



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 500630 B

AGENCY REVIEW: _____

DATE 5-9-17

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) Crystal Owens

DAYTIME PHONE 301-854-3178 CELL _____ FAX _____

MAILING ADDRESS 13168 Holly Loch Lane Highland Md 20777
STREET CITY/TOWN STATE ZIP

APPLICANT Fogel's Septic

DAYTIME PHONE 410-795-5670 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 Highland Lake LOT NO. 27

PROPERTY ADDRESS 13168 Holly Loch Lane Highland 20777
STREET TOWN/POST OFFICE

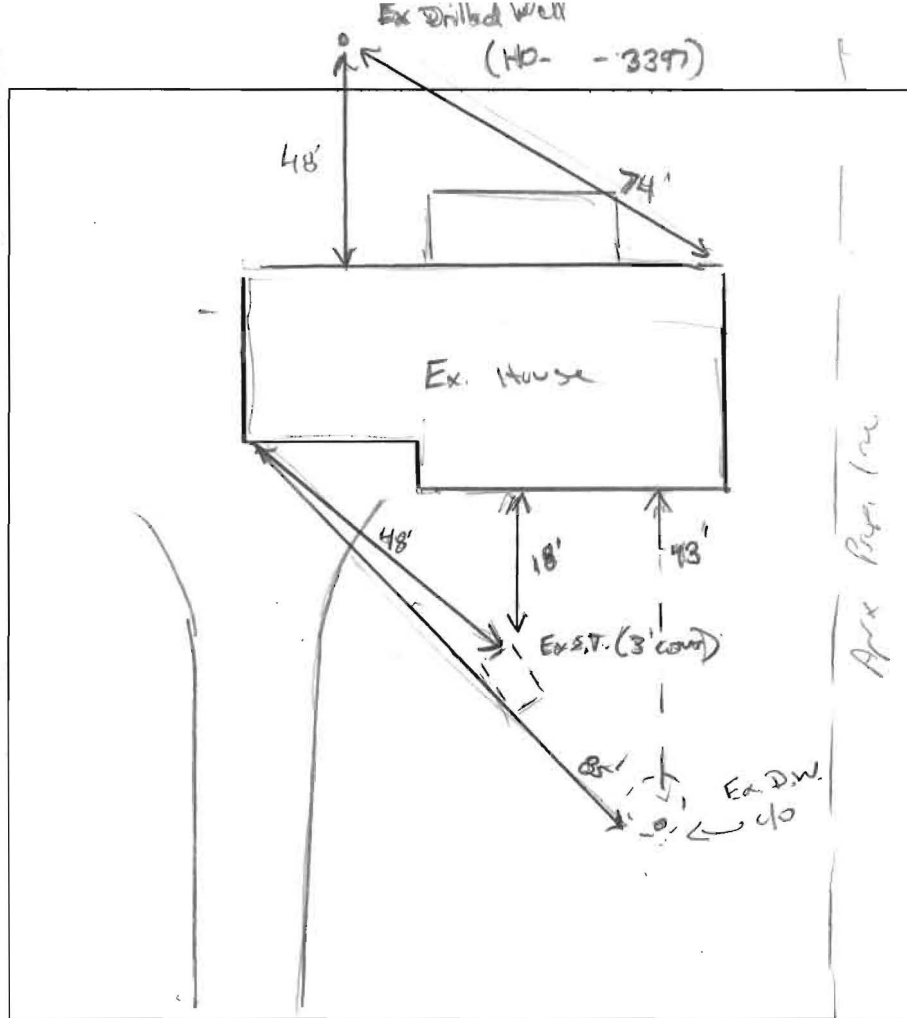
TAX MAP PAGE(S) 34 GRID 22 PARCEL(S) 370 PROPOSED LOT SIZE 1.030 AC

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.

[Signature]
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

AVP _____



2'
3-4'
14'

(A)
Br L, wk ssk
Roots, Dry
Br/Y L, SL
msbk, dry,
Frisible,
10% sup -
10% wk ssk
roots
Br - Br Y SL,
mpl, -wk pl.
wk incl/mg
inclusions,
10% sup -
near nra
Dry
consist

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5-	(A)	4' / 14'	00:29	00:31	Perc ssk Fell	~3' sup	(H)
		4' Repair	00:34	00:37	00:41	4	P
		H ₂ O poured @ 14'				→ ~7' sup	P

* Extensive site evaluation / exploration given to owner and selling Agent.

REMARKS _____

SANITARIAN K. Wolf BACKHOE Jimmy Bone OTHERS Smiley / owner / selling agent

TEST HOLES USED IN SDA 1 AVG. PERC TIME 3 SQ. FT/BR 1.2

TRENCH WIDTH 2 INLET DEPTH 3 MAX. BOT DEPTH 8 EFFECTIVE SW 4-8 (.36)

4 BR = $\frac{600 \text{ gpd}}{1.2} = 500 \div 2 = 250 (.36) = 90$ use 2 x 45' LF