



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 5/6/04 TEST TIME 9:00 Am (A)P 520323
 AGENCY REVIEW: _____ DATE 4/26/04

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 ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

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) MURRAY + PEGGY VICKERS

DAYTIME PHONE 410-410-1116 CELL 410 531-2629 (A) FAX _____

MAILING ADDRESS 10870 BRAEBURN ROAD, COLUMBIA MD 21044
STREET CITY/TOWN STATE ZIP

APPLICANT SAME AS ABOVE

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION BRAEBURN I LOT NO. 17

PROPERTY ADDRESS 10870 BRAEBURN ROAD
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 35 GRID 17 PARCEL(S) 228 PROPOSED LOT SIZE SAME

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.

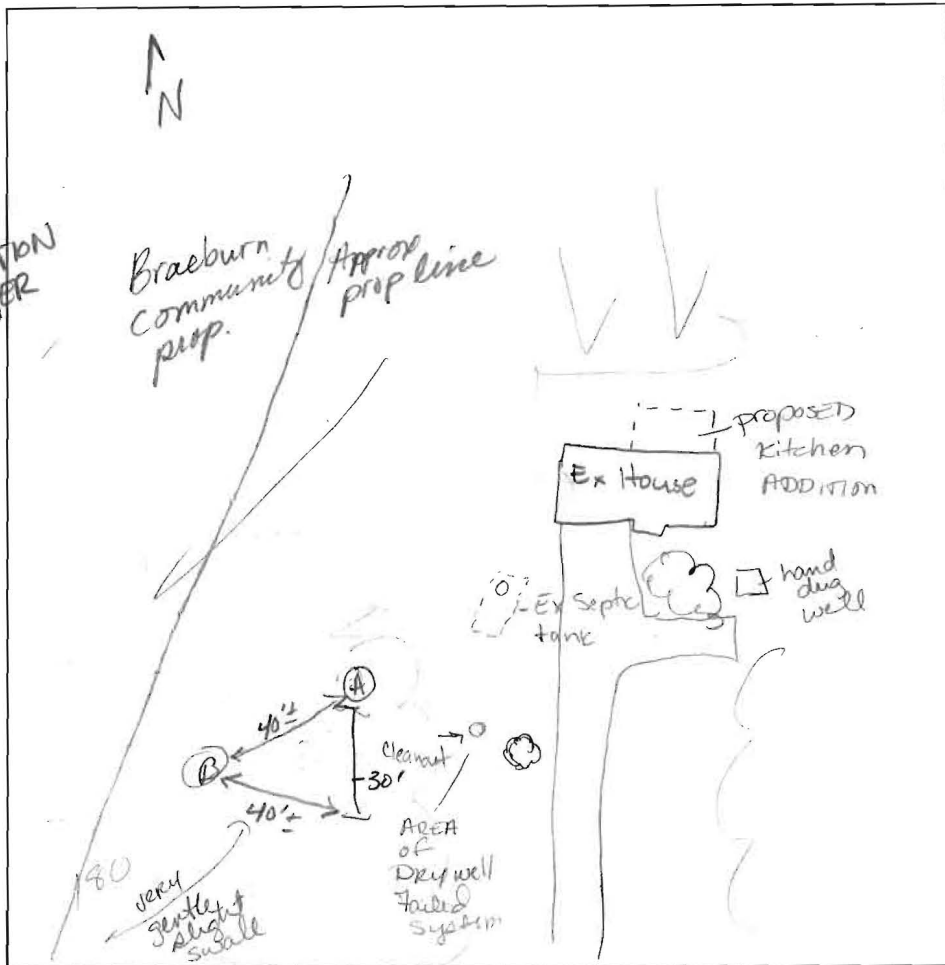
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 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

AVP

(A)
 Strong brn hvy Loam 5'
 strong brn Sandy Loam Trace Rk
 TRANSITION LAYER
 Lt brn md gr. Sand 6 ±
 sm. wk Saprolite frag x 10-15
 Bottom 12 1/2'

(B)
 Brown Loam 11'
 Brn micac. Shale Trace Rk 2'
 Med-lg gr SAND
 bluish bands red bands micaceous NOT MOTTLES
 Bottom 12 1/2'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5-6-04	A	4 1/2' / 12 1/2'	9:38	too slow			
		6'	9:50	9:51	9:53	3	P
	B	3'	10:15	10:18	10:23	5	P

REMARKS Area Surrounded w/ steep slopes - NOT MUCH AVAIL AREA
 SANITARIAN Kaere BACKHOE Jenkins OTHERS Mrs. Vickers
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH 5 MAX. BOT DEPTH 8 EFFECTIVE SW _____