE MAILED TO APPLICANT.

Ronnie Heaps  
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

H073 3856 51' Ex Well 37' (H0-73-3856)

AVP \_\_\_\_\_



(A)  
 12' Heavy DM. mS&K roots  
 Br./Rd. CL, Frickle, Dry. roots, nice S&K.  
 4.5' Rox. platy  
 F.S.H., light Brown, Dry loose, somewhat platy, Highly micaceous  
 15' ↓

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/14/12	(A)	5' / 15'	10:52	10:56	12:01	5	(P)

REMARKS Public H<sub>2</sub>O, Well not sealed. Homeowner said it is not hooked up  
 SANITARIAN K. Wolf BACKHOE Ronnie Hepi OTHERS Helper, owner.  
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 5 SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 6.5' EFFECTIVE S/W 5'

$600 \text{ gpd} (4)(150) = \frac{600}{1.2} = 500 \div 3 = 167 (-21) = 124 \text{ LF}$