



REPAIR-PAID \$165.00

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A# 522061-A
AGENCY REVIEW: _____ DATE 4/1/2005

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 _____ 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 + Alan Lehman

DAYTIME PHONE 3018291318 CELL _____ FAX _____

MAILING ADDRESS 18225 New Cut Rd Mt Airy md 21771
STREET CITY/TOWN STATE ZIP

APPLICANT Fyock

DAYTIME PHONE 410-988-9270 CELL 240 882-4025 FAX 410 531-1256

MAILING ADDRESS Po Box 89 Glenelg md 21737
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. 5

PROPERTY ADDRESS 18225 new cut Rd mt. Airy md 21771
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

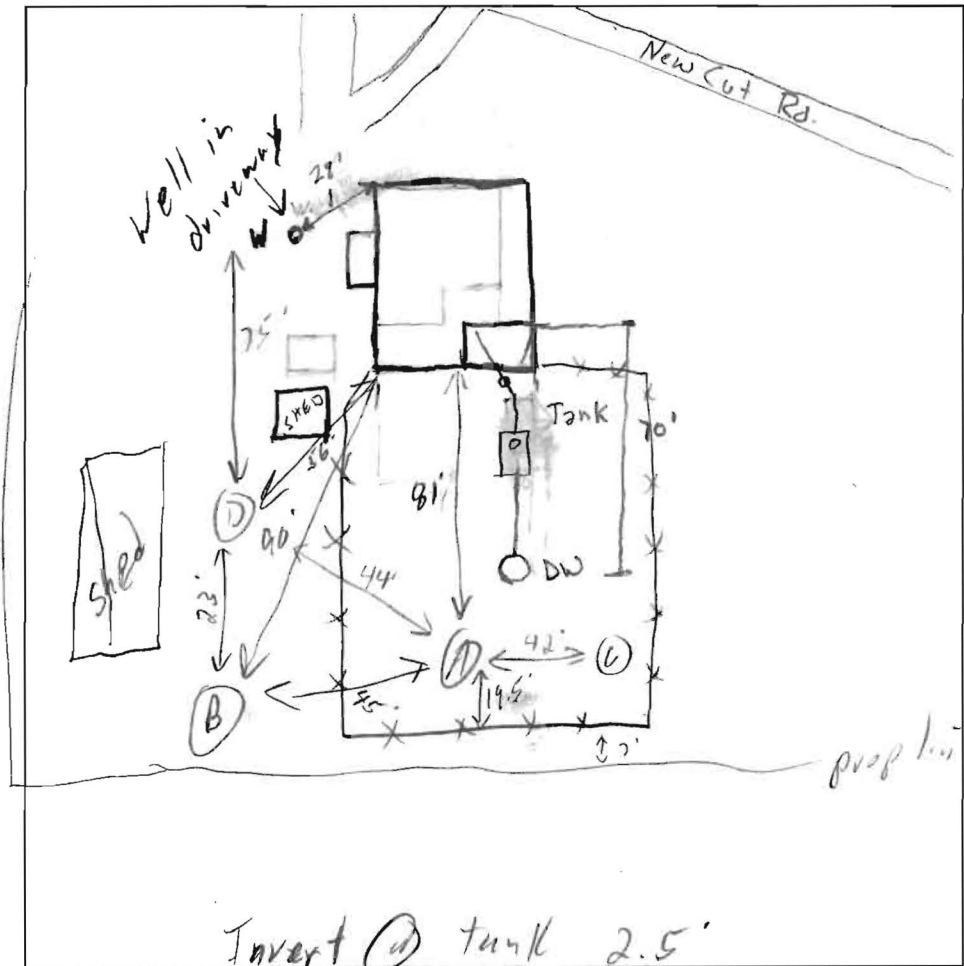
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Pleat Fyock
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 (C)

Garnic
Ag
(A)



(D)

6" Topsoil
Orange Cl
50+ Rx
6-7" Clay loam
Thin Orange
40 Rx

6" - Topsoil
Red Clay
50+ Rx
shale

6" (B) 6" Topsoil
Red Clay
40+ Rx
9" Orange Clay
20+ Rx
11.5"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/7/05	(A)	11.5'					
	(B)	6'	11:12	11:21	11:45	24	P
	(C)	7'					
	(D)	6'9"	11:59	12:05	12:14	9	P
		13'					

REMARKS _____
 SANITARIAN SD/GC BACKHOE Robert OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 15 SQ. FT/BR 210
 TRENCH WIDTH 3 INLET DEPTH 2.5-3 MAX. BOT DEPTH 6 EFFECTIVE SW 3-3.5

