

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE 2-24-10

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) John Connors

DAYTIME PHONE _____ CELL 443-277-7526 FAX _____

MAILING ADDRESS 7390 Hallmark Rd Clarksville MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT Ronnie Heaps

JAYTIME 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 7390 Hallmark Rd Clarksville Md. 21029
STREET TOWN/POST OFFICE

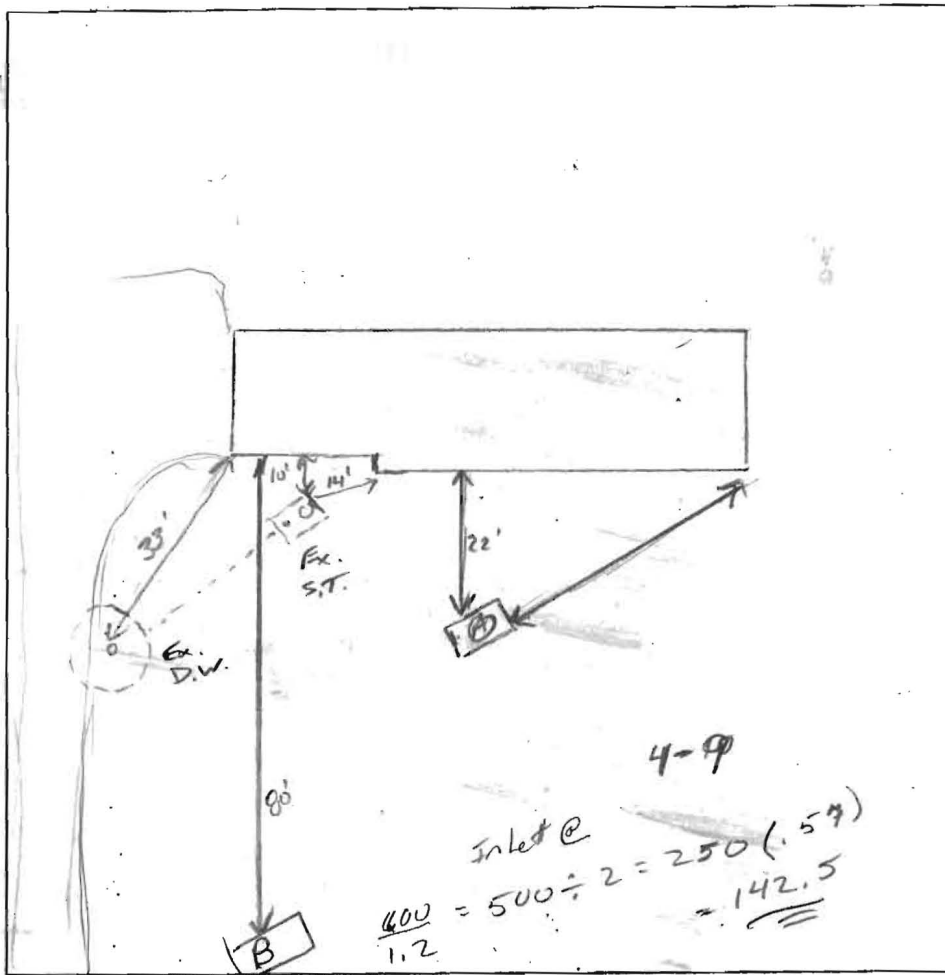
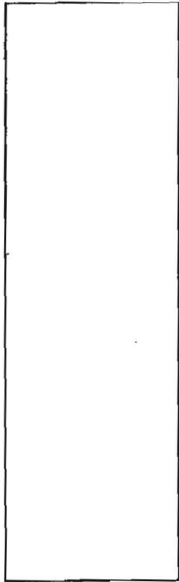
AX MAP PAGE(S) 41 GRID _____ PARCEL(S) 422 PROPOSED LOT SIZE _____

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.

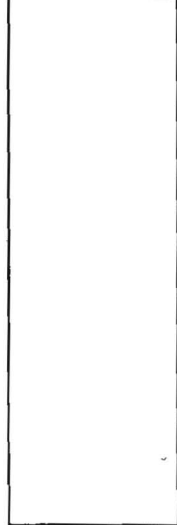
Ronnie Heaps
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



(A)
 many roots
 Loam 8"
 Red Brown
 CL, M S&BK
 Friable, CW
 clear wavy boundary
 many roots,
 5% mic schist
 channels, 2% Pt.

4-5'
 strong Br.
 SCL, friable
 SBK. tight
 6'
 Very loose
 SL, highly plastic
 50% schist
 channels, friable.
 wk platy structure
 inherited from
 rock.



(B)
 Loam, organic
 many roots 8"
 Red Br
 CL, SBK.
 Friable,
 wavy boundary 3-4"
 Br-Red
 micaceous SL
 massive,
 50% schist
 channels, friable.
 Dry consistency
 ↓
 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/1/10	(A)	6'6" / 15	10:28	pulled	-	1/2" movement	
		7'10"	10:36	10:37	10:43:30	4.5min	P
	(B)	visual	OK				

REMARKS Hole (A) had deep clays. water poured @ bottom hole (B)
 SANITARIAN K. Wolf BACKHOE R. Hoop OTHERS Home owner
 TEST HOLES USED IN SDA 2 AVG. PERC TIME 4.5 SQ. FT/BR
 TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 9 EFFECTIVE SW 2'