



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 559868

AGENCY REVIEW: _____

DATE 12-9-16

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 3 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) Kenny Smoot

DAYTIME PHONE 301-829-9075 CELL _____ FAX _____

MAILING ADDRESS 17221 Hardy Rd Mt. Airy Md 21771
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic Clean

DAYTIME PHONE 410-795-5670 CELL _____ FAX 410-795-9432

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 N/A LOT NO. _____

PROPERTY ADDRESS 17221 Hardy Rd Mt. Airy
STREET TOWN/POST OFFICE

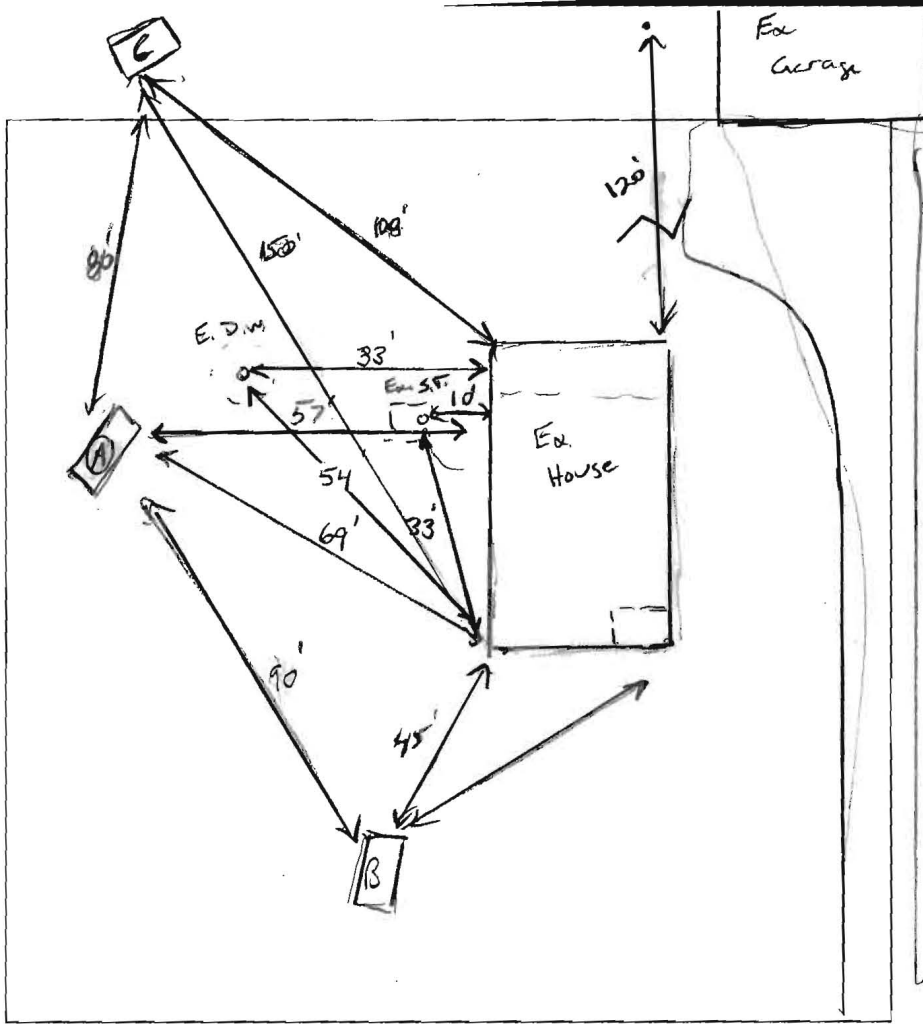
TAX MAP PAGE(S) 7 GRID 8 PARCEL(S) 336 PROPOSED LOT SIZE 1.3163 Ac

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. Paul Hlog
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 on
 msbk. roots
 Br Lh
 msbk, Lh
 slightly sticky
 moist, 5% sp.
 Br/Rd L,
 m pl, CS,
 Dry, tight
 20% sp.
 Br/R/Y L,
 packets of SL
 GW, some tightnes
 m-wpl, Frick
 Br/Y SL,
 WPL, 30% Rv.
 20% sp.
 Kw Dnt.
 Frick

(B)
 Br Heavy Cl,
 CS, msbk
 slightly sticky
 roots. 3'
 Br/Rd L
 Strong PL,
 20-30% Rv
 10% sp.
 CS
 ↓
 Hard Bottom 11'

(C)
 Same
 as
 (A)

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/14/16	(A)	6' / 13'	00:30	00:40	pulled	~40	H
		7'	00:51	01:07	01:40	33	P
		13'	H2O poured @ bottom		→	5mp	P
		9'	00:58	01:00	01:03	3	H
	(B)	6' / 11'	00:20	pulled			F
	(A)	Repair 9'	00:03	00:06	00:10	4	P

REMARKS _____
 SANITARIAN K Wolf BACKHOE Ricky OTHERS Self about
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 2 INLET DEPTH 4-5' MAX. BOT DEPTH 9' EFFECTIVE SAW 7.5' (.66)

$$3BR = \frac{450}{0.6} \times 562.5 \div 2 = 281.2 (-.66) = 1866F$$