



Howard County Health Department

ORIGINAL NOTES (A) 1/21/04

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 519617

AGENCY REVIEW: _____ DATE 10/14/03

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 UNKNOWN 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) MR. THEODORE L. MARIANI

DAYTIME PHONE (202) 824-8141 CELL _____ FAX _____

MAILING ADDRESS #16449 ED WARFIELD ROAD WOODBINE MD. 21797-7805
STREET CITY/TOWN STATE ZIP

APPLICANT % MARK L. ROBEL
FISHER, COLLINS & CARTER, INC.

DAYTIME PHONE (410) 461-2855 CELL _____ FAX (410) 750-3784

MAILING ADDRESS 10272 BALTIMORE NATIONAL PINE ELLICOTT CITY MD. 21042
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION "THE MARIANI PROPERTY"
SUBDIVISION/PROPERTY NAME (3,200'± WEST OF PHEASANT RIDGE COURT) LOT NO. 3

PROPERTY ADDRESS #16449 ED WARFIELD ROAD WOODBINE
STREET TOWN/POST OFFICE

AX MAP PAGE(S) 13 GRID 23 PARCEL(S) 277 PROPOSED LOT SIZE 1 ACRE±

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 DETAILED SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "WATER UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

Mark L. Robel
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 _____

Empty rectangular box for notes or identification.

Empty rectangular box for notes or identification.

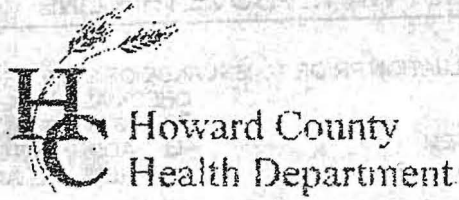
Empty rectangular box for notes or identification.

Large empty rectangular area for drawing or additional notes.

Empty rectangular box for notes or identification.

Empty rectangular box for notes or identification.

Empty rectangular box for notes or identification.



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ.-FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

LOT 3 - MARIANI PROPERTY

275

A/P 772

Brown loam 8"

Red/Yellow Clay loam 3 1/2"

Red Si loam

↓

Se loam

HARD BOTTOM 10'

273

Brown loam 2'

Red/Brown Clay loam 3'

Brown/tan Yellow Si loam

10-15% channeg mica schist

HARD BOTTOM 11'

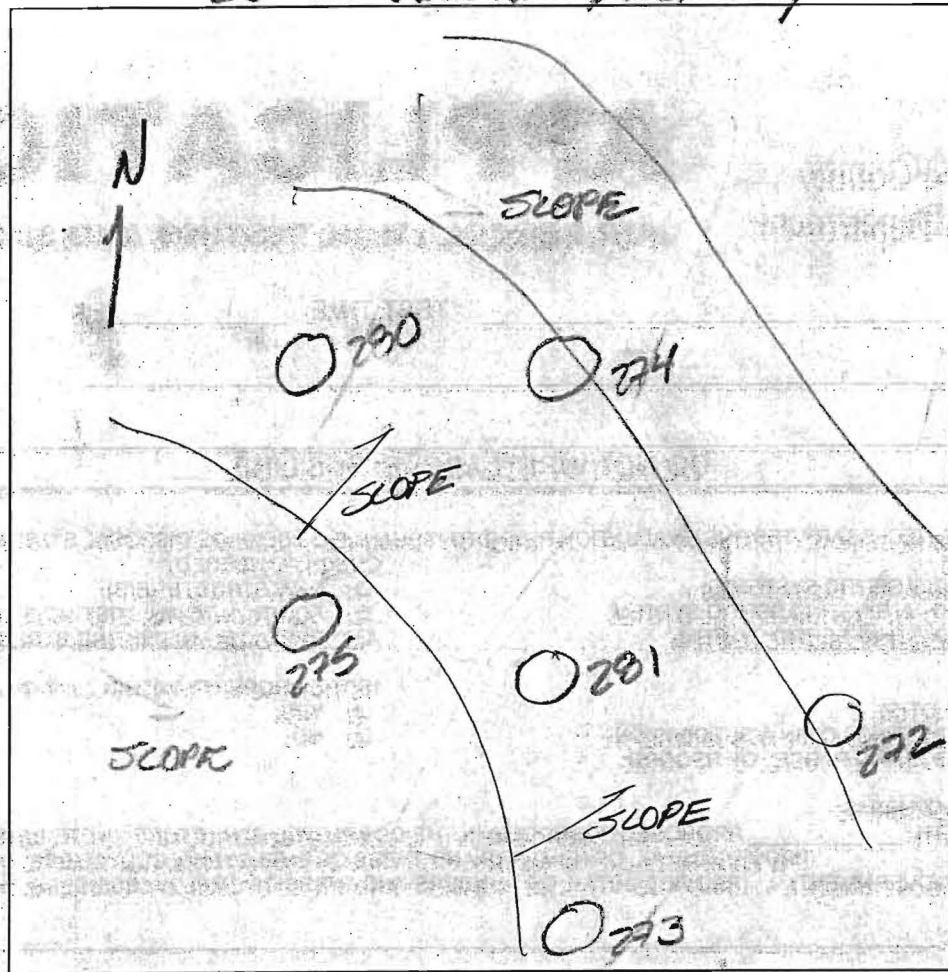
281

Brown loam 1'

Tan/Yellow/Red Si Cl loam 2'

Yellow/Brown Si loam

10-15% mica schist channeg



Brown/Red Si loam 2 1/2'

Red/tan Brown Si loam 10% channeg mica schist 6'

274

Brown loam 1'

Red/Brown Si loam 6'

Brown/Red tan Se loam 5% channeg mica schist 12'

280

Brown/tan Si Cl loam 2'

Red/brown Si loam 3 1/2'

Tan/Brown Si loam 10-15% channeg mica schist 13 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/21/04	272	4' / 10'	10:57	11:00	11:03	3 min	P
	273	3 1/2' / 11'	11:05	11:20	11:27	7 min	P
	281	5' / 11'	11:40	11:47	12:00	13 min	P
	275	4 1/2' / 12'	12:56	1:01	1:10	9 min	P
	274	4 1/2' / 12'	12:55	1:02	1:13	11 min	P
	280	4 1/2' / 13 1/2'	1:11	1:16	1:22	6 min	P

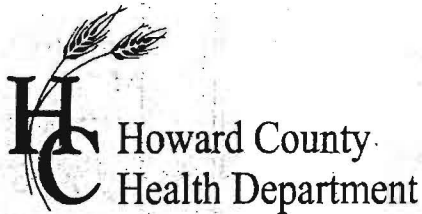
REMARKS _____

SANITARIAN FA/KB BACKHOE Queen Kethman OTHERS Mark Pichel

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

(2-2)



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- 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)
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PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
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 _____ LOT NO. 3

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

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

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TEST RESULTS WILL BE MAILED TO APPLICANT. _____
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TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

LOT 3 - MARIANI PROPERTY

A/P
276

Brown loam 1'

Brown / Red Clay loam 2'

Red / orange Si Cl loam 3'

tan / orange Yellow Si loam

5-10% mica schist

14'

277

Brown / black loam 1'

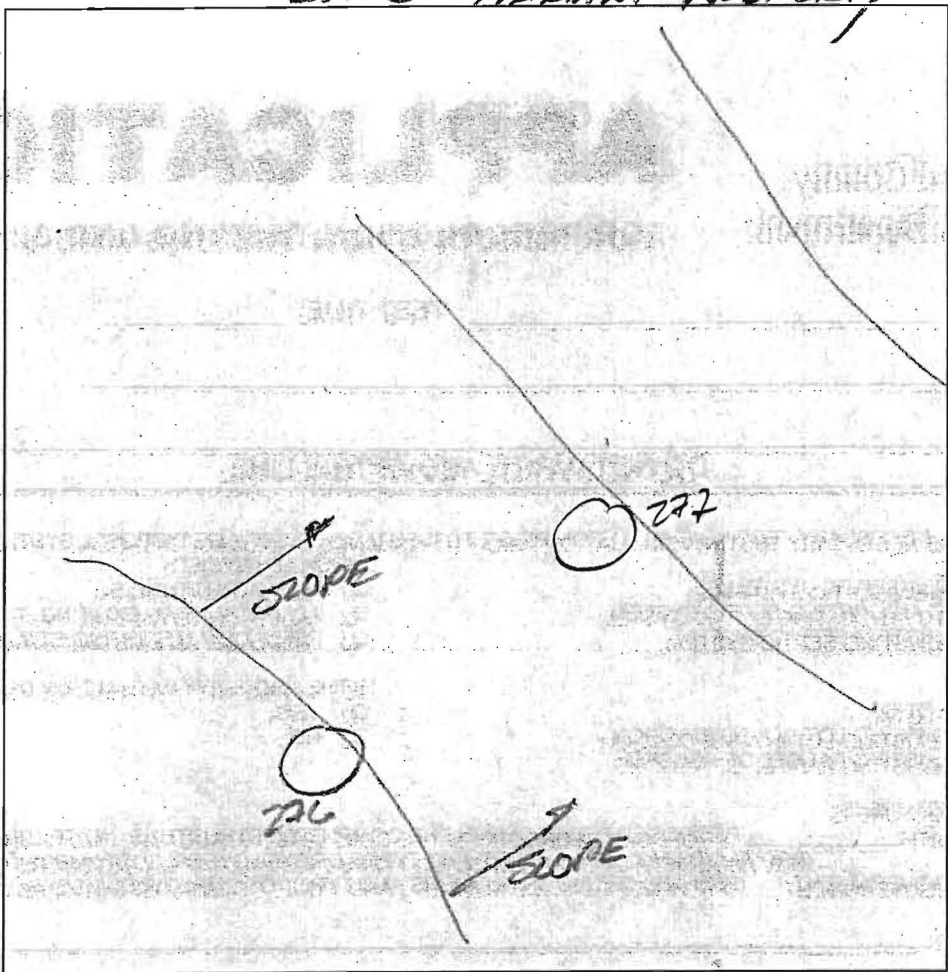
Brown / orange tan Clay loam 3'

Red / brown orange / tan Si loam

5% gravelly mica schist

water

13'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
1/21/04	276	4 1/2' / 14'		1:26	1:33	7 MIN	P
	277	4 1/2' / 13'	1:25	1:32	1:43	11 MIN	P

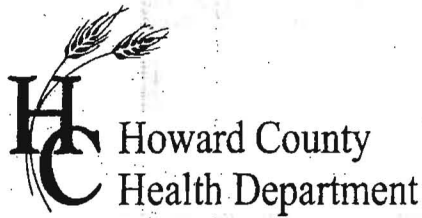
REMARKS _____

SANITARIAN FA/RB BACKHOE Olin Jr OTHERS Olin Kettner

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

(1-2)



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MAILING ADDRESS _____
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APPLICANT _____

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SUBDIVISION/PROPERTY NAME _____ LOT NO. 3

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

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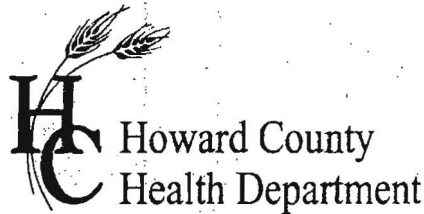
PROPERTY ADDRESS #16449 ED WARFIELD ROAD WOODBINE
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 13 GRID 23 PARCEL(S) 277 PROPOSED LOT SIZE 1 ACRE ±

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DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
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 _____ LOT NO. 4

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

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

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