



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 535218

AGENCY REVIEW: _____

DATE 5-26-11

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) Tim & Marian Quinn

DAYTIME PHONE 301 651-0011 CELL _____ FAX _____

MAILING ADDRESS _____

STREET CITY/TOWN STATE ZIP

APPLICANT Kurt / Fogle's Septic Clean, Inc.

DAYTIME PHONE 410 795-5670 CELL 410 984-5211 FAX 410 795-3432

MAILING ADDRESS 580 Obrecht Rd Sykesville MD 21784

STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME M. Brown Prop. LOT NO. 3

PROPERTY ADDRESS 12305 Scaggsville Rd Fulton

STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 40 GRID 18 PARCEL(S) 212 PROPOSED LOT SIZE _____

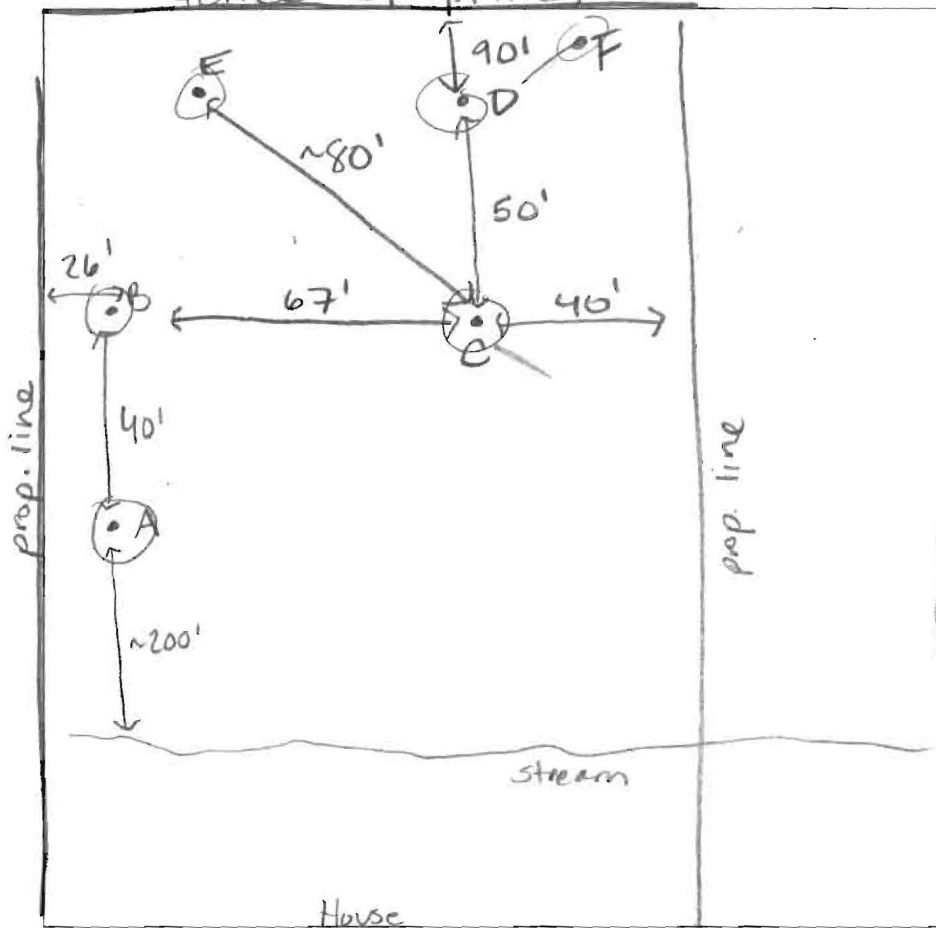
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Kurt A. Cassell 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

A/P

fence (prop. line)



A
6" bm l
2' org bm ch sel lfsbk
4' yellow bm vch sel
red bm bl sel refusal

B
1' root mass bm l
3' red bm sel 2 fsk
yellow bm ls Saprolite
12.5' no H₂O

C
10" root mass
3' blue boulders
1' org bm sel lmsbk
3' yellow bm sel Saprolite
7' yellow bm ls Saprolite
small cave in @ 11" moist @ 11.5' moles

D
8" root mass bm l
3' org bm sel lfsbk
5.5' org bm sel sel
7' yellow bm ch sel Saprolite
yellow bm sel Saprolite w/moles
14' bottom H₂O @ bottom (every 11")

E

F
4' org bm ch sel lmsbk
8' yellow bm sel
yellow bm ls Saprolite
H₂O @ 11.8"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6-9-11	A	4'	VISUAL				F
	B	4.8"/12.5'	10:27	10:35	10:52	17	P
	C	4.5"/12.5'	10:39	10:48	11:04	16	P
	D	5'/14'	11:03	11:40	reshe feed	125" in 45 min	
	E	6'/12'	11:22	no movement			F
	D	6.8"/14'	11:54	12:05	11:16	11	P
	F	15'	VISUAL				P

new well HO-95-1909

REMARKS failing trenches concrete tank no clo's
 SANITARIAN MS BACKHOE Picky OTHERS owner
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH 2 MAX. BOT DEPTH 6-7 EFFECTIVE SW 1.5

small amt of H₂O @ bottom

3 BR 4 BR - 5 BR in table

A/P _____

F

1' brn dng
l

6' org brn
sc
2 fsk

7' org brn
sl
scapelite

9' yellow brn
sc scapelite

14.5' H₂O seep

15' brn ls

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 S/W _____