

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 531340 H
 AGENCY REVIEW: _____ DATE 6-28-12

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 5 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) JANET MARSHALL (CHM, LLC.)

DAYTIME PHONE (410) 531-1460 CELL N/A FAX N/A

MAILING ADDRESS 5027 TEN OAKS ROAD CLARKSVILLE MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT JEREMY RUTTER

DAYTIME PHONE N/A CELL (410) 982-2882 FAX N/A

MAILING ADDRESS P.O. Box 126 LISBON MARYLAND 21765
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 5027 TEN OAKS ROAD LOT NO. 9

PROPERTY ADDRESS CLARKSVILLE, MD 21029
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 28 GRID 9 PARCEL(S) 45 PROPOSED LOT SIZE 1

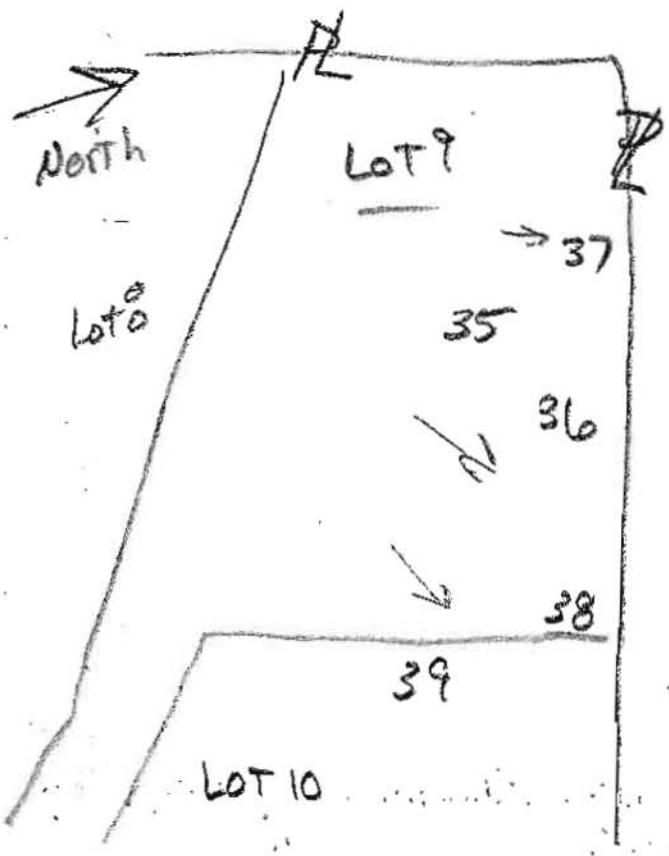
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Jeremy Rutter
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

35

dk brn L 0.3'
 brn cl to brn L 1.3'
 brn s/ com. mica dense 1.3'
 brn & blk lfs, many mica 1.3'
 red, yel-brn & blk ls many mica 1.5'
 yel-red & lt grey fls micaceous 1.25'



many mica

17

dk brn L to brn L
 brn chl & brn chl A ter layered black coatings
 brn ls blk coats micaceous
 red, yel-brn & blk ls
 red & lt grey fls, blk coats

36

dk brn L (mixed) 0.8'
 brn cl 1.2'
 brn s/ many mica 2.1'
 brn lfs many mica & 2p (blk) 3.7'
 red & yel-brn mzp (blk) 10.5'
 red & lt grey chls, 2cpl micaceous (muscovite)

39

dk brn L to brn L
 brn s/ many mica
 brn lfs many black grains many mica
 yel-red & blk lfs
 ncpl micaceous

38

brn ls many mica
 2cpl Mn coats

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/13/12	35	5' / 11.5'	0	1.5	4.5	3.1	P
12/13/12	37	10'	Visual	Sidewall	1.7 to 1.2 gpd / 1.2	1.7 to 1.6	P
12/13/12	36	13'	Visual	Sidewall	25' to 1.2 gpd / 1.2	25' to 1.2	P
12/13/12	38	3.5' / 11.5'	0	1.5	3.7	2.2	P
12/13/12	39	3.5' / 11.5'	0	1	3.2	2.2	P

REMARKS _____
 SANITARIAN R Bricker BACKHOE Chuck Zapp OTHERS Jeremy Rutter
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/HR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

