Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P 5 25635

AGENCY REVIEW: _____ DATE 11/13/06

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 3 ~~PROPOSED~~ Ex. 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) Beverly Renehan

DAYTIME PHONE 410489-7120 CELL _____ FAX _____

MAILING ADDRESS 12680 Old Frederick Rd Sykesville
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic

DAYTIME PHONE 410795-5670 CELL _____ FAX _____

MAILING ADDRESS 580 Obrecht Rd Sykes
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 12680 Old Frederick Rd LOT NO. _____

PROPERTY ADDRESS _____ Sykes
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. Kurt A. Cassell
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

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

A/P 525635

(A)

2½-3' Topsoil Si/Cl Loam

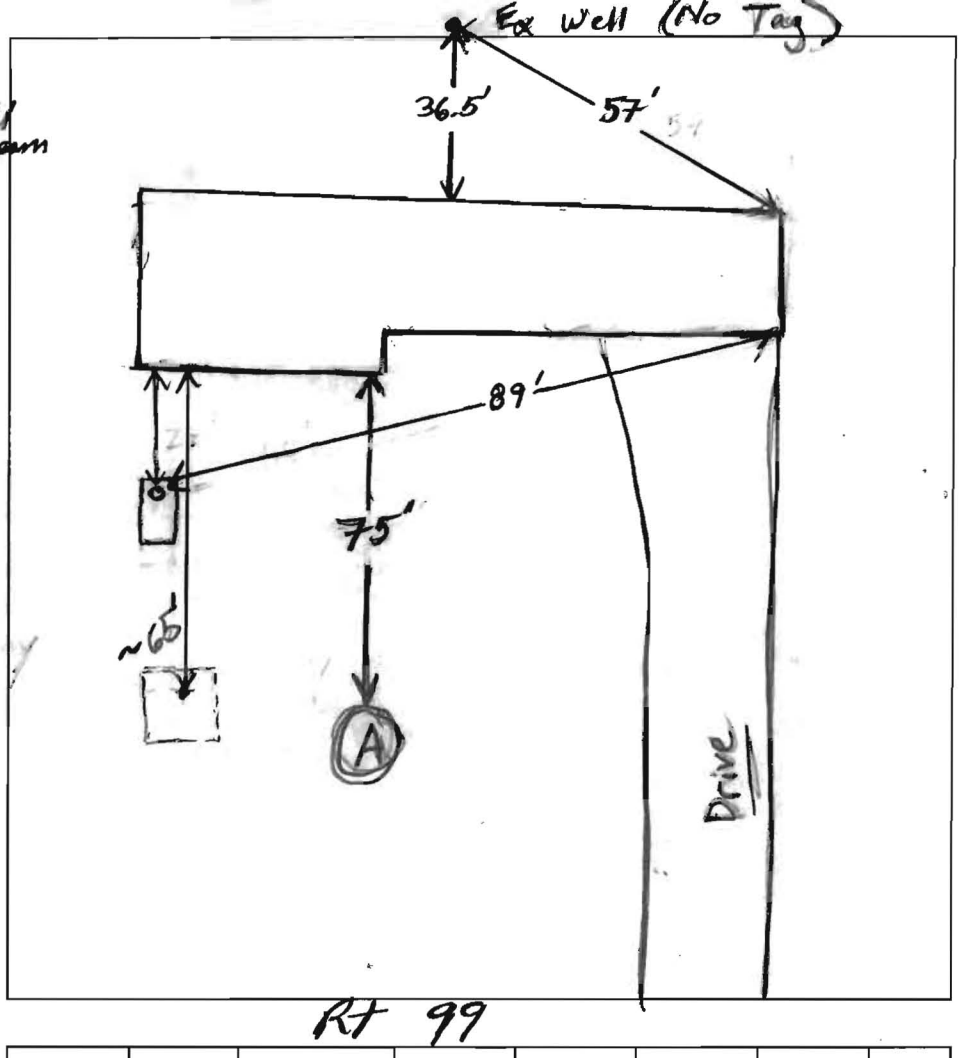
Orange/Red SiLm w/ 15% saprolite Trace rock

~7'

↓

SiLm Micaceous 25-35% Saprolite and Decayed Rock

16'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/20/06	(A)	6.5'/16V	11:24	11:26	11:29	3	P
		16V	→				O.K.

REMARKS Poured water @ bottom of test (A) Rate OK.

SANITARIAN BB/KW/DJ BACKHOE Fogel's OTHERS

TEST HOLES USED IN SDA 1 AVG. PERC TIME 3 SQ. FT/BR

TRENCH WIDTH 2' INLET DEPTH 8' MAX. BOT DEPTH 11" EFFECTIVE S/W 8'-11'

180 x 3 = 540 ÷ 2 = 270 x .44 = 119 → Install 3x 45' to maximize use of Area to fit 3x 45' trenches.