



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 534028

AGENCY REVIEW: _____

DATE 9/14/10

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 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)

PROPERTY OWNER(S) Mary Jo Kischer

DAYTIME PHONE 443 266-7524 CELL _____ FAX _____

MAILING ADDRESS 14022 Celbridge Dr Glenwood
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 Burntwoods LOT NO. 16

PROPERTY ADDRESS 14022 Celbridge Dr Glenwood
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 21 GRID 6 PARCEL(S) 110 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

AP (A)

Mottled Si
Cl Loam 2.5'

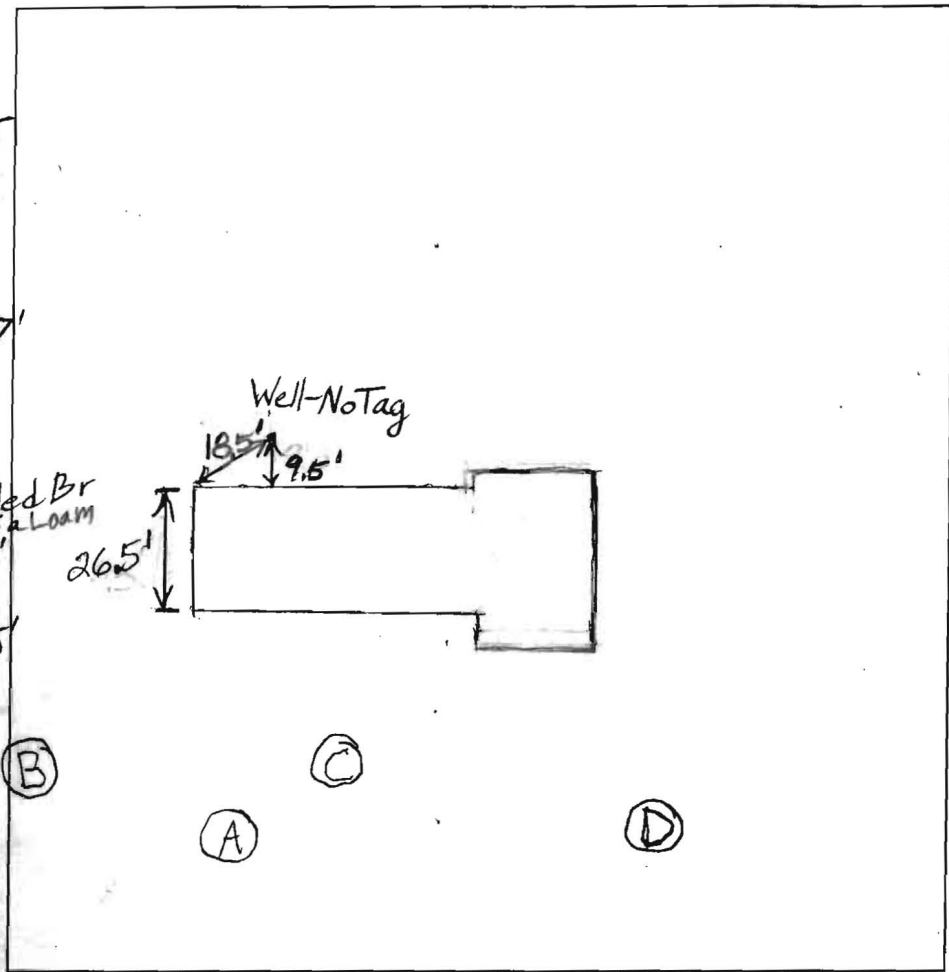
Dense or Br
Sa Cl Loam 4'

Gray Sa
Loam - Some
Cl Present 6-7'

Dense Sa
Loam Layer,
Some Clay
Mottled
Manganese
Pockets 9'

Med Br
Sa Loam 13.5'

Water
Hard
Bottom 14.5'



(D)

Or Br
Cl Loam 2'

Mottled
Or Br Sa
Cl Loam 4.5-5'

Dense Or
Br Loamy
Sand 7.5-8'

Br Sa
Loam,
20-25% Rock 14'

(B)

Or Br Cl
Loam 4'

Gray Mottled
Sa Loam 6'

Dense
Mottled
Sa Loam
Layer,
Some Clay 7-7.5'

Light Br
Very Fine
Sa Loam 11'

(C)

Or Br Sa
Cl Loam, sbk 3'

Dense Or
Br
Mottled
Sa Loam 4.5-5'

Gray
Sa Loam 8'

Medium
Br Sa
Loam
Hard
Bottom 13'

Celbridge Drive

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2nd INCH | P/F/H |
|------------|--------|--------------|-------|------------------|-----------------|---------------------|-------|
| 10/15/2010 | A | 14.5' V | 12:10 | 12:21 | 12:40 | 9 | F |
| | B | 8' / 11' V | 12:10 | 12:21 | 12:40 | 19 | F |
| | C | 5' / 13' V | 1:10 | 1:14 | 1:21 | 7 | F |
| | | 8' | 1:28 | 1:34 | 1:44 | 9 1/2 | |
| | D | 5.5' / 14' V | 2:23 | 2:29 | 2:40 | 11 1/2 | P |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS Holes A, B, C Have a Fragipan Below Gray Sa Loam

SANITARIAN B. Baker BACKHOE Fogles OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____