



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 520768

AGENCY REVIEW: _____

DATE 7/8/04

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 unknown 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) THOMAS AND SHARON SMITH

DAYTIME PHONE 410-465-4244 CELL N/A FAX N/A

MAILING ADDRESS 14120 ROVER MILL ROAD WESTFRIENDSHIP MD 21794
STREET CITY/TOWN STATE ZIP

APPLICANT SPRING MILL, LLC

DAYTIME PHONE 410-465-4244 CELL N/A FAX N/A

MAILING ADDRESS PO BOX 417 ELLICOTT CITY MD 21041
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. 7

PROPERTY ADDRESS THOMAS SMITH PROPERTY ROVER MILL ROAD
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 15 GRID 7 PARCEL(S) 119 PROPOSED LOT SIZE _____

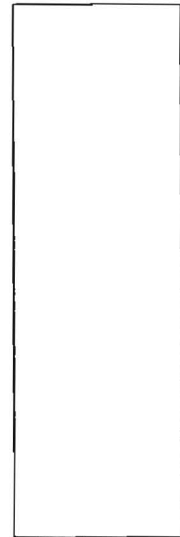
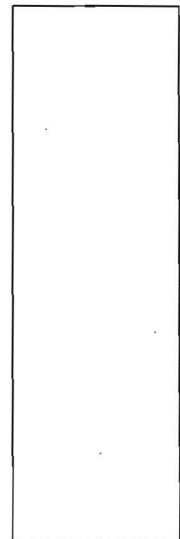
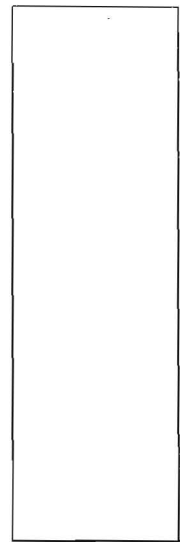
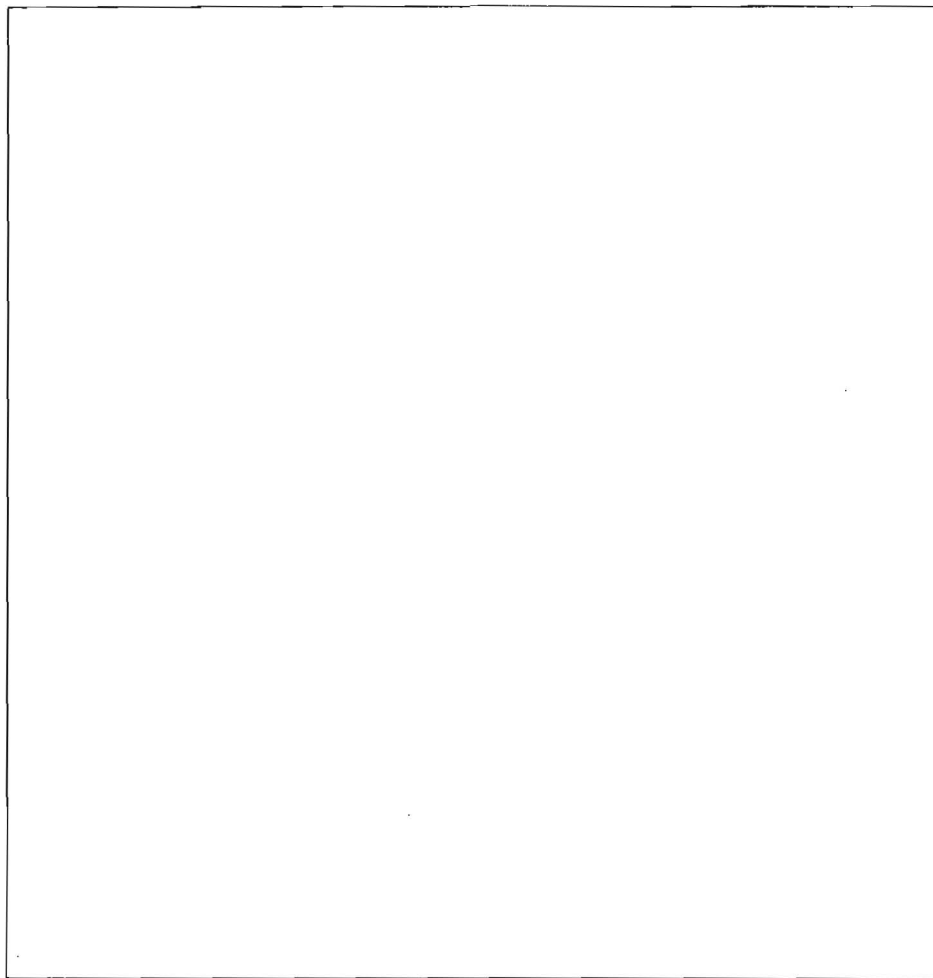
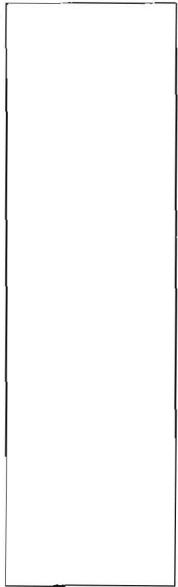
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

Mad & Moley
SIGNATURE OF APPLICANT

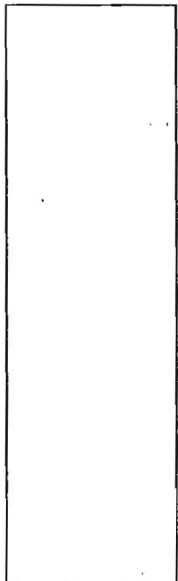
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____



35
 Brown
 L 1'
 Brown
 Sol 2 1/2'
 Yellow/Brown
 SL
 12 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/15/04	35	12 1/2'	- Visual -			OK	P



REMARKS _____
 SANITARIAN KJB BACKHOE willy OTHERS Red S.
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

TP# 31
 Br Org lm 0-12"
 Yellow/Br SILT 12"-4'
 LT TAN SAND (FINE) 4'-12'

TP# 32
 Br Org lm
 Br SILT
 TAN SAND (FINE)
 Rock frags 20%

TP# 33
 Br Org lm 0-12"
 Br SILT 12"-2'
 LT TAN SAND (FINE) 2'-12'

LOT # 7

(LOT # 7 & 8 SHAKE
 TEST PITS # 34 & 35)
 & 36

TP# 34
 Br Org lm 0-12"
 Yellow/Br SILT 12"-4'
 Rock frags 20%
 TAN SAND 4'-12'
 Rock Lens 4'-5'
 N4S WALL
 Rock Corrosal 12'

TP# 35
 Br lm 0-12"
 Br SILT lm 12"-2'6"
 Yellow/Br SAND lm 2'6"-12'6"

TP# 36
 Br Org lm 0-12"
 Yellow/Br SILT 12"-4'
 LT TAN SAND (FINE) 4'-12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/26/04	# 31	5' / 12'	1:30:30	1:32:25	1:35	3 MIN	P
	# 32	12'		VISUAL	4L		P
	# 33	5' / 12'	1:38	1:39:20	1:41	1:20 MIN	P
	# 34	6' / 12'	1:45:20	1:47:30	1:51	3:10 MIN	P
	# 35	12'-6"		VISUAL			P
	# 36	6' / 12'	1:52:30	1:54:45	1:57	2:15 MIN	P

REMARKS _____

SANITARIAN R. Sheehan BACKHOE AEC OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____