

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P 526171
 AGENCY REVIEW: _____ DATE _____

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 3 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)

(Home) → 410-952-4480

PROPERTY OWNER(S) Linda Brown

DAYTIME PHONE 410 952 4480 CELL _____ FAX _____

MAILING ADDRESS 1264 Cornelius Ct Marnottsville
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic Clean Inc

DAYTIME PHONE 410 795-5670 CELL _____ FAX _____

MAILING ADDRESS: 580 Obrecht Rd Sykesville
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 1264 Cornelius Ct LOT NO. _____

PROPERTY ADDRESS _____ marnottsville
STREET TOWN/POST OFFICE

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

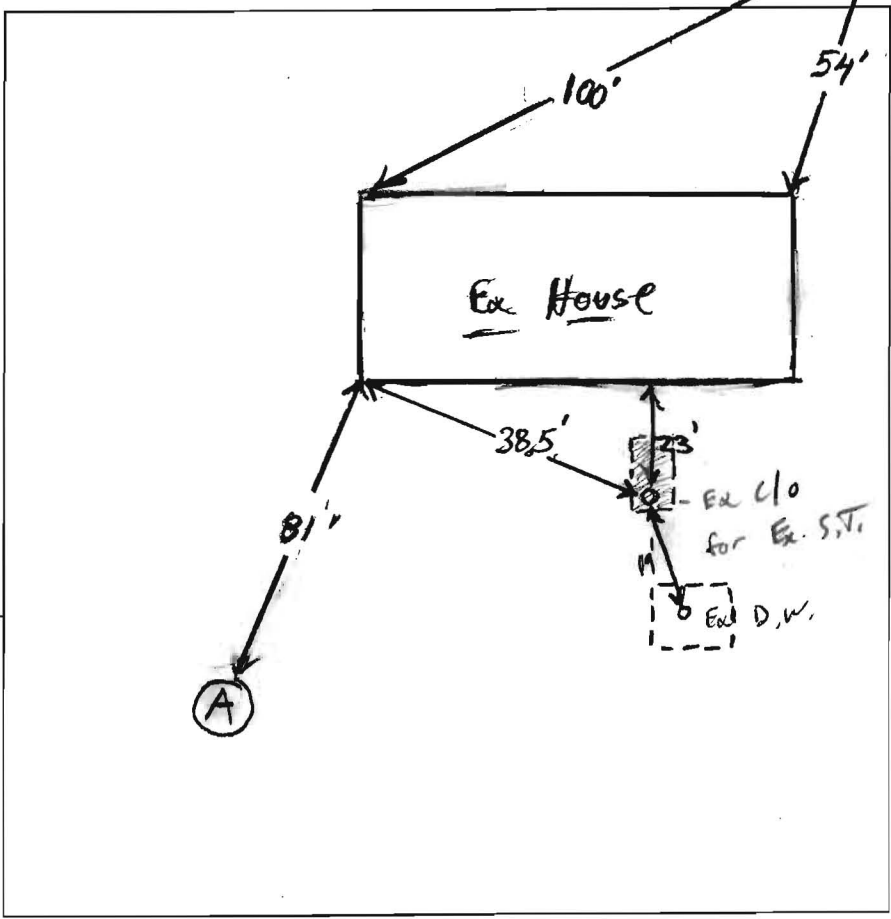
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

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

1' (A)
 Top Soil
 SiCl Lm
 Br. Or
 Sub-Angular
 Bloeking
 3.5'
 Coarse, light
 Br → Be
 Sa Lm,
 micaes,
 turning to
 Sa. ~ 80%
 ↓ Trade
 Sap. Ae
 4'-4.5'



Cornelius Ct.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/23/07	A	4.8"/14'	10:43	10:46	10:51	5m	P
		14' visual					P

2007 JA -9 PH 1:26

REMARKS Poured water @ bottom of hole. (A)
 SANITARIAN KW/BB BACKHOE Take OTHERS _____
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 5 SQ. FT/BR 180
 TRENCH WIDTH 2' INLET DEPTH 5' MAX. BOT DEPTH 9' EFFECTIVE SW 4

$54 \frac{1}{2} = 270 \times .36 = 100'$