



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 520728

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:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

- 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. 13

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.

Mark S. M... [Signature]
SIGNATURE OF APPLICANT

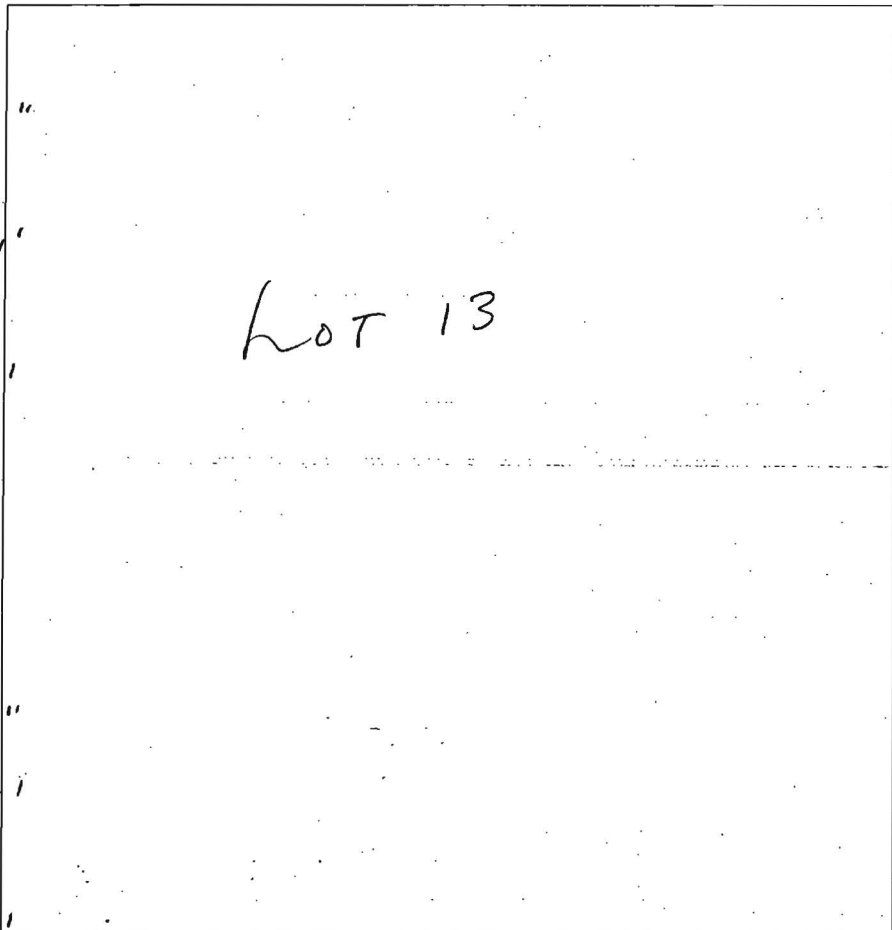
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

TP# 59
 Br/RED 0-16"
 org lm
 Br/RED 16"-4'
 SILT lm
 (Structure medium)
 Red/Br 4'-13'
 Sand)
 (Fine)

TP# 60
 Br org lm 0-21"
 Br/Yellow 21'-5'
 SILT lm

Yellow/TAN SAND
 (Fine) 5'-13'

TP# 61
 Br org lm 0-16"
 (STRUCTURAL HEAVY)
 Br SILT lm 16'-3'
 (HEAVY)
 Br/TAN 3'-6'
 SILT
 TAN/Br 6'-14'
 SAND
 (FINE)



TP# 62
 Br org lm 0-16"
 Br SILT lm 16'-3'
 (Structure medium)
 Br SILT 3'-5'
 TAN SAND 5'-13'
 (medium)

TP# 63
 Br org lm 0-16"
 Br/TAN 16'-3'
 SILT lm
 Br/RED 3'-5'
 SILT
 Br/RED 5'-13'
 SAND
 (medium)

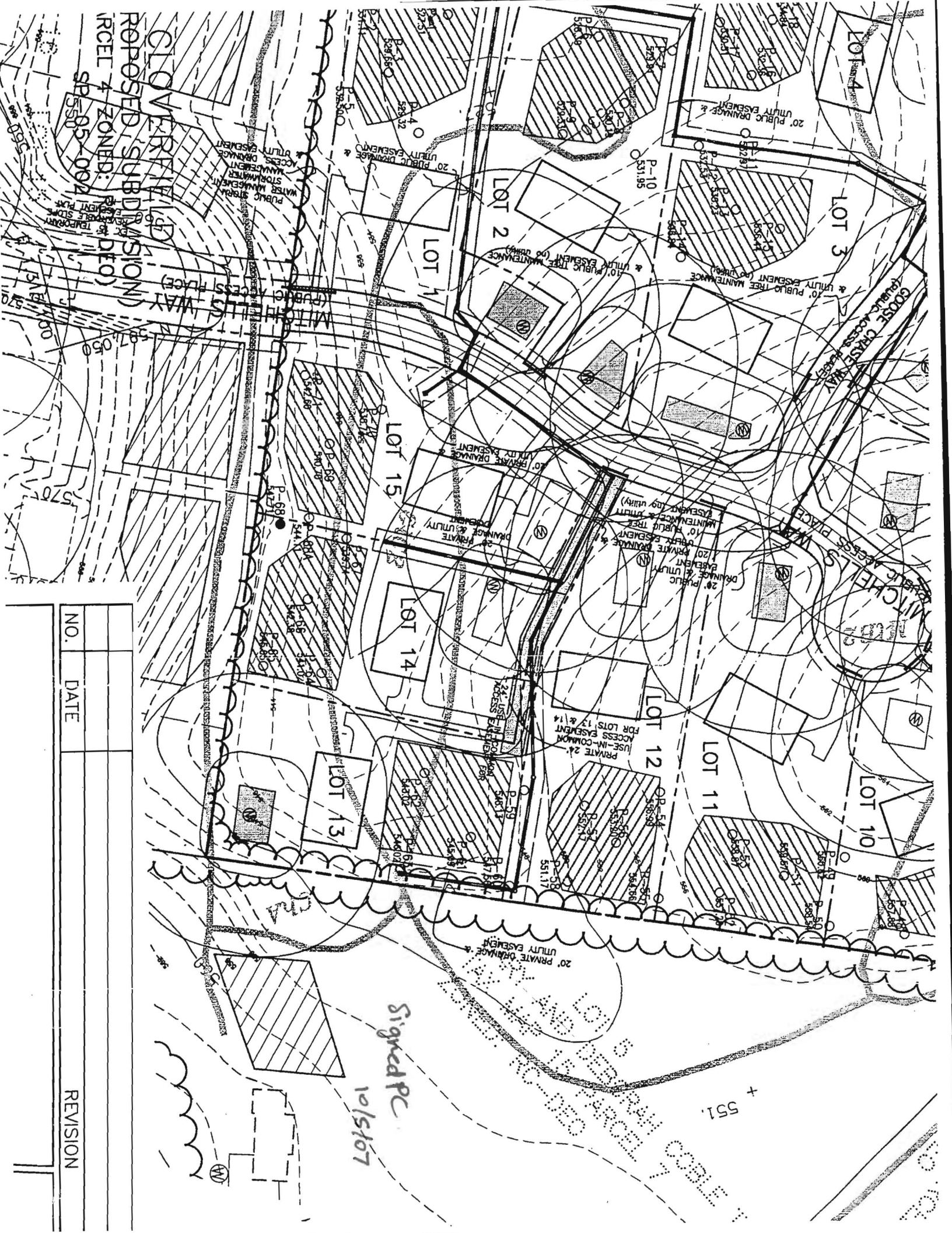
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/20/04	#59	13'		VISUAL			P
	#60	13'		VISUAL			P
* COUNTY REVIEW	#61	5'-6" / 13'	9:34	PULLED	9:58	Slow	F
	#61 Re-Test	8' / 13'	10:08	10:10	10:16	6 min	P
	#62	6' / 13'	10:56	11:00	11:07:30	7:30 min	P
	#63	6' / 13'	10:44	10:47	10:53	6 min	P

REMARKS _____

SANITARIAN R Sheesley BACKHOE AEC OTHERS _____

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

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



CLOVERTON (CD)
 PROPOSED SUBDIVISION
 (RCEL 4 ZONED: R-1 DTD)
 SP 05-002
 TEMPORARY
 RESERVATION
 EASEMENT
 PUBLIC STORAGE
 WATER MAIN
 WATER MAIN
 ACCESS DRAINAGE
 UTILITY EASEMENT

NO.	DATE	REVISION

Signed PC
 10/5/07

+ 551

ELECTRICAL