

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 535233

AGENCY REVIEW: _____

DATE 06/02/2011

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 _____ 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 Frederick Gossage

DAYTIME PHONE 443-695-2934 CELL _____ FAX _____

MAILING ADDRESS 3045 Rt 32, West Friendship MD 21794
STREET CITY/TOWN STATE ZIP

APPLICANT Eddie Harrison (Harrison Contracting)

DAYTIME PHONE 410-795-8691 CELL 410-952-4614 FAX 301-829-6460

MAILING ADDRESS 2858 Flag Marsh Rd MT Airy MD 21771
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER (Septic Contractor) BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 11887 Hall Shop Rd, Clarksville MD 21029
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 OF APPLICANT

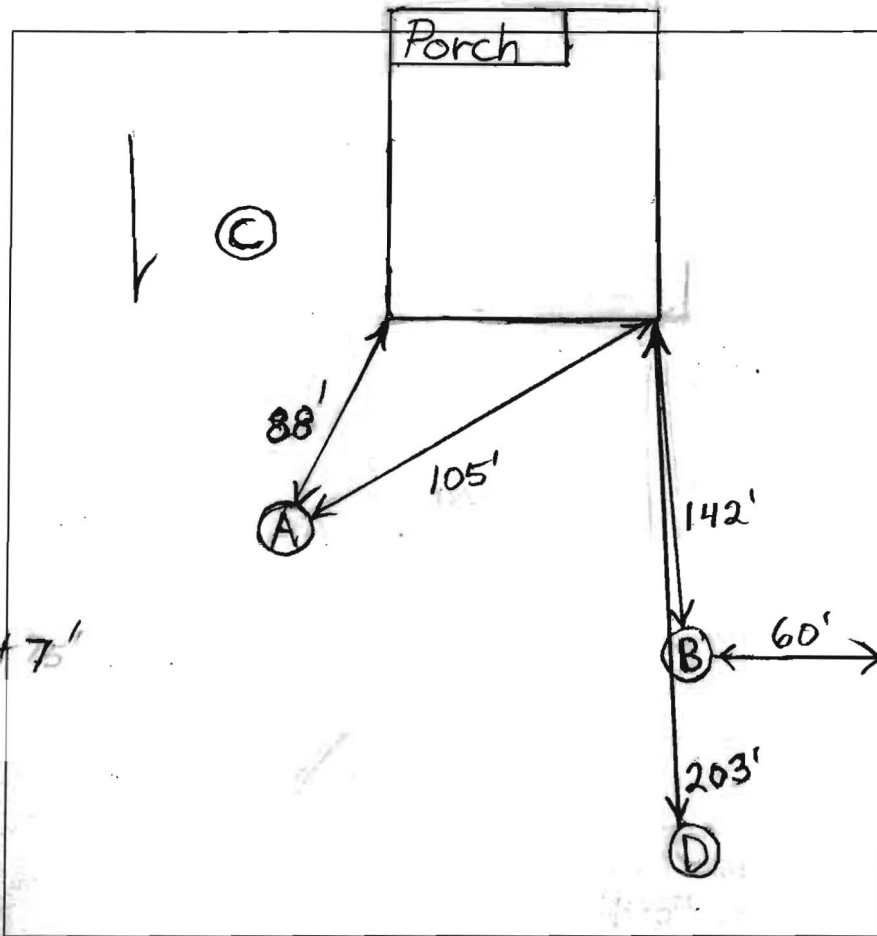
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AVP _____

Ⓐ
 Moderately Hard, Course sbk, SaCl Loam
 20"
 Slightly Hard, Course sbk, SaCl Loam
 Many Course Mottles
 Below 38"
 Water Seeping In at 75"

Ⓑ
 Moderately Hard Course sbk, SaCl Loam, strong
 14"
 Moderately Hard Course sbk, SaCl Loam, Moderate
 3.5'
 Coarse Red Sa Loam
 Slightly Hard Med. Gran.
 4.5'
 SaCl Loam Slightly Hard Med. sbk
 Water

Seeping In at 9'



Ⓒ
 SaCl Loam
 1'-1.5'
 Sa Loam
 10-15% Saprolite
 13.5'
 Water 14.5'

Property Line
 Ⓓ
 Siltier Cl Looms + Clay
 > 5' Deep
 Water Seeping In Hole Above Bottom
 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
6/14/2011	A	35' 13" V	10:52	11:09:15	11:33:15	24	F	
	B	5.5' 13" V	11:59:30	12:13	12:32	19	F	
		22"	12:13	12:38	1:48	70		
		4.5'	12:58	Pulled-Too Slow				
	C	3/14.5' V	2:52	2:54:20	2:58	4	P	
	D	14' V	→ Not Worth Testing, Expect Slow Rates					F

REMARKS Water Table Lower Than Wet Season Levels

SANITARIAN B. Baker BACKHOE E. Harrison OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____