

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ **(AP) 526198**
 AGENCY REVIEW: _____ DATE 1/23/07

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 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) Mildred Collis
 DAYTIME PHONE 301-854-2603 CELL 240-461-3089 FAX 301-854-2603
 MAILING ADDRESS 13475 Clarksulle Pike Highland MD 20777
 STREET CITY/TOWN STATE ZIP
 APPLICANT Stephen Collis
 DAYTIME PHONE 240-461-3089 CELL _____ FAX 301-854-2603
 MAILING ADDRESS: 13475 Clarksulle Pike Highland mo. 20777
 STREET CITY/TOWN STATE ZIP
 APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
 SUBDIVISION/PROPERTY NAME _____ LOT NO. _____
 PROPERTY ADDRESS 13475 Rt 108 Highland mo. 20777
 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.

Stephen P. Collis
 SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

(A)

Red Br
Si Cl Loam
15-20% Rock

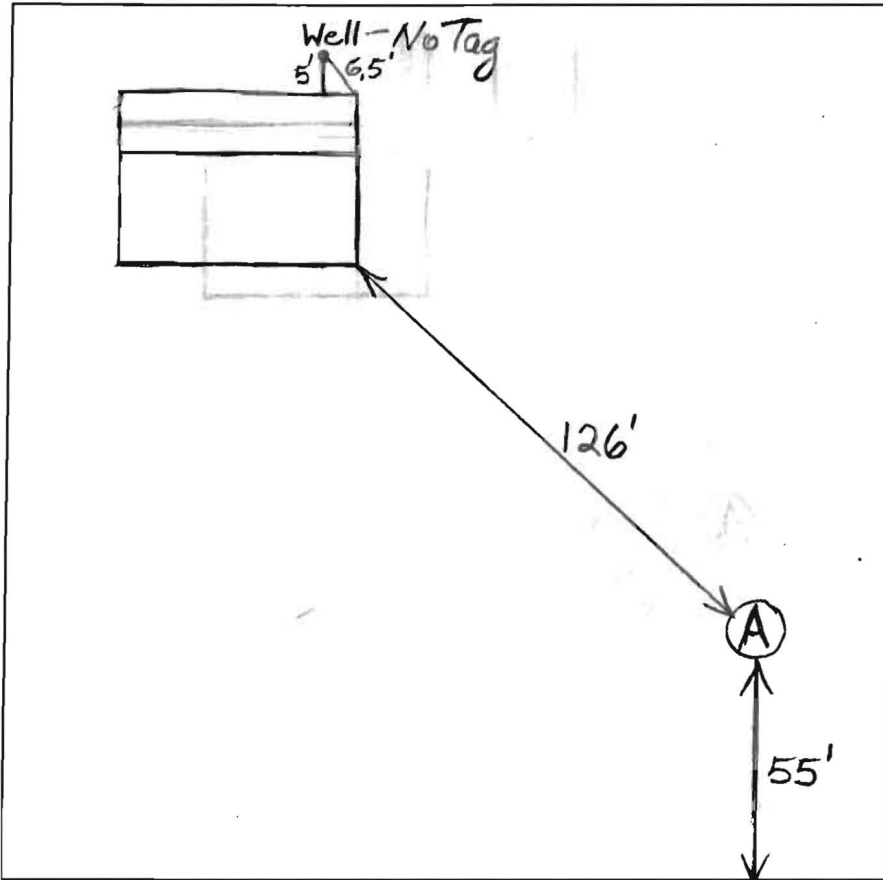
4'-4.5'

Br Si
Loam
Trace Rock

7'-8'

Br Sa Loam
40-50%
Decaying
Rock

12'



Route 108

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/30/07	A	4.5/12	10:45	10:54	11:10	16	P

REMARKS Water Poured in Bottom of Test Hole - Rate O.K.

SANITARIAN B. Baker BACKHOE Steve Gallis OTHERS _____

TEST HOLES USED IN SDA A AVG. PERC TIME _____ SQ. FT/BR 240

TRENCH WIDTH 3 INLET DEPTH 4.5 MAX. BOT DEPTH 6.5 EFFECTIVE SW 2