



Repair - paid

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 35154

AGENCY REVIEW: _____

DATE 4/11/11

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 6 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) Marzic Heid

DAYTIME PHONE 301 785-4450 CELL _____ FAX _____

MAILING ADDRESS 12463 Petrillo Dr Highland MD 20777
STREET CITY/TOWN STATE ZIP

APPLICANT Kurt / Fogle's Septic Clean, Inc.

DAYTIME PHONE 410 795-5670 CELL 410 984-5211 FAX 410 795-3432

MAILING ADDRESS 580 Obrecht Rd Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Waterman Ests LOT NO. 1

PROPERTY ADDRESS 12463 Petrillo Dr Highland
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 40 GRID 24 PARCEL(S) 250 PROPOSED LOT SIZE 3.00

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

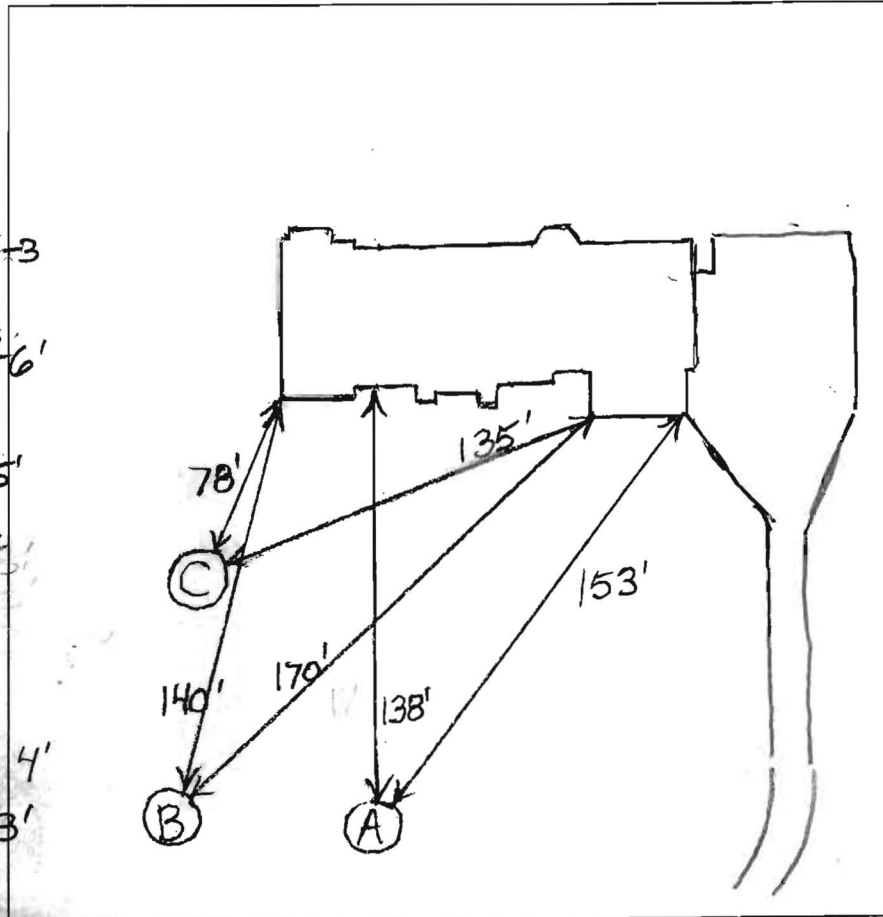
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP

(A)
 Dense Red
 Cl Loam -
 Sa Cl Loam
 sbk 2.5-3'
 Dense Or
 Sa Cl Loam, sbk
 5.5-6'
 Dense Or
 Sa Loam,
 Some Clay 10.5'
 Loamy Sa
 Some Saprolite
 12.5'
 Water seepage
 14.5'
 Water

(B)
 Red Loam,
 sbk 4'
 Mixture of
 Dense Red Br
 Sa Cl Loam
 and Br
 Sa Loam 2'-3'
 Loamy
 Sa 7.5'
 Seepage
 11.5'
 Water 12.5'
 14'

(C)
 Dense Red
 Sa Cl Loam 5.5'
 Dense Sa
 Cl Loam -
 Sa Loam 7.5'
 Sa Loam
 and Loamy
 Sa, some
 Saprolite
 Water 13'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
4/28/2011	A	7.5'/15.5'	12:02	Pulled →		Slow		
		8.5	12:17:30	12:53	1:43	50		
	B	6.5'/14'	11:32	Estimate 40 Minutes to 1st Peg				
		8'	12:09:30	12:11:30	12:14:30	3	P	
	C	7.5'/13'	11:27	Pulled - Estimate 30 Minutes for 1st Inch				
		8'	stopped Test →					
All Rates Would Be Faster if The Soils Weren't Wet From Days of Rainfall								

REMARKS Normal Wet Season Water Levels - Soils Wet
 SANITARIAN B. Baker BACKHOE Fogles OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____