

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ APR 20 10 8-M
AGENCY REVIEW: _____ DATE 4/9/04

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 UNKNOWN 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) LDCI Inc. J Lee Plaza

DAYTIME PHONE 301-585-7000 CELL _____ FAX _____

MAILING ADDRESS 8601 Georgia Ave. Silver Spring MD 20910
STREET CITY/TOWN STATE ZIP

APPLICANT VanMar Associates Inc.

DAYTIME PHONE 301-829-2890 CELL _____ FAX _____

MAILING ADDRESS 310 South Main St. Mount Airy MD 21771
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Schwabe Farms LOT NO. 14

PROPERTY ADDRESS MD Route 32 West Friendship 21794
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 15 GRID 5 PARCEL(S) 12 PROPOSED LOT SIZE 1AC±

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. Danielle Stolt
SIGNATURE OF APPLICANT

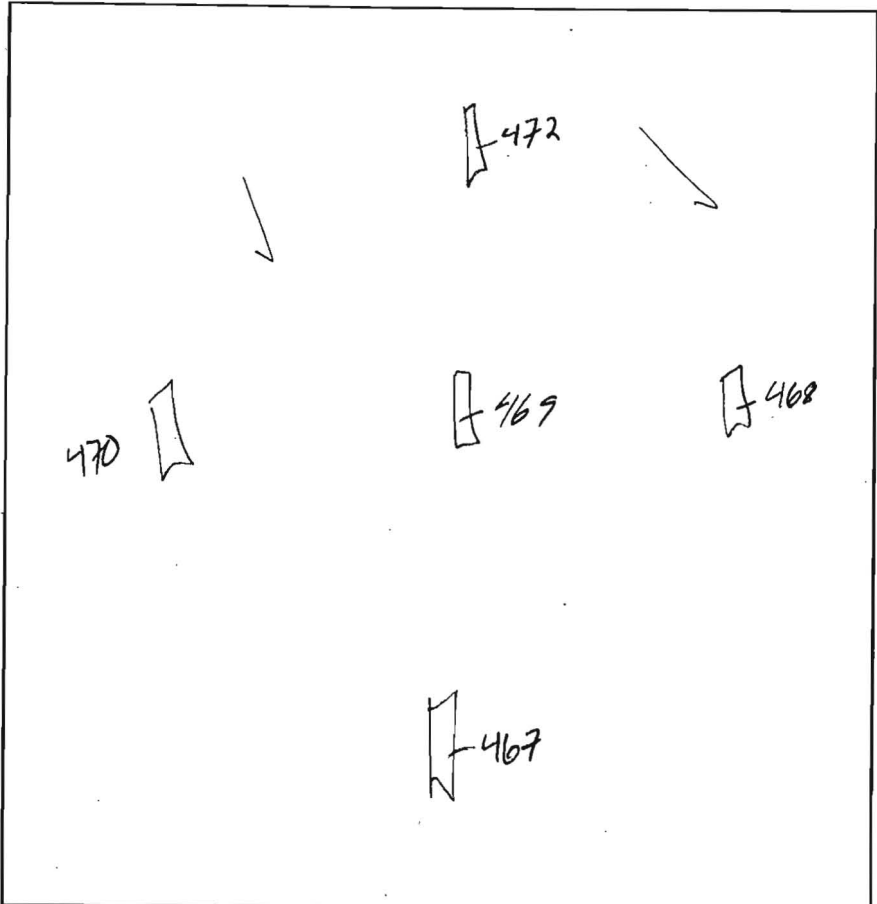
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

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467
 Brwn L
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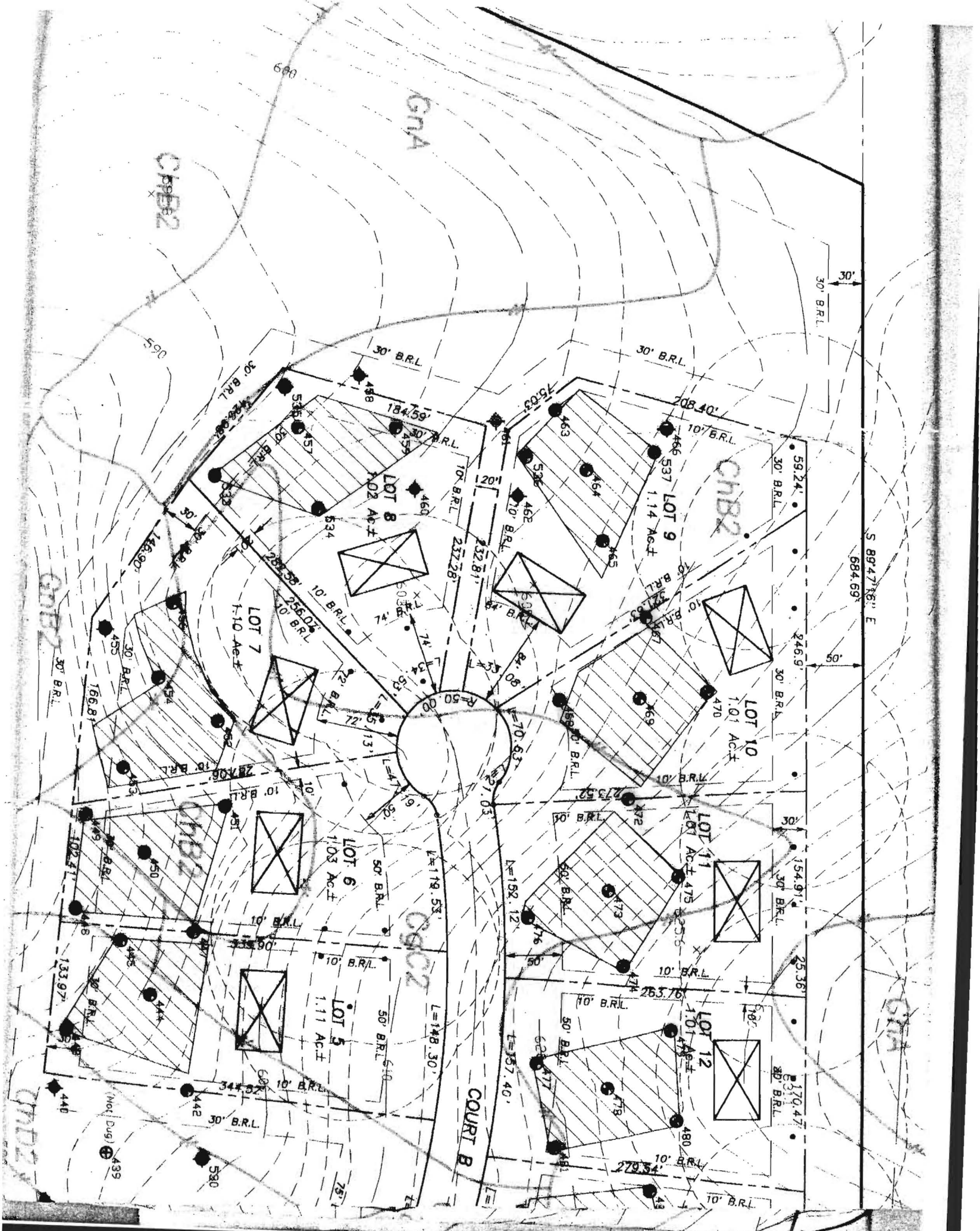


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DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/14/04	467	4 1/2' / 11'	1:00	1:11	1:24	14min	P
	468	4 1/2' / 12'	1:08	1:10	1:13	3min	P
	472	4' / 12'	1:12	1:14	1:16	2min	P
	469	11'	-Discovered-				P
	470	4 1/2' / 11 1/2'	1:19	1:25	1:35	10min	P

REMARKS all holes dug per plan
 SANITARIAN KSB BACKHOE Justin OTHERS Zack
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



CHB2

GNA

CHB2

CHB2

CGC2

GTA

GDB2

COURT B

(No. Dug)

30'

30' B.R.L.

30' B.R.L.

50'

30'

30' B.R.L.

30' B.R.L.

30' B.R.L.

S 89°47'18" E

684.69'

50'

30'

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