



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ AP# 520096

AGENCY REVIEW: \_\_\_\_\_ DATE \_\_\_\_\_

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) Brent White

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. \_\_\_\_\_

PROPERTY ADDRESS 13535 Orion Drive  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 28 GRID 14 PARCEL(S) 292 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. \_\_\_\_\_  
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 (A)

25'-3" Red Br Heavy Loam

4'-4.5" Red Br Si Cl Loam

5' Dark Br Si Loam

5' Trac Rock

6' Dark Br Sa Loam - Color suggestive of Water Presence ~10% Rock

6.5' Caving Water

(B)

3.5' Red Br Heavy Loam

4' Red Br Si Cl Loam, ~25% Rock

4' Red Br Si Cl Loam and Med Br Sa Loam ~20% Rock

5.5' Med Br Sa Loam, ~30% Rock

9' Caving Seepage Water

(C)

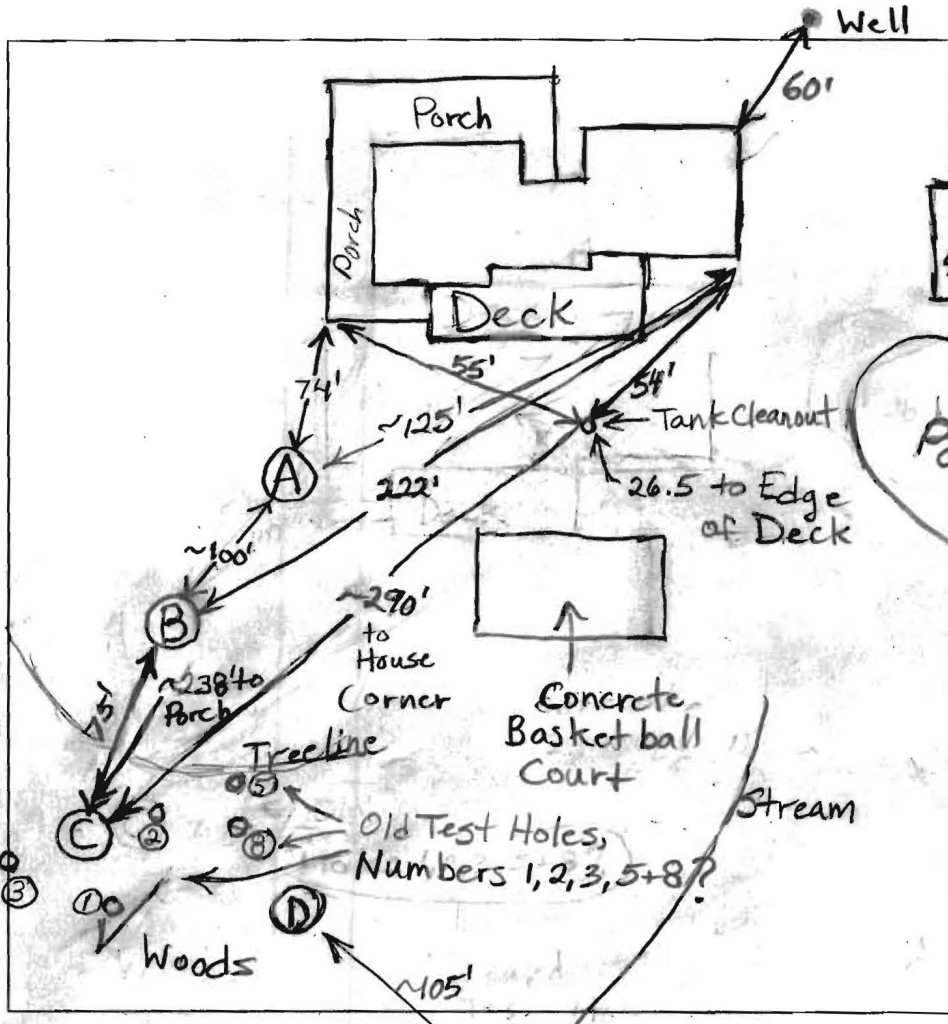
4-4.5' Or Br Cl Loam

Med Br Sa Loam

20-25% Rock

11' Caving Water

12'



(D)

Deeper Clay than Hole (C)

Dug Shallow

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/17/04	A	3.5'/6.5'	10:33	11:06	33 Minutes For 1st inch		(F)
	B	5'/10'	11:16	11:19	11:25:30	6 1/2	P
	C	4.5'/12'	11:55:20	11:58	12:03	5	P

Test Hole (A) is high hole.

Hole (D) not tested, deeper clay.

Test Hole (C) and previous test holes near (C) are on a small knoll and have a deeper water table even though they are lower in elevation than holes (A) and (C).

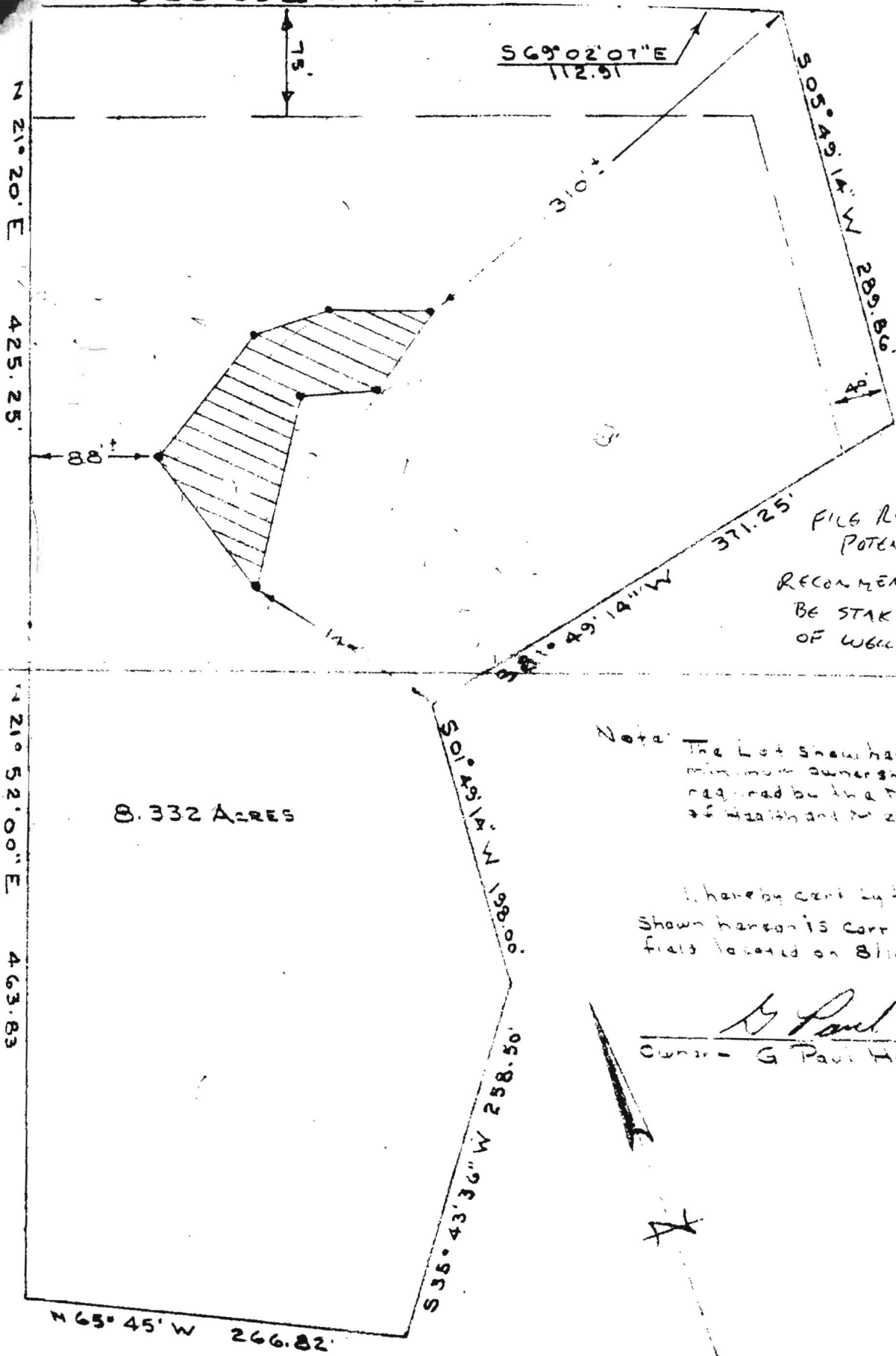
REMARKS Area below (B) and at (C) appears O.K.

SANITARIAN B. Baker BACKHOE Fyock OTHERS Brent White

TEST HOLES USED IN SDA C

AVG. PERC TIME SQ. FT/BR

TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE SAW



FILE REVIEW  
 POTENTIAL  
 RECOMMEND  
 BE STAKED  
 OF WELL SITE

Note: The Lot should have  
 minimum ownership  
 required by the Dept  
 of Health and Safety

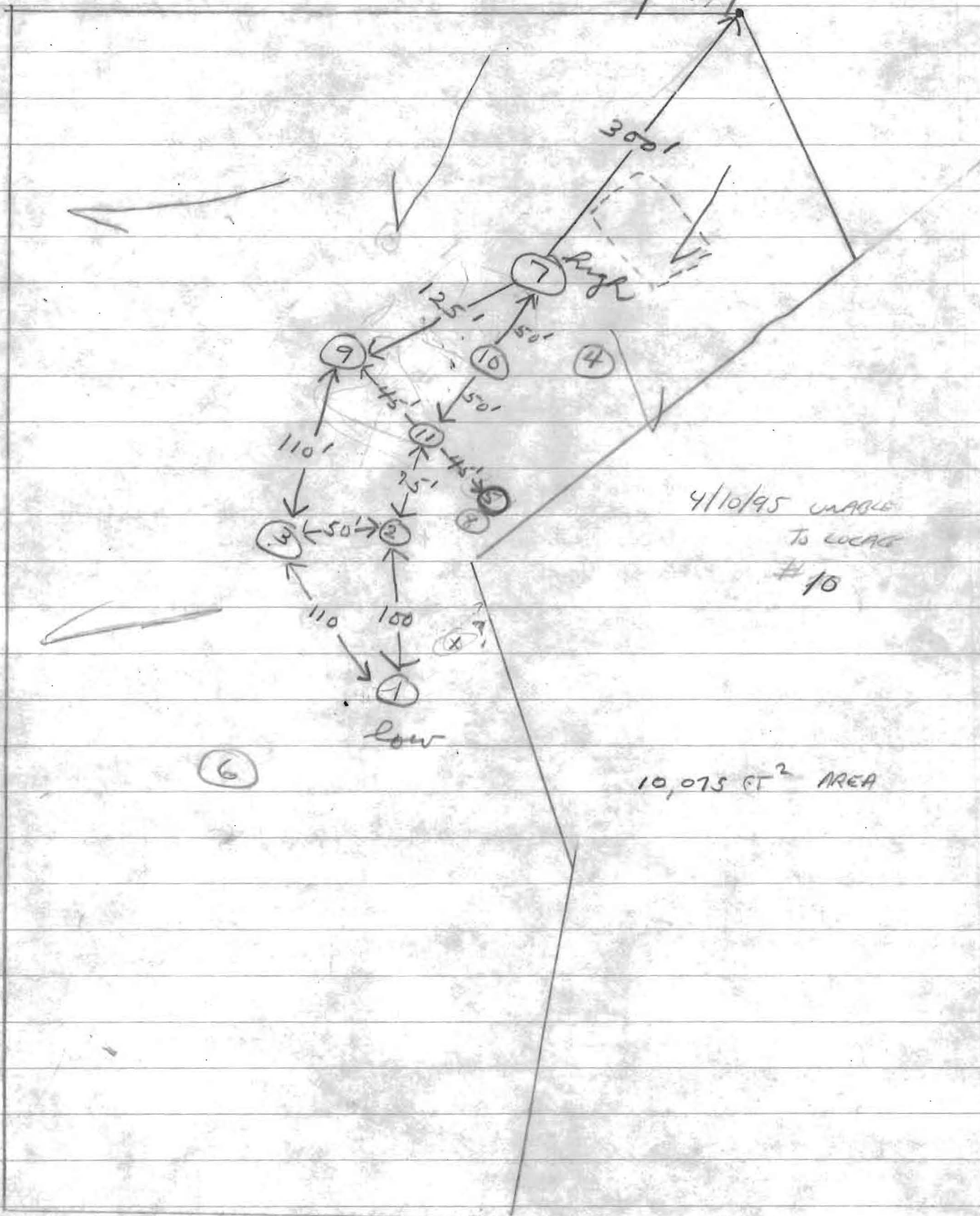
I hereby certify that  
 shown hereon is correct  
 field located on Blk 14

*G Paul*  
 Owner - G Paul Moo

Copy of Signed  
 Percolation Test Plan  
 Form

# G. PAUL HUBBS PROPERTY

Orion Dv.



4/10/95 UNABLE  
TO LOCATE  
#10

10,075 CT<sup>2</sup> AREA

6



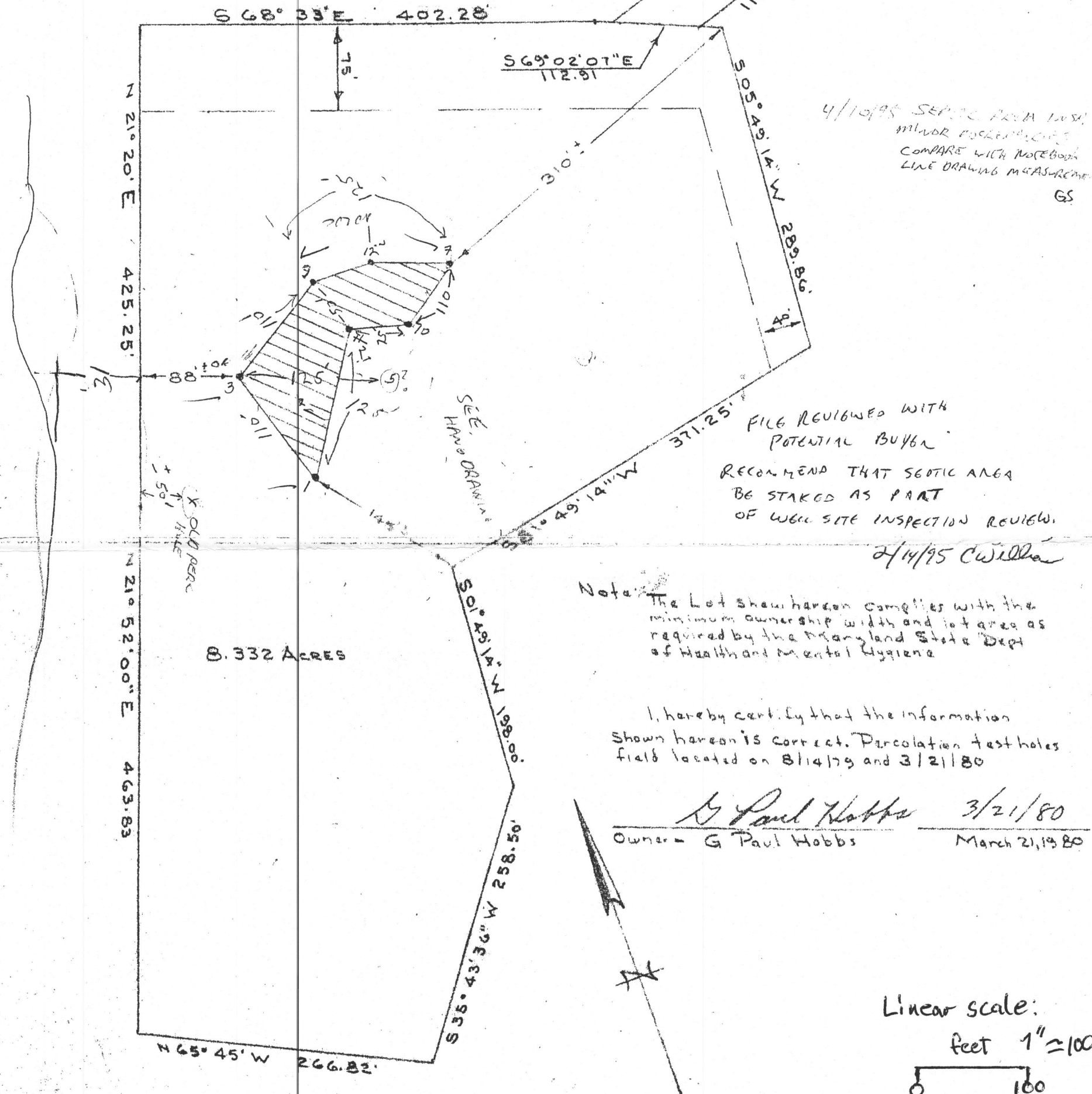
approximately 10,000 Sq. Ft. as required by the Maryland State Dept. of Health for individual Sewage disposal system. Improvements of any nature in this area are restricted until Public Sewerage is available and servicing any residential structure constructed on this site. This easement shall become null and void upon connection to a public Sewerage System.

"•" Denotes location of test holes

Note: Perc. holes have been field located. 8/14/79 & 3/21/80

APPROVED: for Private Water & Private Sewerage System  
Howard County Health Department.

Joel M. Boggs 4-14-80  
County Health Officer Date



Percolation Test Plan  
For  
G. Paul Hobbs  
Fifth Election Dist. of Howard Co.  
Dayton, Maryland  
Scale: 1 in. = 100 ft. March 21, 1980