



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ (A)P 532549

AGENCY REVIEW: _____ DATE 3-15-10

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) Jim Chandler

DAYTIME PHONE 240-535-3530 CELL _____ FAX _____

MAILING ADDRESS 7604 Browns Bridge Rd Highland Md
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfield's Equipment (Jeff)

DAYTIME PHONE 460-984-0047 CELL _____ FAX 301 440 5794

MAILING ADDRESS PO Box 579 Annapolis Junction Md 20701
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. 3

PROPERTY ADDRESS 7604 Browns Bridge Rd Highland
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 40 GRID 17 PARCEL(S) 158 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.

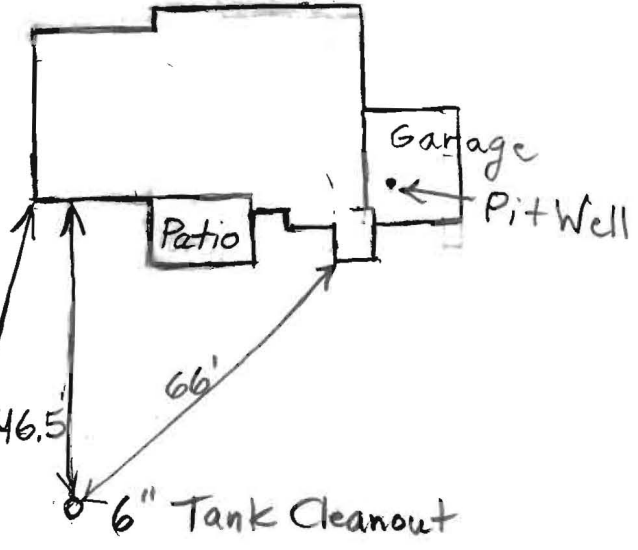
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

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

RECEIVED
WARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2010 MR 15 PM 2:13

Fence



(A)
Dense Red sbk
Sa Cl Loam 2.5-3.5'
Or Br Sa
Loam-Sa
Cl Loam 11-15'
Med Br
Loamy Sa
10% Saprolite 9.5'
Water Seepage
Caving
Water 15'

(B)

(B)
Dense Red
sbk Cl Loam
4.5-5'
Beige
Sa Loam-
Loamy Sa

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|-----------|--------|---------|----------|---------------------|-----------------|---------------------|-------|
| 3/25/2010 | A | 6.5/15' | 10:58:30 | 11:01:30 | 11:04:30 | 3 1/2 | F |
| | | 4.5' | 11:21 | ~1/4" in 10 minutes | | | F |
| | | 5.5' | 11:34:30 | 11:49:30 | 12:18:30 | 29 | P |
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REMARKS Tests Done During Wet Season Levels
 SANITARIAN B. Baker BACKHOE Hatfields OTHERS _____
 TEST HOLES USED IN SDA A+B AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 7.5' INLET DEPTH _____ MAX. BOT DEPTH Varies EFFECTIVE SW _____