



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 535 934

AGENCY REVIEW: _____

DATE 08/09/2011

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) Eric Cook

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 16825 Hardy Rd. Mt. Airy MD 21771
STREET CITY/TOWN STATE ZIP

APPLICANT Ronnie Neafs

DAYTIME PHONE 443 277 7526 CELL SAME FAX 410 552 5815

MAILING ADDRESS 425 O Brecht 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 16825 Hardy Rd. Mt. Airy MD 21771
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.

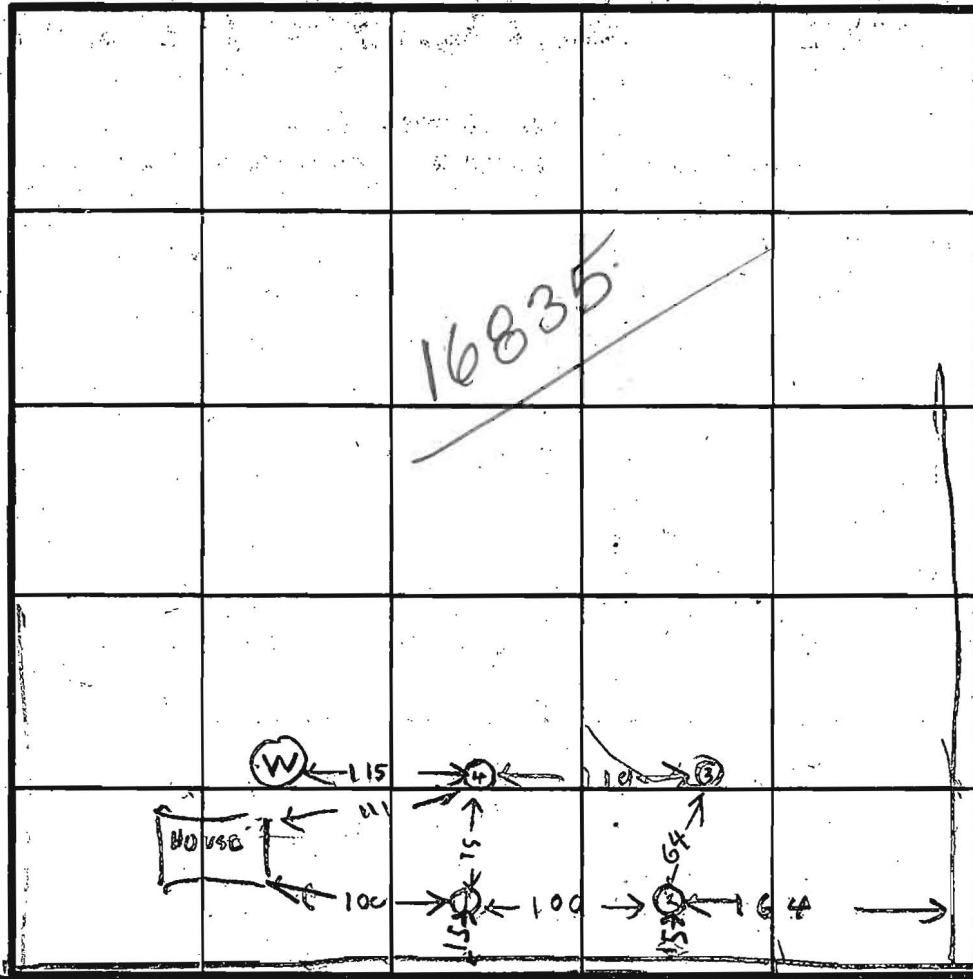
[Signature]
SIGNATURE OF APPLICANT

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

SOIL PROFILE

BROWN CLAY
PINKISH BROWN SHALEY SAND

BROWN CLAY
PINKISH BROWN SHALEY SAND



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HARDY RD

HOLE ELEVATION

34 HIGH

12 LOW

POT TRENCH BETWEEN 3 & 4

3 & 4

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/10/83	1 S	4	1001	1036	1st inch	3.5 min	
	1 D	9	1003	1004	1004	1000	4
	1 V	13	LOOKS OK				
	2 D	9	1014	1010	1018	1025	7
	2 S	4 1/2	1016	1048	little per		
	2 V	13	LOOKS OK				
	3 D	8 1/2	1021	1033	1033	1108	33
	3 S	5	1033	1098	1035	1039	4
	3 V	13 1/2	LOOKS DOUBTFUL				
	4 D	8 1/2	1040	1048	1048	1158	10
	4 S	4	1051	1120	little per		
	4 V	14	LOOKS OK				
	1 M	6	1108	1109	1109	1111	2
	2 M	6	1114	1118	1118	1129	11
	4 M	5 1/2	1130	1132	1132	1038	6

REMARKS HOLE 4 LOOKS TO BE 2 FT HIGHER THAN HOUSE SITE

TYPE OF SOIL

(CARROLL SEPTIC) D. ECKARD BALKHOE

TESTED BY B. HODGES

ALSO PRESENT, SINDY DRIVER

BROWN CLAY

BROWN SHALEY SAND

BROWN CLAY

BROWN CLAYEY SANDY SHALEY

EH-12-1079