

KW



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ AP 5 22960

AGENCY REVIEW: \_\_\_\_\_ DATE 7/19/05

THY RD # 02-215780 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) JANNELL STERNER

DAYTIME PHONE 410-418-8120 CELL 410-530-4665 FAX 410-203-0587

MAILING ADDRESS 8020 JOHNYCAKE RD WOODLAWN MD 21244  
STREET CITY/TOWN STATE ZIP

APPLICANT JAMES B. HELFRICH / HELFRICH CONST. CO.

DAYTIME PHONE 410-374-8094 CELL 410-977-6868 FAX 410-374-8025

MAILING ADDRESS 3241 LINEBORO RD MANCHESTER MD 21102  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 2317 DANIELS ROAD \_\_\_\_\_  
STREET TOWN/POST OFFICE

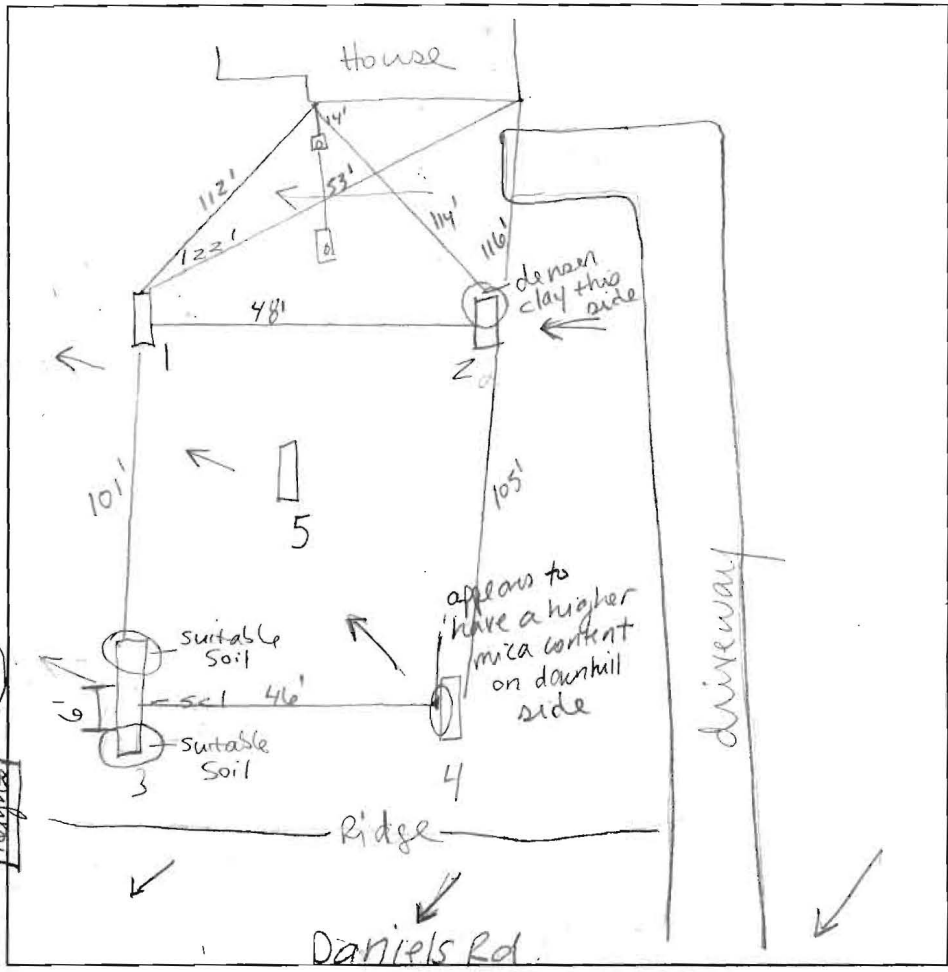
TAX MAP PAGE(S) 18 GRID 7 PARCEL(S) 6 PROPOSED LOT SIZE \_\_\_\_\_

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. James B. Helfrich  
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P



10" brown L

lk orange brown

hl cw/bk/gr

4 7/8" 25% gravel

brown

sl /gr

cw sbk

13' decomposing rock near bottom

2

1" brown L

st orange brown

hl bk

cw NE 0.1% string orange brown scl

6" yellow brown

sl cw/bk/gr

12' yellow brown

15 cw/bk decomposing 5% abbls rock

visible rock grains

2'6" brown L

yellow brown

15 micaceous

cw bk/gr

25% gravel

10' yellow brown

15 gr

12'5"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
	4	6' 13.5"	9:32	9:45	re-poured		
	3	6' 13'	9:02	9:50 <sup>12</sup>	10:00 <sup>43</sup>	4	P
	5	6' 13'	9:51 <sup>03</sup>	9:55 <sup>24</sup>	9:57 <sup>15</sup>	4	P
	1	5' 12.5"	10:44 <sup>56</sup>	10:48 <sup>27</sup>	10:57 <sup>13</sup>	9	P
	2	4' 12'	10:18 <sup>22</sup>	10:33	11:03	30	P
	4	6'	10:51 <sup>14</sup>	10:53 <sup>25</sup>	10:56	3	P

REMARKS Holes dug as staked

SANITARIAN SF BACKHOE Fogles OTHERS

TEST HOLES USED IN SDA AVG. PERC TIME 10 SQ. FT/BR

TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 8 EFFECTIVE SW 6

visible rock grains (large)

9" brown L

orange brown

cw hl sbk w/gr very micaceous

5' yellow brown

6" sl sg cw bk 5% sprobk

15 v. gummy due to rock grains high mica

13'5"

3

1" brown L

st orange brown

hl - scl 25% gravel

cw bk/gr

6" wk orange brown

sl / 15

cw bk/gr

7" gray/yellow brown

s gr

13'

visible rock grains