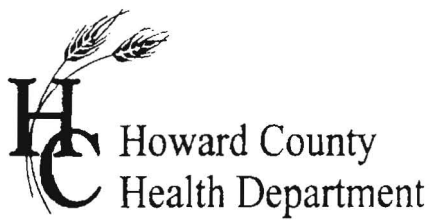


paid 330 3/27/06



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ (A/P) 524373  
AGENCY REVIEW: \_\_\_\_\_ DATE 3/27/06

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) Water worth

DAYTIME PHONE 443-2 CELL 301-854-2977 FAX \_\_\_\_\_

MAILING ADDRESS 11909 Hall Shop Rd. Clarksville MD.  
STREET CITY/TOWN STATE ZIP

APPLICANT J.M. Cont, LLC. / Rennie Heaps

DAYTIME PHONE \_\_\_\_\_ CELL 443-277-7526 FAX 410-552-5815

MAILING ADDRESS 425 G 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. \_\_\_\_\_

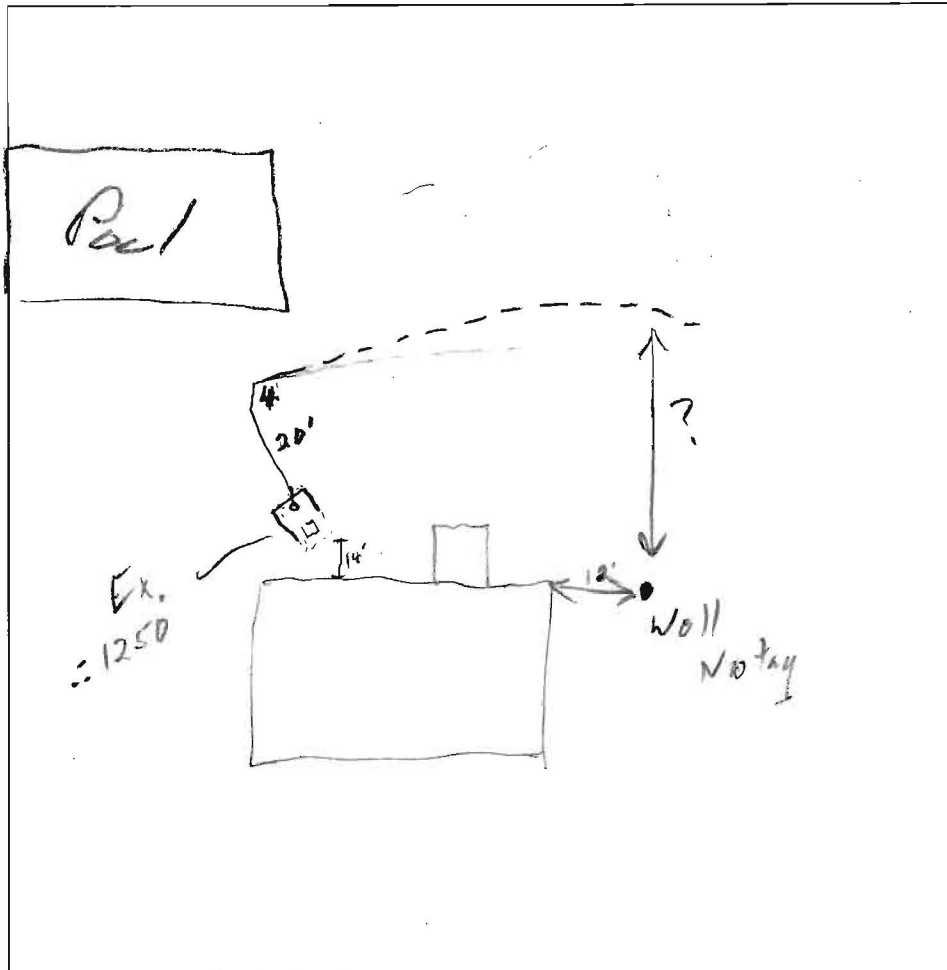
PROPERTY ADDRESS 11909 Hall Shop Rd Clarksville Md.  
STREET TOWN/POST OFFICE

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. Rennie Heaps  
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



| DATE   | TEST # | DEPTH | START | BREAK<br>1" DROP | STOP<br>2" DROP | TIME OF<br>2nd INCH | P/F/H |
|--------|--------|-------|-------|------------------|-----------------|---------------------|-------|
| 4/5/06 |        |       |       |                  |                 |                     |       |
|        |        |       |       |                  |                 |                     |       |
|        |        |       |       |                  |                 |                     |       |
|        |        |       |       |                  |                 |                     |       |
|        |        |       |       |                  |                 |                     |       |
|        |        |       |       |                  |                 |                     |       |
|        |        |       |       |                  |                 |                     |       |
|        |        |       |       |                  |                 |                     |       |

REMARKS \_\_\_\_\_  
 SANITARIAN SFO BACKHOE Runner OTHERS 2 Crews & Homeowners  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_