

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 522008-C

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

DATE 3/4/05

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) C. EDGAR PUGH, JR

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 2289 MCKENDREE ROAD WEST FRIENDSHIP MD 21794  
STREET CITY/TOWN STATE ZIP

APPLICANT BENCHMARK ENGINEERING, INC.

DAYTIME PHONE 410-465-6105 CELL \_\_\_\_\_ FAX 410-465-6644

MAILING ADDRESS 8480 BALT. NATIONAL PIKE, SUITE 418 ELLICOTT CITY MD 21043  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME MCKENDREE VIEW LOT NO. 3

PROPERTY ADDRESS 2289 MCKENDREE ROAD WEST FRIENDSHIP MD 21794  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 41 & 42 GRID 1,6,7 & 12 PARCEL(S) 54 PROPOSED LOT SIZE 1.0 AC

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.

Donald Maer

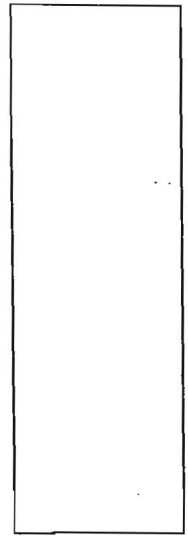
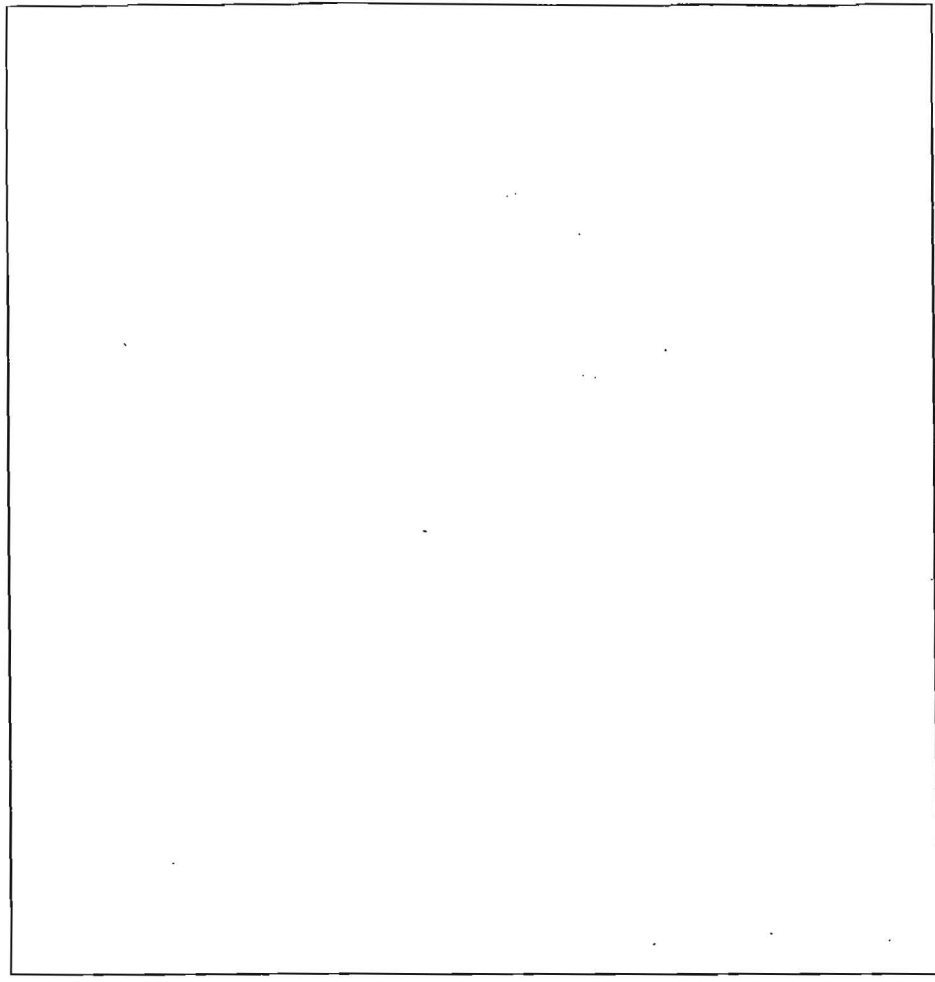
SIGNATURE OF APPLICANT

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 46  
 Browns L  
 ORANGE Browns  
 4 1/2  
 Yellow/Brown  
 Red  
 micaceous  
 SL  
 w/ trace  
 Rock

47  
 Browns L  
 Red/Orange  
 Browns  
 Sol  
 5'  
 Yellow/Brown  
 SL  
 w/ 10%  
 Saprotic  
 15'

44  
 Browns L  
 Red/ORANGE  
 Sol  
 5'  
 Yellow/Brown  
 SL  
 w/ 10%  
 Saprotic  
 15'



43  
 Browns L  
 Red/Orange  
 Sol  
 5'  
 Yellow/Brown  
 SL  
 w/ 10%  
 Saprotic  
 13'

45  
 Browns L  
 ORANGE/Brown  
 Sol  
 w/ 10% Rock  
 5'  
 Pink/Red  
 Brown  
 SL w/  
 trace Rock  
 D

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/27/05	46	6' / 13'	9:23	9:26	9:32	6min	P
	47	6' / 15'	9:35	9:40	9:46	6min	P
	44	5' / 13'	9:50	9:56	10:06	10min	P
	43	- / 13'	- Visual	-	-	OK	P
	45	- / 13'	- VISUAL	-	-	OK	P

REMARKS all holes dug per plan

SANITARIAN \_\_\_\_\_ BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_

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

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE S/W \_\_\_\_\_

