

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

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

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 _____ 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) Glenn Price

DAYTIME PHONE 301-854-0219 CELL 240-417-8810 FAX _____

MAILING ADDRESS: 13290 Route 108 Highland MD 20777
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfields Equipment

DAYTIME PHONE 301-854-6172 CELL 410-984-0047 FAX _____

MAILING ADDRESS: P.O. Box 519 Annapolis Junction MD 20701
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 13290 Route 108 Highland MD 20777
STREET TOWN/POST OFFICE

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

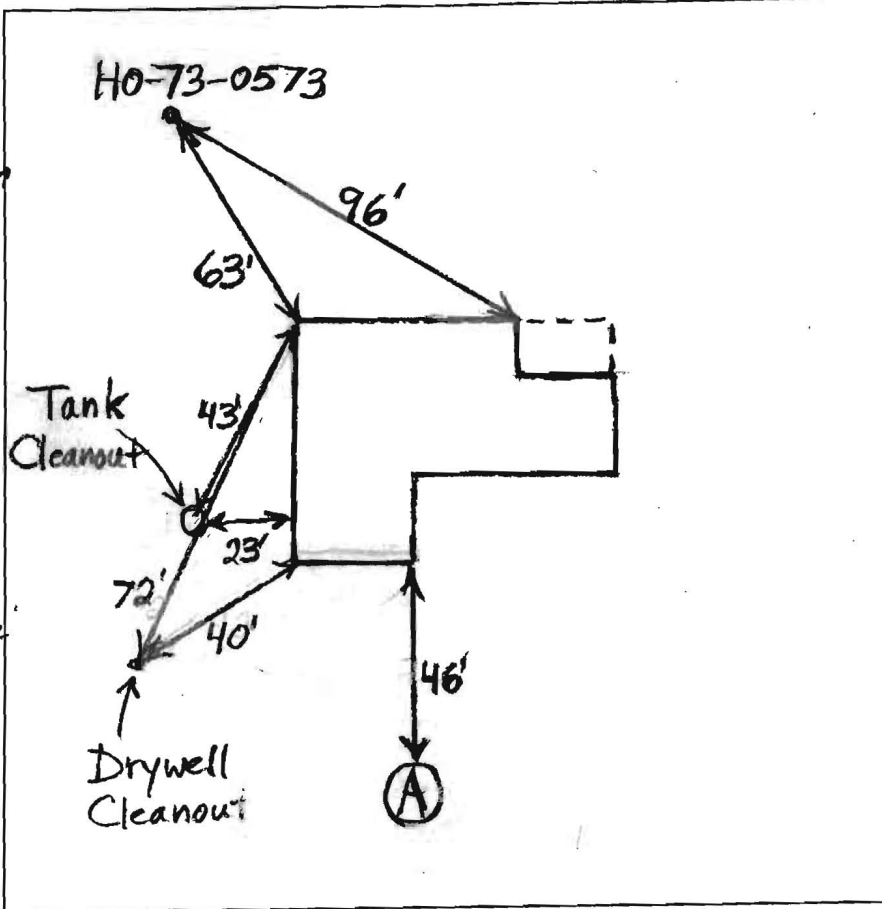
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

TEST RESULTS WILL BE MAILED TO APPLICANT. Jeff Red 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

AP

- (A)
- 1'-1.5' Topsoil
- 4.5' Red Br Cl Loam
- 5-10% Rock
- Red Br Cl Loam
- With Some Pockets of Red Br sa Cl Loam
- Trace Rock
- 8-8.5' Moderately Dense Light Br Sa Loam
- 15' ~5% Saprolite



Route 108

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/17/07	A	8'/15'	~1/8" in 10 minutes				F
		9.5'		2		3	P

REMARKS Water Poured in Bottom of Hole - Rate O.K.

SANITARIAN B. Baker BACKHOE Hatfields OTHERS _____

TEST HOLES USED IN SDA A AVG. PERC TIME 3 SQ. FT/BR 180

TRENCH WIDTH 2' INLET DEPTH 5' MAX. BOT DEPTH 11' EFFECTIVE S/W 3'