

APPLICATION

PAID \$165
TOTAL

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 525161

AGENCY REVIEW: _____

DATE 7/13/06

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 _____ 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) Laura Noel

DAYTIME PHONE 301-854-9717 CELL _____ FAX _____

MAILING ADDRESS 12339 Benson Branch RD Ellicott MD 21043
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfield's Equipment

DAYTIME PHONE 301-854-6172 CELL 410 984-0047 FAX 301 440-5794

MAILING ADDRESS PO Box 519 Annapolis Junction MD 20701
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Woodmark LOT NO. _____

PROPERTY ADDRESS 12339 Benson Branch RD Ellicott
STREET TOWN/POST OFFICE

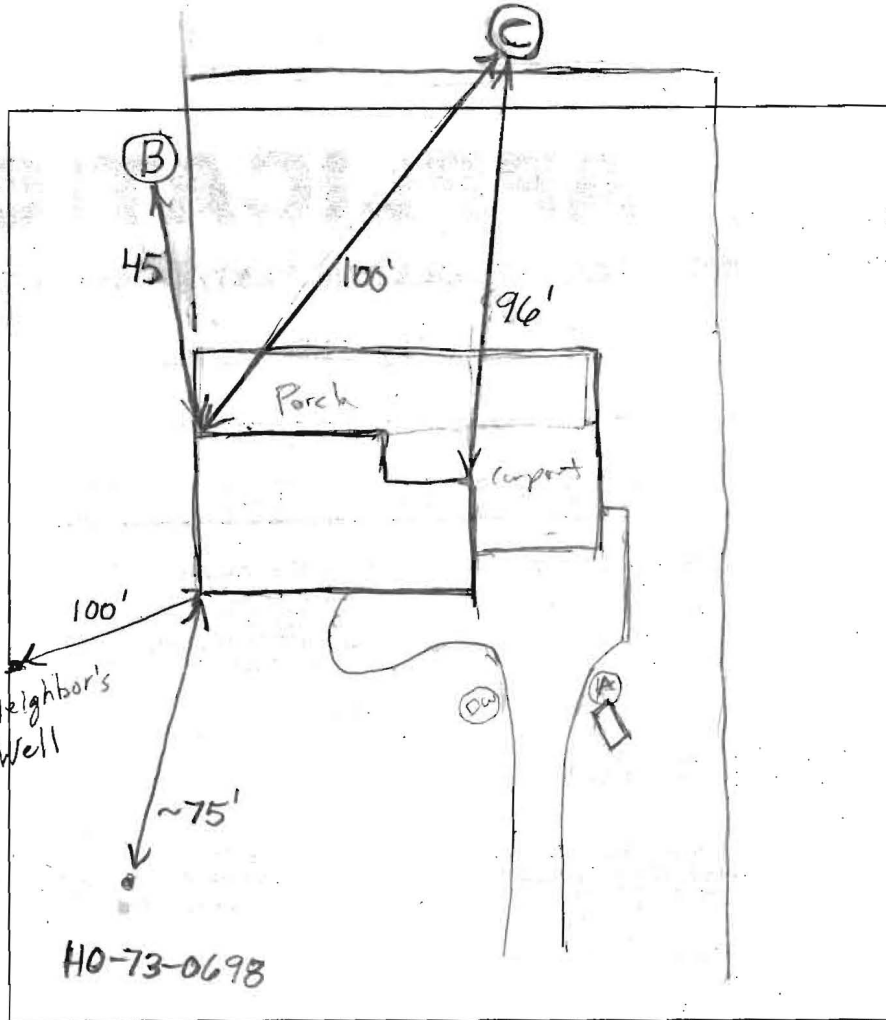
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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 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)

Si Cl loam
Orange/Brown
5% rock

6'

Beige -lt Br.
Sa Lm.

10%
suprolite/
rock

15'

Dry

(B)

Light Br
Sa Cl Loam
5-10% Rock

2.5'

Or Br
Sa Loam
Trace
Rock

7-9.5'

Red Brs.
Cl Loam (Dense)
Trace Rock

12.5'

Mottled Wet
Heavy Clays
Trace Rock

15.5'

(C)

Br Si Cl
Loam

2'

Or Br Si
Cl Loam
Trace Rock

Some Mottling

~3' Trace Rock

5'

Red Cl (Dense)
Loam Trace
Rock Wet
Hard Near
Bottom

11.5'

Neighbor's Well

HO-73-0698

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/28/06	A	65/15'	10:05	10:15	10:27	12	P
	B	5/155'	11:20	Too Fast			
		Repour	11:24	11:25	11:27	12	P
	C	11.5'					F

REMARKS Install Drywell Near Hole (A)

SANITARIAN B. Baker/k.w. BACKHOE Hatfields OTHERS

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____