

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 532469

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)

PROPERTY OWNER(S) Pam & Gary Hile

DAYTIME PHONE 301-674-8876 CELL 301-674-8876 FAX _____

MAILING ADDRESS 6962 Milk Hollow Rd. Highland MD.
STREET CITY/TOWN STATE ZIP

APPLICANT Rennia Heaps / J.M. Contracting LLC

DAYTIME PHONE 443-277-7526 CELL Same FAX 410 552-5815

MAILING ADDRESS 425 oBrecht Rd. Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 6962 Milk Hollow Rd. Highland MD.
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
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AIP (A)

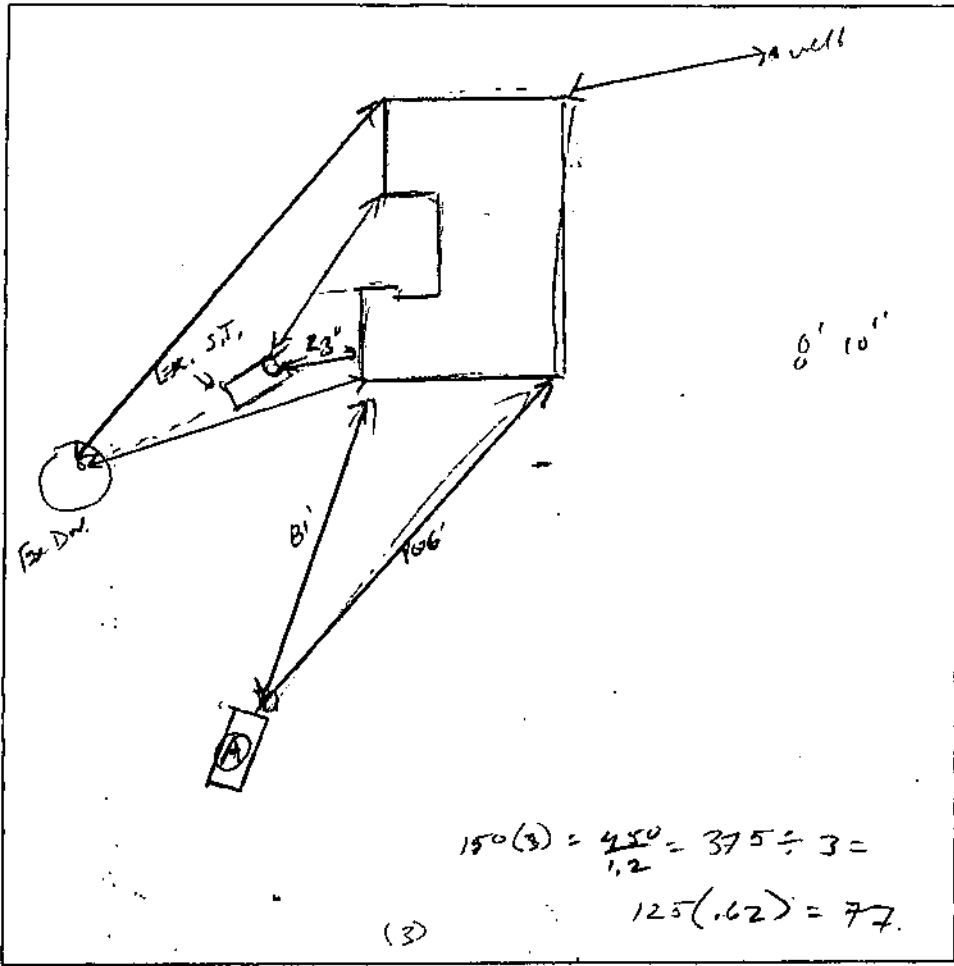
8" 0.75% um S/BK
 4.5YR4/4
 Cl, Dels, MSBK, many roots, CW

1'2" SCL, light Br. CW, friable clear boundary

2" Yellow B.C.L.

6' common, present lithaceous R/Y mottling, spher. 20% R₂ O₂ Extremely cherty S.L. with platy structure. Highly micaceous. Friable, Dry.

12'8"



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
		3'6" / 1'8"	10:41	10:48	10:45	2	P
		Repair		10:49	10:52	3	P
		2'6"	11:00	11:02	11:09	3	P

REMARKS _____

SANITARIAN Kevin Wolf BACKHOE R. Heaps OTHERS Woody, Bob, Humeover

TEST HOLES USED IN SDA 1 AVG. PERC TIME 3 SQ. FT/BR _____

TRENCH WIDTH 3 INLET DEPTH 2 MAX. BOT. DEPTH 5 EFFECTIVE SW _____

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

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

Date requested: 12-7-09

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? Yes

In support of a building permit. Type of building addition: NO

*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: J.M. Contracting LLC

Contractor's Address: 425 O'Bracht Rd

Contractor's Phone #: 443-277-7526

Property Address: 6962 Mink Hollow Rd

Property (Subdivision) & Lot #: Highland MO.

Owner's Name: Pama Gary Hite

Is public sewer available/nearby: NO

Names of Any Previous Owners: Build New

Year House Built: 30 years old

of Existing Bedrooms: 3

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who? NO

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 _____
FAX TO 410-313-2648