



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 526741

AGENCY REVIEW: _____

DATE 5/30/07

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) Joe & Donna Porasky

DAYTIME PHONE 410 489 2814 CELL _____ FAX _____

MAILING ADDRESS 14644 Mustang Path Glenwood Md 21738
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfields Equipment Inc.

DAYTIME PHONE 410 984 0101 CELL _____ FAX _____

MAILING ADDRESS PO Box 519 Annapolis Junction Md 20701
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 14644 Mustang Path Glenwood Md 21738
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.

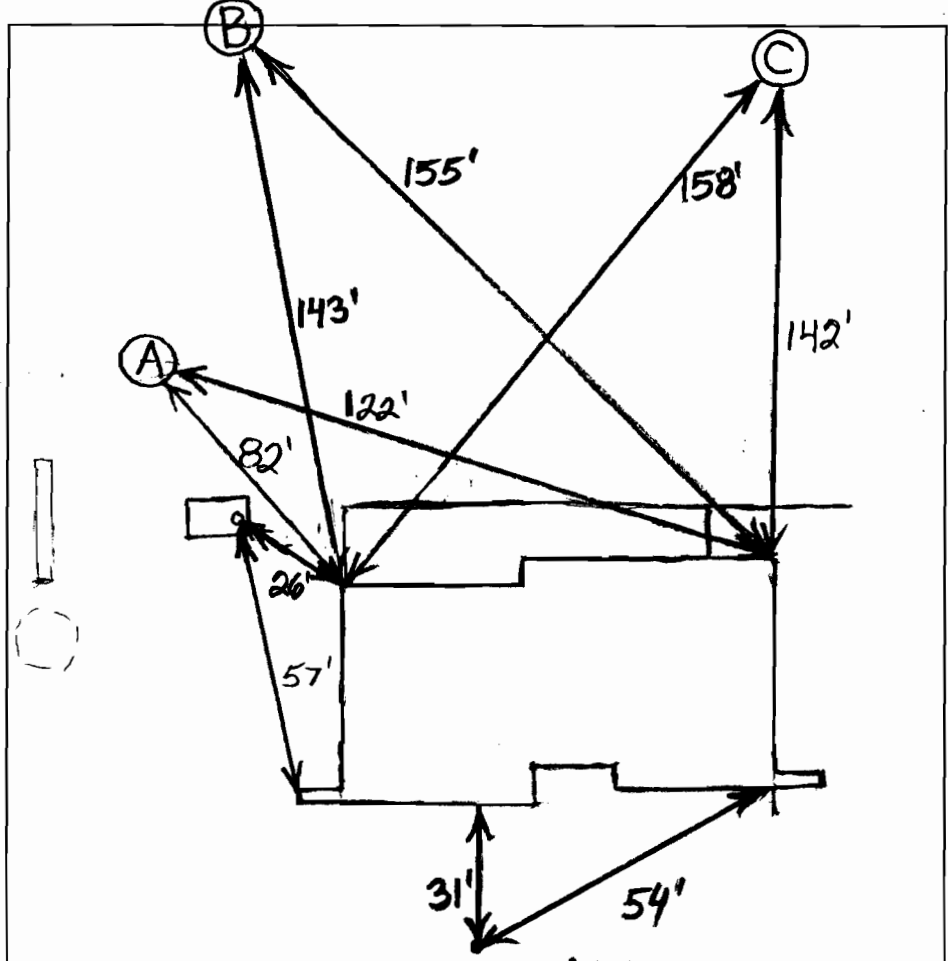
Ken Hatfield
SIGNATURE OF APPLICANT

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

AP (A)
 Or Br Sa
 Cl Loam
 1.5'-2'
 Dense sa Loam
 to Sa Cl Loam
 3'
 Fine Beige
 Loamy Sa
 25-30%
 Rock and
 Saprolite
 15.5'

(B)
 Or Br Sa
 Cl Loam
 15-20% Rock
 2'-2.5'
 Mixture of
 Dense Sa
 Loam and
 Sa Cl Loam
 Trace Rock
 35'
 Fine Beige
 Loamy Sa
 25-30%
 Rock + Saprolite
 14.5'

(C)
 Or Br Sa
 Cl Loam
 ~10% Rock
 2'-2.5'
 Dense Beige
 Sa Loam
 to Sa Cl Loam
 3'-3.5'
 Fine Beige
 Loamy Sa
 ~25% Rock
 and
 Saprolite
 14'



Well-No Tag

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
6/6/07	A	5' / 15.5'	10:52	10:55	11:00	5	P
		3'	11:03:45	11:14:45	11:35	20	P
	B	4' / 14.5'	11:24	11:29:30	11:41:15	12	P
	C	5.5' / 14'	11:59:20	12:00:45	12:03:30	3	P

REMARKS Water Poured in Bottom of All Holes - Rates Good
 SANITARIAN B. Baker BACKHOE Hatfields OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

Reason for Request:

- Failing System (includes surface discharge or inadequate treatment zone) _____ ✓
- Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? yes
- *System relocation for proposed addition for setback compliance _____
- *Verification of adequate system capacity per COMAR 26.04.02.02D (4) _____
- To replace collapsed septic tank _____
- To replace collapsed drywell _____

Septic Contractor: Hatfields Equipment
Contractor's Address: P O Box 519 Annapolis Junction
Md 20701
Contractor's Phone #: 410 984 0101
Property Address: 14644 Mustang Path.
Property (Subdivision) & Lot # _____
County file number if known: _____
Owner's Name: Joe + Donna Parasky
Is public sewer available/nearby: No
If public sewer may be close, mention further research will be performed to verify availability
Names of Any Previous Owners: _____
Year House Built: 1972
of Existing Bedrooms: _____
of Bedrooms after completion of addition: _____
Has this request been discussed previously with another Sanitarian: No
If yes, then with whom and when: _____

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair / upgrade / evaluation. No inspection will be performed without fee collection at the office.

Print out copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362).
If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).
If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.
If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion.
Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: _____
Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.