



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____

TEST TIME _____

@P A521582

AGENCY REVIEW:

DATE 11/15/04

TAXID# 04348087, 04348095, 04348109

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)

PROPERTY OWNER(S) Elsie Davis Sartorio
 DAYTIME PHONE 410-663-1063 CELL --- FAX ---
 MAILING ADDRESS 10520 Samona Avenue Cockeysville MD 21030
STREET CITY/TOWN STATE ZIP

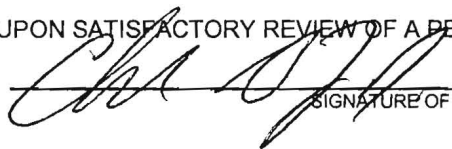
APPLICANT Heritage Land Development
 DAYTIME PHONE 410-489-7900 CELL 410-984-0408 FAX 410-489-4754
 MAILING ADDRESS 3060 Washington Road, Suite 220 Glenwood MD 21738
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
 SUBDIVISION NAME Davis Property LOT NO. 5
 PROPERTY ADDRESS Old Annapolis Road Woodbine
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 7 GRID 21 PARCEL(S) 123 PROPOSED LOT SIZE 3+

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWAGE 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 603

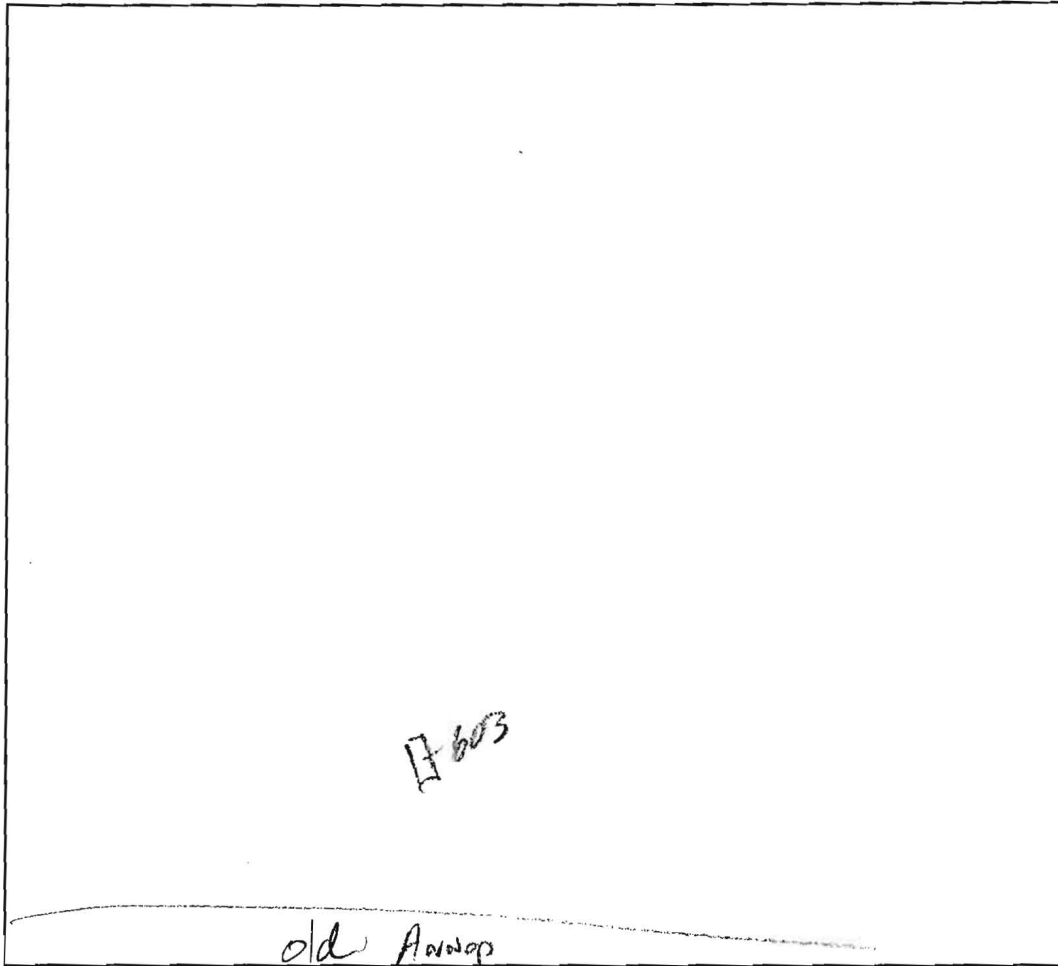
Brown
L
3
Pink/Brown
Sil
4'
Yellow/Brown
Sil w/
10%
Saprolite
13

600

Brown
L
3
Yellow/Brown
Sil
w/ 10%
Saprolite
13'

604

Brown
L
4'
Yellow/Brown
Sil
w/ 20%
Saprolite
13



602
Brown
L
4'
Red/White
Brown
Sil w/
10%
SAP
16
Yellow/Brown
Sil
15-20%
SAP
12'

601

Brown
L
4'
Yellow/Brown
Red
Sil w/
15%
Saprolite
12

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/14/04	603	4' / 13'	8:50	8:52	8:55	3min	P
	600	3 1/2' / 13'	8:57	9:00	9:04	4	P
	604	13'	- V1	Send -		ok	P
	602	4 1/2' / 12 1/2'	9:05	9:08	9:11	3min	P
	601	4 1/2' / 10'	9:13	9:15	9:19	4min	P

REMARKS _____

SANITARIAN KJB

BACKHOE Justin

OTHERS Chuck, Tim, Zuck

TEST HOLES USED IN SDA _____

AVG. PERC TIME _____

SQ. FT/BR _____

TRENCH WIDTH _____

INLET DEPTH _____

MAX. BOT DEPTH _____

EFFECTIVE S/W _____