



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

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) \_\_\_\_\_

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. 4/5

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

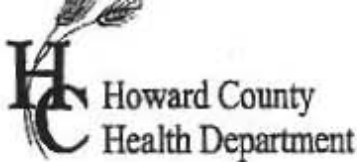
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

TEST RESULTS WILL BE MAILED TO APPLICANT.

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





# APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 52049C

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

DATE 6/29/04

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) Carlton E. Hayser, JR.

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 14526 New Hampshire Ave. Silver Spring, Md. 20904  
STREET CITY/TOWN STATE ZIP

APPLICANT Highland Development Corp. Attn: Richard Demmitt

DAYTIME PHONE 410 531 5539 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS PO Box 228 Clarksville, Md. 21029  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME S. of Scaggsville Rd. (Rt. 216), E. of Browns Bridge Rd. LOT NO. 4

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 40 GRID 18 PARCEL(S) 178 PROPOSED LOT SIZE 49,855 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.

Richard Demmitt  
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



B19  
granular  
& w/ platy  
w/rd  
SL  
w.c.  
single gr.  
v. fine  
fine  
yellow  
sand

B18  
str y brn  
SL  
4'-4 1/2'  
ndgr  
w/ cemented  
SAND  
Trace  
H<sub>2</sub>O sat.  
@ 11'

SEE SHEET W/ ADJUSTMENTS  
DONE IN FIELD

| DATE   | TEST # | DEPTH                     | START | BREAK<br>1" DROP | STOP<br>2" DROP | TIME OF<br>2ND INCH | P/F/H |
|--------|--------|---------------------------|-------|------------------|-----------------|---------------------|-------|
| 8/2/04 | B17    | IN SWALE                  |       |                  |                 |                     | F     |
|        |        | Water saturation @ 6 1/2' |       |                  |                 | Bottom @ 9 1/2'     |       |
|        | B16    | NOT DUG                   |       |                  |                 |                     |       |
|        | B43    | 4'3"                      | 12:00 | 12:10            | 12:23           | 13'                 | OK P  |
|        | B19    | 3'10"                     | 12:09 | 12:11            | 12:13           | 2'                  | OK P  |
|        | B45    | 4 1/2'                    | 12:16 | 12:17            | 12:19           | 2'                  | OK P  |
|        | B15    | NOT DUG                   |       |                  |                 |                     |       |
|        | B44    | Visual OK @ 4 1/2'        |       |                  |                 |                     | OK P  |
|        | B18    | 4 1/2'                    | 11:42 | 11:47            | 11:53           | 6'                  | OK P  |

REMARKS 743-45, 46 Not per stakes post hole digger  
SANITARIAN Kacie BACKHOE Chuck Shop OTHERS R Duff Sized holes  
TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

SEE ATTACHED PERC SHEET

HERON CRIP

GmB2

LOT 4  
MAP OF  
MORRIS A. BROWN'S  
SUBDIVISION  
P.B. 4, PG. 82

Approved per cert  
3/29/07

ChB2

PRESERVATION  
PARCEL B  
NON-BUILDABLE  
OWNED TO BE  
MAINTAINED BY HOA  
169,909 S.F.

AREA=10,023 SF.

LOT 4  
49,746 S.F.

AREA=10,039 SF.

LOT 5  
49,938 S.F.

