



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 5256347

AGENCY REVIEW: _____

DATE 11/13/06

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 4 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)

EX

PROPERTY OWNER(S) Jim Humphreys

DAYTIME PHONE 301 317 0681 CELL 202 439-9617 FAX _____

MAILING ADDRESS 7291 Meadow Wood Way Marriottsville
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic

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 7291 Meadow Wood Way LOT NO. _____

PROPERTY ADDRESS Marriottsville
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.

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

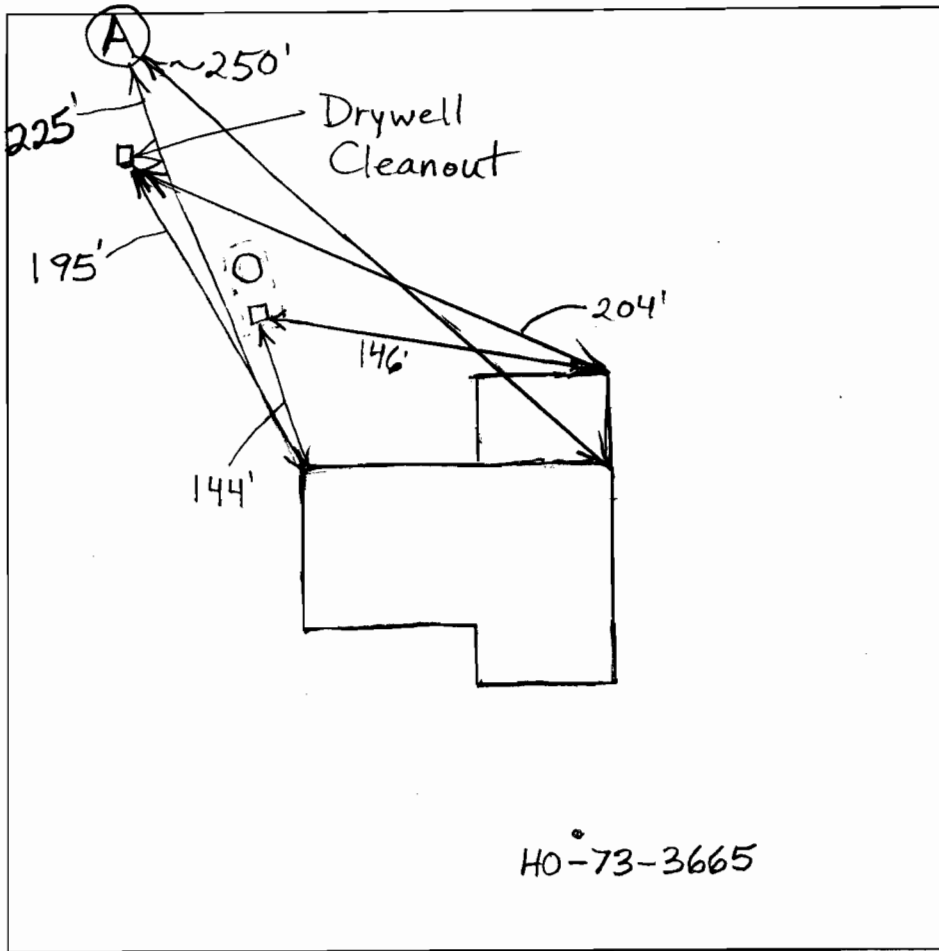
A/P (A)

Red Br
SiCl Loam
Trace Rock

4'

Red Br
and Or
BrSa
Loams
30-40%
Soft to
Hard Rock

15.5'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/29/06	A	5'/15.5V		2		4	P

REMARKS Water Poured Into Bottom of Hole - Rate 0.1k

SANITARIAN B. Baker BACKHOE Dale Fogle OTHERS _____

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

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

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: _____

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone)

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?

In support of a building permit. Type of building addition: _____

*System relocation for proposed addition for setback compliance _____

*Verification of adequate system capacity per COMAR 26.04.02.02D (4) _____

To replace collapsed septic tank or upgrade tank capacity _____

To replace collapsed drywell _____

Septic Contractor: Fogle's Septic

Contractor's Address: 500 Obrecht Rd

Sykes

Contractor's Phone #: 410 795-5670

Property Address: 7291 Meadow Wood Way

Property (Subdivision) & Lot # _____

Owner's Name: Jim Humphrey's

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: 4 br

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who? _____

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned _____