

#396 No plan review fee per State rule 11/2/06



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

05-382866

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ @AP 523899

AGENCY REVIEW: \_\_\_\_\_ DATE 11/2/2006

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) THEODORE Wm Mills Jr

DAYTIME PHONE 301-776-5960 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 11294 Old Hopkins Rd Clarksville MD 21029  
STREET CITY/TOWN STATE ZIP

APPLICANT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME HALLMARK LOT NO. 11

PROPERTY ADDRESS 11294 Old Hopkins Rd Clarksville MD 21029  
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. Theodore W. Mills Jr.  
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

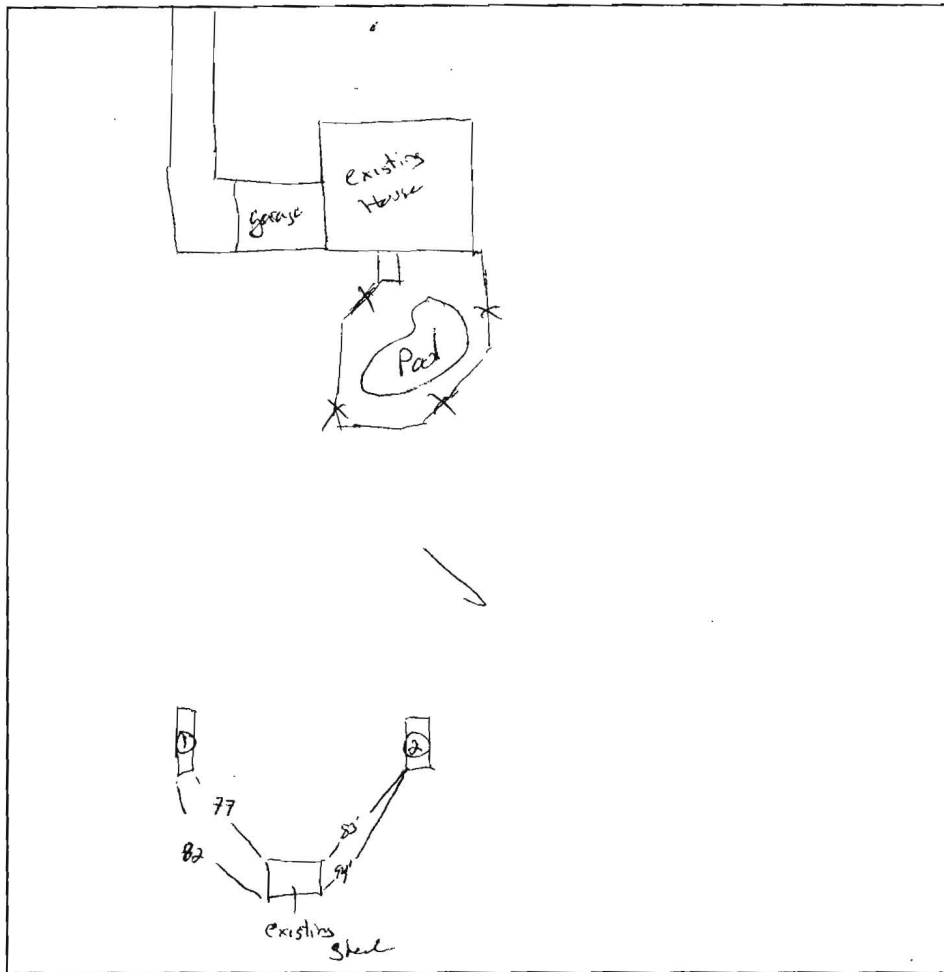
A/P ①

Brown L 1'

Red/Orange Brown MICASSEL 3 1/2'

Yellow/Brown Red MICASSEL Sl w/ TUFF rock 6'

Red/Brown Sl 15 1/2'



②

Brown C 1'

Red/Orange heavy sel 3'

Orange/Brown MICASSEL 5 1/2'

Yellow/Brown Sl w/ Tuff rock 14 1/2'

Yellow/Brown S 15'

73-2903

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
1/17/06	1	4' / 15 1/2'	9:08	9:11	9:15	4min	P
	2	6' / 15'	9:24	9:26	9:30	4min	P

REMARKS well 73-2903 greater than 100'

SANITARIAN FJD BACKHOE Fgalk OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 4' SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE S/W \_\_\_\_\_

