



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

AGENCY REVIEW: \_\_\_\_\_ DATE \_\_\_\_\_

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 4 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) V. Michael Straus

DAYTIME PHONE 301-854-1199 CELL 443-277-7526 FAX 410-552-5815

MAILING ADDRESS 13078 St. Patricks Ct Highland, MD 20777  
STREET CITY/TOWN STATE ZIP

APPLICANT Ronnie Neaps JM Contracting LLC

DAYTIME PHONE 443-277-7526 CELL SAME FAX 410-552-5815

MAILING ADDRESS 425 Gbrecht Rd. Sykesville Md. 21784  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION Installer  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 13078 St Patricks Ct Highland Md. 21784  
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.

Ronnie Neaps  
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)

Br Heavy  
Cl Loam  
and Topsoil  
~5% Rock

3'

Red Br Sa  
Cl Loam  
~15% Rock

~5.5'

Red Br Sa  
Loam  
~30% Rock  
Rock  
Hard  
Bottom

10.5'

(B)

Brown  
Heavy Loam  
~5% Rock

3.5-4.5'

Red Br  
Sa Cl Loam  
~10% Rock

5.5-6'

Red Br  
Sa Loam  
~10% Rock

10.5'

Hard  
Bottom

(C)

Brown  
Heavy Loam  
Trace Rock

2'

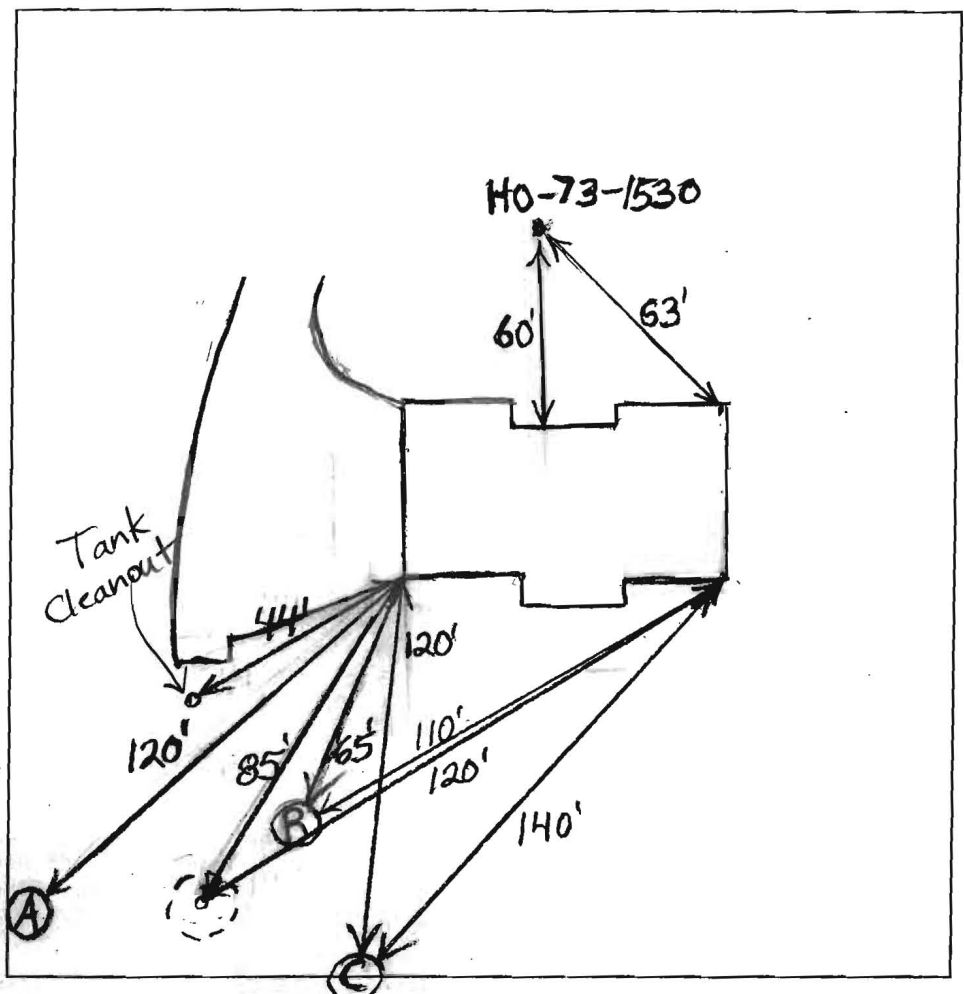
Red Br Sa  
Cl Loam  
~10% Rock

6'

Red Br  
and Tan  
Sa Loams  
25-30%  
Rock

10'

Hard  
Bottom



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/15/06	A	10.5' V					
	B	5.5'/10.5' V					
		6.5'		10 1/2		27	P
	C	10' V					

REMARKS \_\_\_\_\_  
 SANITARIAN B. Baker BACKHOE R. Heap OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA B+C AVG. PERC TIME 27 SQ. FT/BR 300  
 TRENCH WIDTH 3 INLET DEPTH 5' MAX. BOT DEPTH 6' EFFECTIVE SAW None



# HOWARD COUNTY HEALTH DEPARTMENT

25680

12 / 12 / 06 <sup>DATE</sup>

A5+P5

Received From

J M Contracting LLC.

PHONE # 410 549. 4483

- CASH
- CHECK

For part + app (repair)  
13078 St. Patricks Ct.

NO.

3092

three hundred and thirty dollars

Dollars

\$

330<sup>00</sup>

Received By

*[Handwritten Signature]*