



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 528521

AGENCY REVIEW: _____ DATE 3/4/08

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 5 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) Scott & Coline TaliA Ferro

DAYTIME PHONE 301-854-6123 CELL 443-538-0589 FAX _____

MAILING ADDRESS 16486 A E Mullinix Rd woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Debra Lilly

DAYTIME PHONE _____ CELL 443-538-0589 FAX _____

MAILING ADDRESS 14234 pear shop Rd Mt Airy MD 21771
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 16486 A.E. Mullinix Rd woodbine MD 21797
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.

[Signature]
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

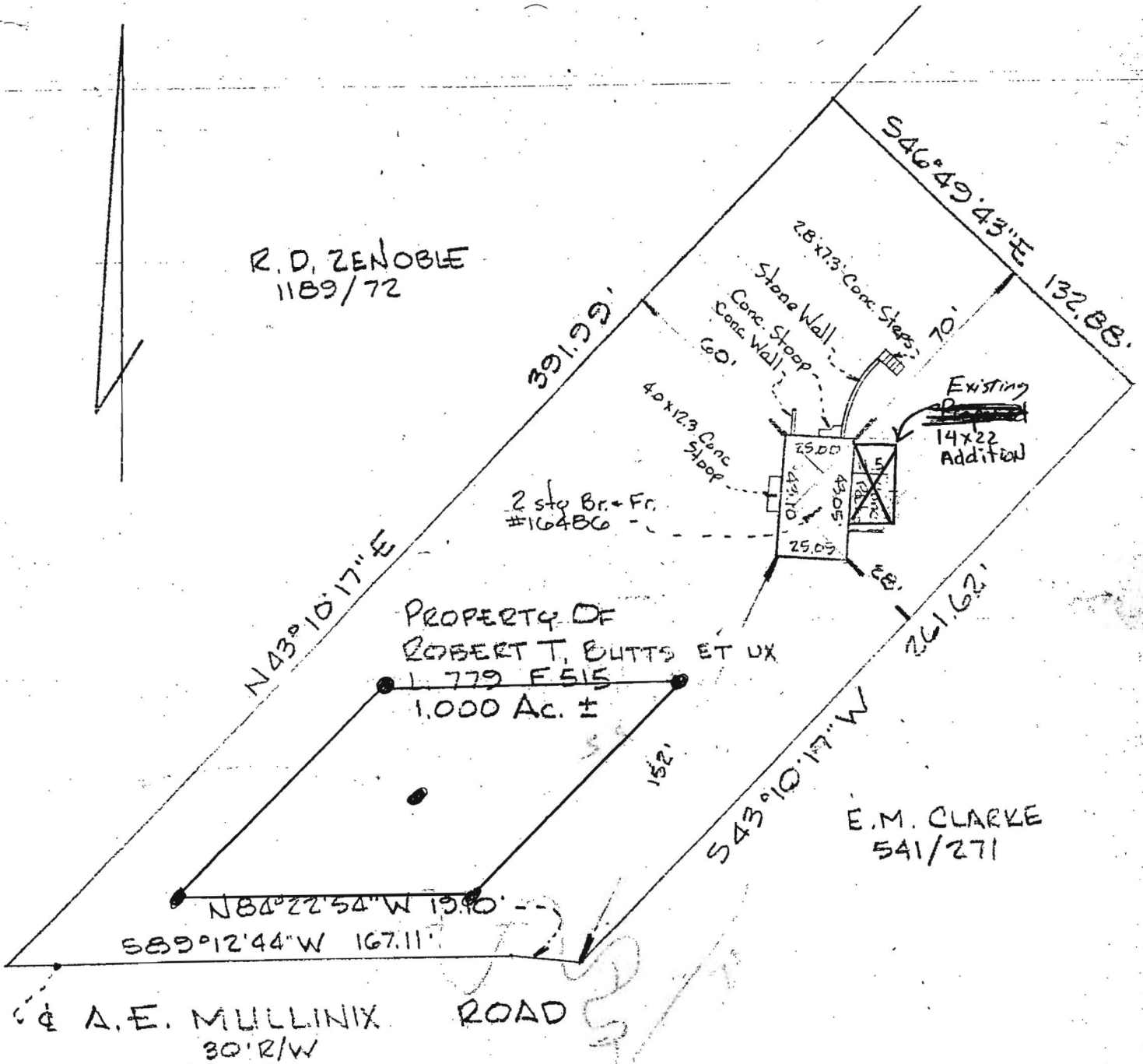
REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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

R. D. ZENOBLE
1189/72



PROPERTY OF
ROBERT T. BUTTS ET UX

L. 779 F. 515
1.000 Ac. ±

E. M. CLARKE
541/271

A. E. MULLINIX ROAD
30' R/W

HOUSE LOCATION SURVEY
PROPERTY OF

ROBERT T. BUTTS ET UX

ELECTION DISTRICT No. 4
SCALE: 1" = 50'

HOWARD COUNTY, MARYLAND
DATE: WALL CHECK

FINAL FEB 20, 1984

I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREON IS CORRECT, IN ACCORDANCE WITH DESCRIPTIONS OF RECORD AND THE POSITION OF THE IMPROVEMENTS SHOWN HAVE BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT, UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS. THIS PLAT IS PREPARED FOR TITLE PURPOSES ONLY AND IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES.

REFERENCE: L779 F. 515

NO TITLE REPORT FURNISHED

Alexander G. Feldman & Associates
Land Surveying

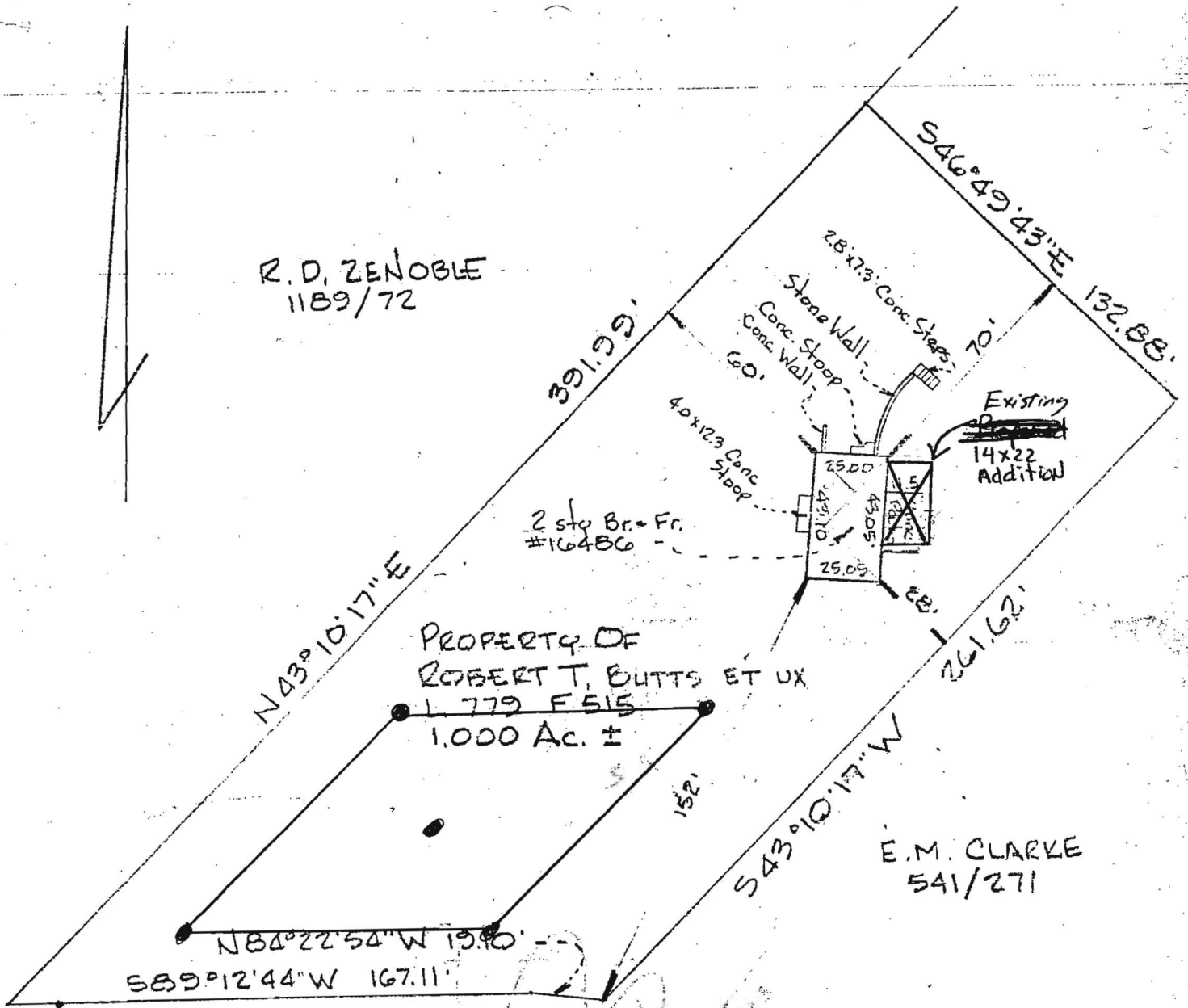
CERTIFIED CORRECT

Alexander G. Feldman, R.P.L.S. MD No 122

2-21-84

DATE

R.D. ZENOBLE
1189/72



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REFERENCE: L 779 F 515

NO TITLE REPORT FURNISHED

Alexander G. Feldman & Associates
Land Surveying
19501 Brassie Place
Guthrie, MD 20878

CERTIFIED CORRECT

[Signature]
Alexander G. Feldman, R.P.L.S. MD No 122
DATE 2-21-84