



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P 5/20/03  
 AGENCY REVIEW: \_\_\_\_\_ DATE 5-9-14

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 5 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) Jerry Nagy

DAYTIME PHONE 410-340-6688 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 11609 Norwich Lane Ellicott City Md 21042  
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic

DAYTIME PHONE 410-795-5677 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 580 Obrecht Rd Sykesville Md 21784  
STREET CITY/TOWN STATE ZIP

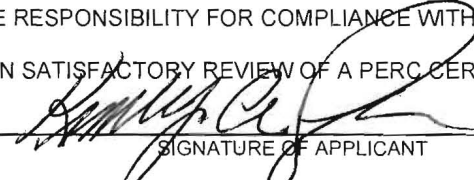
APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME Kings Gift LOT NO. 11

PROPERTY ADDRESS 11609 Norwich Lane Ellicott City  
STREET TOWN/POST OFFICE

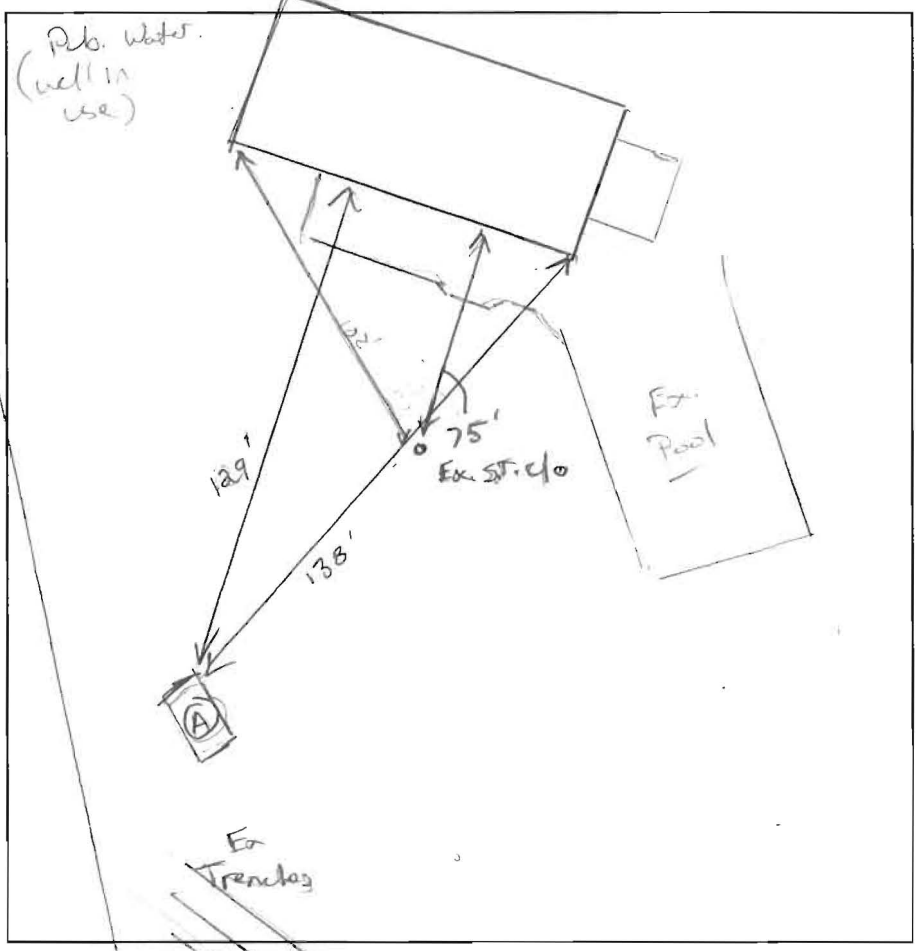
TAX MAP PAGE(S) 16 GRID 8 PARCEL(S) 328 PROPOSED LOT SIZE 5<sup>00</sup> AC

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.

  
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 SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648  
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P



(A)

Br L m. blk roots, rocky  
 Br / rd CL  
 WSK, Fr. sh. roots  
 Br L, stony pl.  
 m. pl, roots, Dry.  
 li Br / Y FSL  
 WK - m. PL,  
 10% schist chert  
 10% wk granite  
 Br / Y - li Br  
 loose sl,  
 WK pl, very  
 Fr. sh. Dry.  
 Measured

2'  
 3'  
 5-6'  
 8'  
 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5-30-17	(A)	7' / 15'	00:37	00:41	00:46	5	P
		15'		→		~10	P

REMARKS \_\_\_\_\_  
 SANITARIAN K. Wolf BACKHOE Jake OTHERS awer  
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 5 SQ. FT/BR 12  
 TRENCH WIDTH 2 INLET DEPTH 5' MAX. BOT DEPTH 9 EFFECTIVE SW 6-8

$$5BR = \frac{750}{1.2} = 625 \div 2 = 312.5 (.44) = 138 LF$$