

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AD 520415-H

AGENCY REVIEW: _____

DATE 6/10/2004

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) GREENFIELD HOMES INC.

DAYTIME PHONE 410.781.6782 CELL _____ FAX _____

MAILING ADDRESS 6656 LUSTER DRIVE HIGHLAND MD 20777
STREET CITY/TOWN STATE ZIP

APPLICANT FSH ASSOCIATES

DAYTIME PHONE 410.750.2251 CELL _____ FAX 410.750.7350

MAILING ADDRESS 8318 FORREST STREET ELLCOTT CITY MD 21043
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME NAECKER PROPERTY LOT NO. 8

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 34 GRID 17 PARCEL(S) 382 PROPOSED LOT SIZE 34,183 sq ft

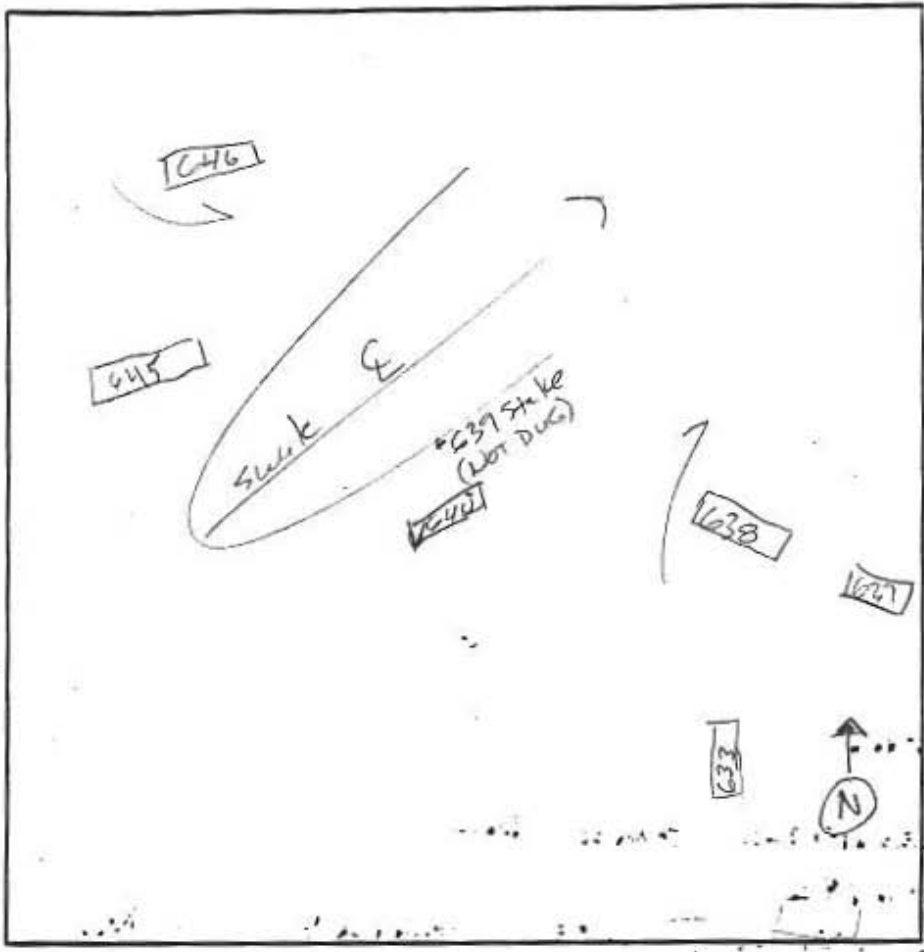
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. 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
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 _____

640
Brown
compacted
SCL
2 1/2
orange
brown
micaceous
L
yellow
brown
fSL
w/k 5%
13 1/2



637
yellow
brown
L
yellow-brown
fLS
2
13

638
yellow
brown
fL
2
yellow
brown
fLS
14

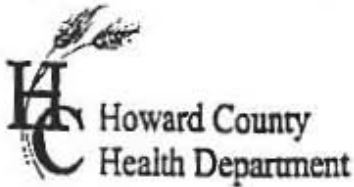
645
Brown
SCL
1 1/2
orange
brown
L
yellow
brown
fLS
3
14

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/20/04	640	5 / 13 1/2	10:36	10:39	10:44	5(8) P	
7/20/04	638	4 / 14	10:40	10:42	10:45	3(5) P	
7/20/04	633	4 / 15	10:57	10:58	11:01	3(5) P	
7/20/04	637	3 / 13	11:05	11:06	11:09	3(5) P	
7/20/04	645	3 / 14	11:25	11:26	11:30	3(5) P	
7/20/04	646	3 1/2 / 14	11:28	11:29	11:32	3(5) P	

633
brown
compacted
SCL
2
orange
brown
L
yellow
brown
fSL
w/ 5-10%
chilly sand
on E side
of hole
15

646
Brown
SCL
2
yellow
brown
fL
yellow
brown
fLS
3
14

REMARKS 6" buffer water () = perc rate conv. to standard hole 6" holes
 SANITARIAN Boris BACKHOE K+K OTHERS
 TEST HOLES USED IN SDA AVG. PERC TIME SQ. FT/BR
 TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE SW



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

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AP 520415-6

AGENCY REVIEW: _____

DATE 6/10/2004

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- YES
- NO

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME NAECKER PROPERTY LOT NO. 7

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 34 GRID 17 PARCEL(S) 382 PROPOSED LOT SIZE 35,744 SF ±

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.

zachary b. fish (agent)
SIGNATURE OF APPLICANT

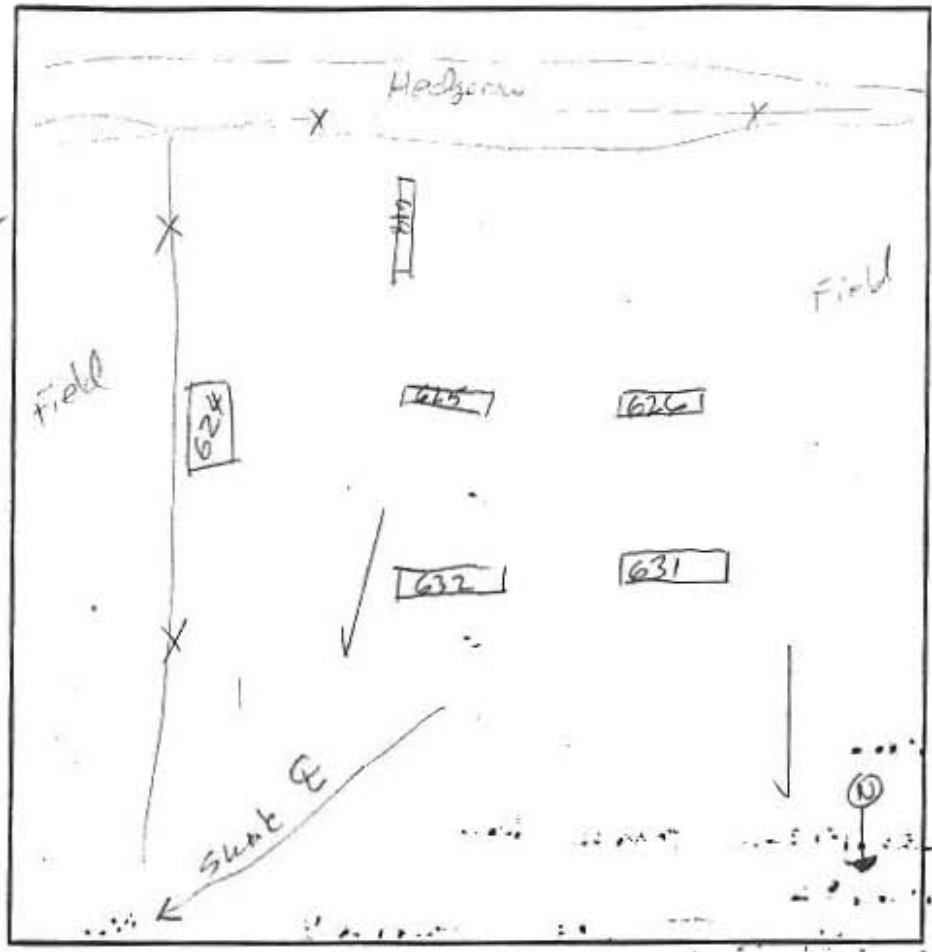
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
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TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP _____

618
Orange brown SCL
2 1/2
Orange brown micaceous FL
5
Orange brown micaceous FL
14

625
Brown SCL
1 1/2
Orange brown FL
4
Orange brown micaceous FSL
12 1/2

626
Brown SCL
3
Heavy orange brown SCL
5
Orange brown micaceous FSL
10



631
brown SCL
2
Orange brown micaceous L
5
yellow brown micaceous FSL
4

632
red brown dense SCL
3
Orange brown micaceous FL
5
yellow brown micaceous FSL
13

624
N end
Orange brown SCL
2
Orange FL
2 1/2
yellow brown FSL
4

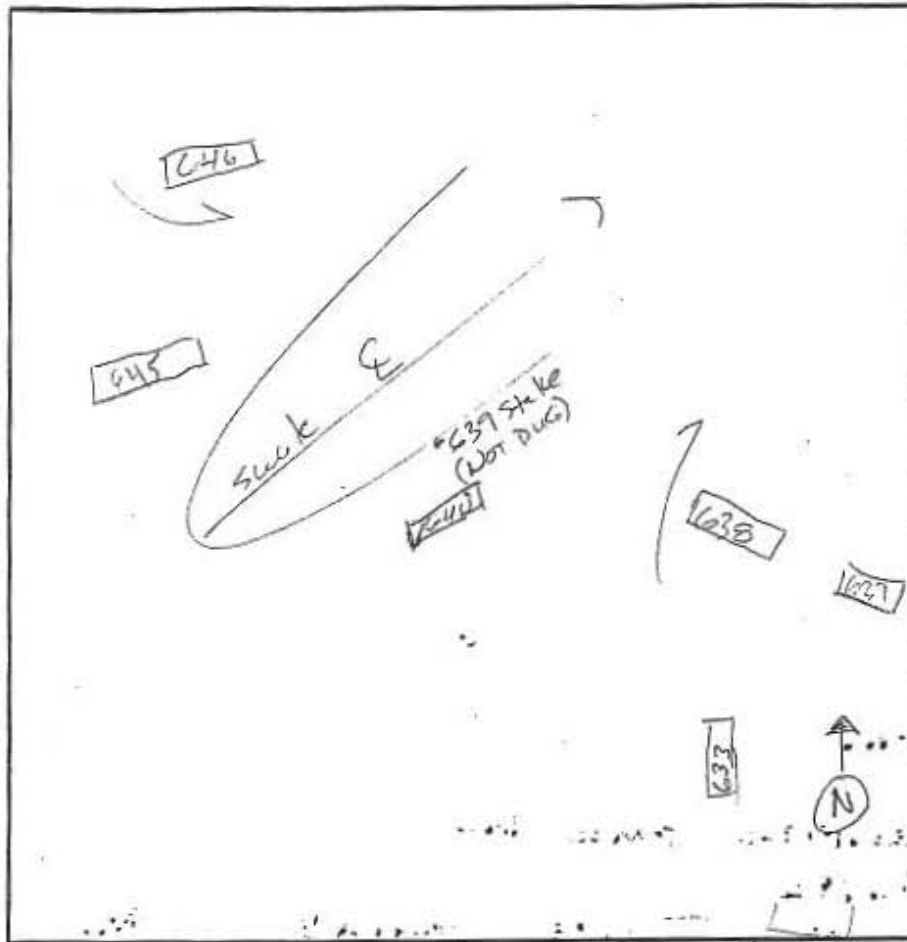
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/20/04	618	4 1/2 / 14	9:19	9:23	9:33	10(6) P	
7/20/04	625	4 1/2 / 12 1/2	9:25	9:28	9:31	3(5) P	
7/20/04	626	14U	deep impermeable high H ₂ O				P
7/20/04	631	5 1/2 / 14	9:50	9:51	9:53	2(4) P	
7/20/04	632	4 1/2 / 13	9:57	9:59	10:00	2(4) P	
7/20/04	624	2 / 14	10:23	10:24	10:27	3(5) P	

REMARKS 6' buffer to water () conversion to standard holes (624-9' hole) 6' holes
 SANITARIAN Boris BACKHOE KJK OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

640
Brown
Compacted
SCL
2 1/2
Orange
brown
irregular
L
Yellow
brown
fSL
w/ < 5%
13 1/2

638
Yellow
brown
fL
2
Yellow
brown
fLS
14

633
Brown
Compacted
SCL
2
Orange
brown
L
3
Yellow
brown
fSL
w/ 5-10%
Cobby Sand
on E side
of hole
15



637
Yellow
brown
L
2
Yellow-brown
fLS
13

645
Brown
SCL
1 1/2
Orange
brown
L
3
Yellow
brown
fLS
14

646
Brown
SCL
2
Yellow
brown
fL
3
Yellow
brown
fLS
14

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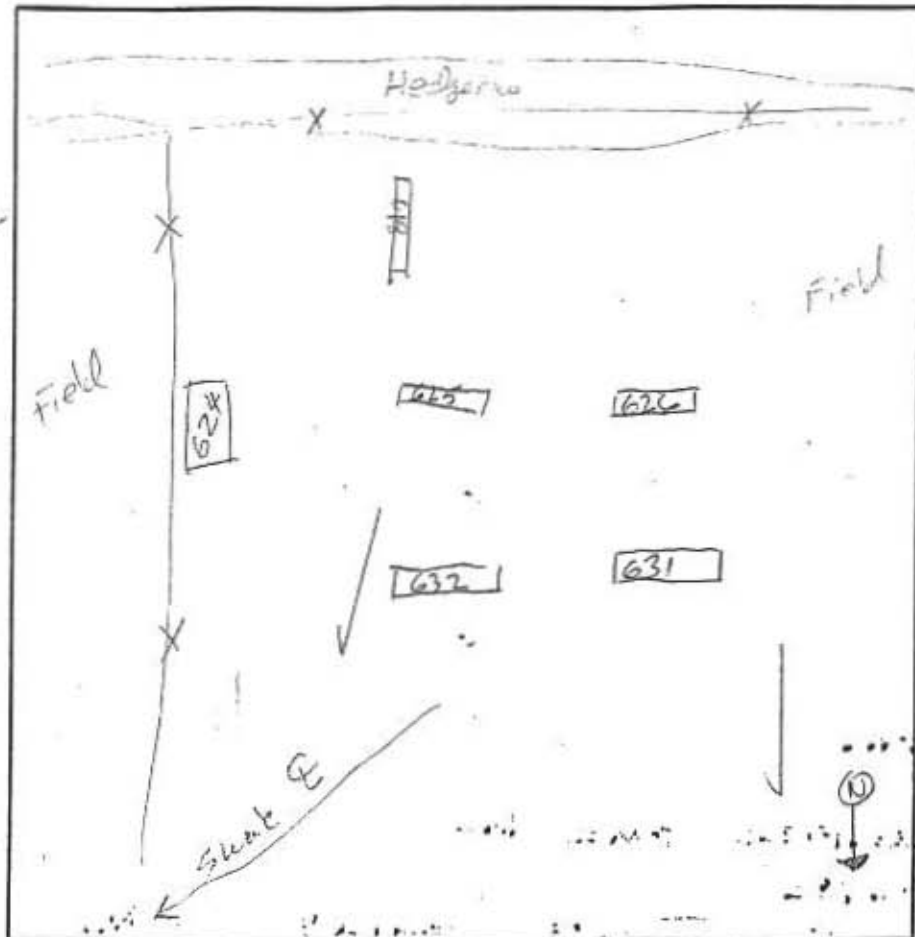
REMARKS 6' buffer water () = perc rate conv. to standard hole 6" holes
 SANITARIAN Boris BACKHOE K+K OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

AP _____

618
Orange brown SCL
2 1/2
Orange brown micaceous FL
5
Orange brown micaceous FL
14

625
Brown SCL
1 1/2
Orange brown FL
4
Orange brown micaceous FSL
12 1/2

626
Brown SCL
3
heavy orange brown SCL
5
Orange brown micaceous FSL
10



631
brown SCL
2
Orange brown micaceous L
5
yellow brown micaceous FSL
4

632
Orange brown SCL
3
Orange brown micaceous FL
5
yellow brown micaceous FSL
13

624
Orange brown SCL
2
orange FL
2 1/2
yellow brown FSL
4

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
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7/20/04	625	4 1/2 / 12 1/2	9:25	9:28	9:31	3(5) P	
7/20/04	626	14U	Stop impermeable high H ₂ O				F
7/20/04	631	5 1/2 / 14	9:50	9:51	9:53	2(4) P	
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 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____