

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 520108-P

AGENCY REVIEW: _____

DATE 4/9/04

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) LDEI Inc. Lee Plaza

DAYTIME PHONE 301-585-7000 CELL _____ FAX _____

MAILING ADDRESS 8601 Georgia Ave. Silver Spring MD 20910
STREET CITY/TOWN STATE ZIP

APPLICANT VanMar Associates Inc.

DAYTIME PHONE 301-829-2890 CELL _____ FAX _____

MAILING ADDRESS 310 South Main St. Mount Airy MD 21771
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Schwabe Farms LOT NO. 17

PROPERTY ADDRESS MD Route 32 West Friendship 21794
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 15 GRID 5 PARCEL(S) 12 PROPOSED LOT SIZE 1AC±

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.

Daniel Stewart
SIGNATURE OF APPLICANT

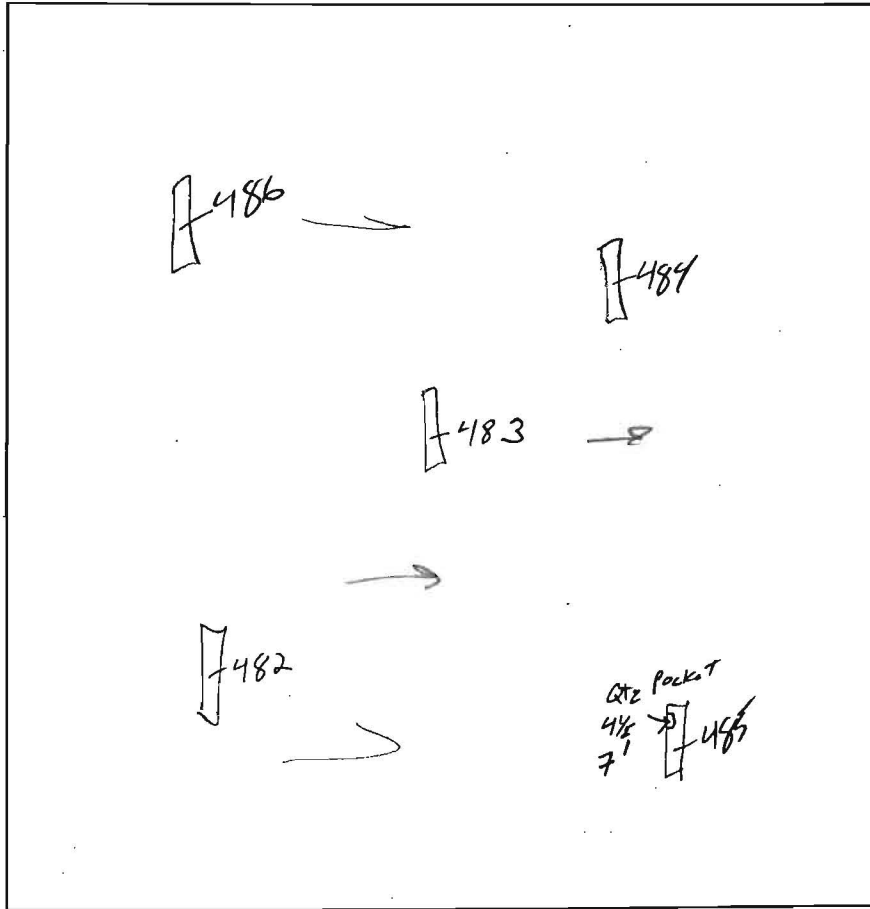
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

NP

485
 Brown L 1'
 Orange/Red Yellow micaceous Sil 3 1/2'
 Yellow/Brown Sil w/ 10% Pocket of coarsely Qtz 7'
 Yellow/Brown S - trace Rock 11'

484
 Brown L 1'
 Red/Orange Sil 2'
 Orange/Brown Sil 5 1/2'
 Yellow/Brown micaceous sil w/ 15-20% flaggy mica schist 11'

483
 Brown L 1'
 Red/Yellow Brown micaceous Sil 4'
 Brown/Yellow Red micaceous Sil 10'
 Yellow/Red micaceous sil w/ trace Rock 13 1/2'



482
 Brown L 1'
 Red/Brown Sil 3 1/2'
 Brown/Yellow micaceous Sil 9 1/2'
 Orange Red Sil 10'
 Yellow/Brown Sil w/ trace Rock 12'

486
 Brown L 1'
 Red/Orange micaceous Sil 3 1/2'
 Yellow/Brown micaceous Sil 9 1/2'
 Yellow/Brown S - trace Rock 11'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PIFM
7/15/04	485	4' 11"	12:20	12:22	12:26	4min	P
	484	5 1/2' 11"	12:29	12:42	1:07	25min	P
	483	13'	- Visual -				P
	482	3 1/2' 12'	12:38	12:45	12:57	12min	P
	486	4' 11"	12:41	12:46	12:54	8min	P

REMARKS all holes dug per plan
 SANITARIAN KJB BACKHOE Justin OTHERS Fack
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____