

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

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

A/P 56290

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

DATE 5-8-18

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 3 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) George Weaver

DAYTIME PHONE 412-370-7535 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 1660 Daisy Rd Woodbine Md 21797  
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic Clean INC

DAYTIME PHONE 410-795-5670 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 580 Obrecht Rd Sykesville Md 21784  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME 1660 DAISY Rd LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 1660 Daisy Rd Woodbine Md 21797  
STREET TOWN/POST OFFICE

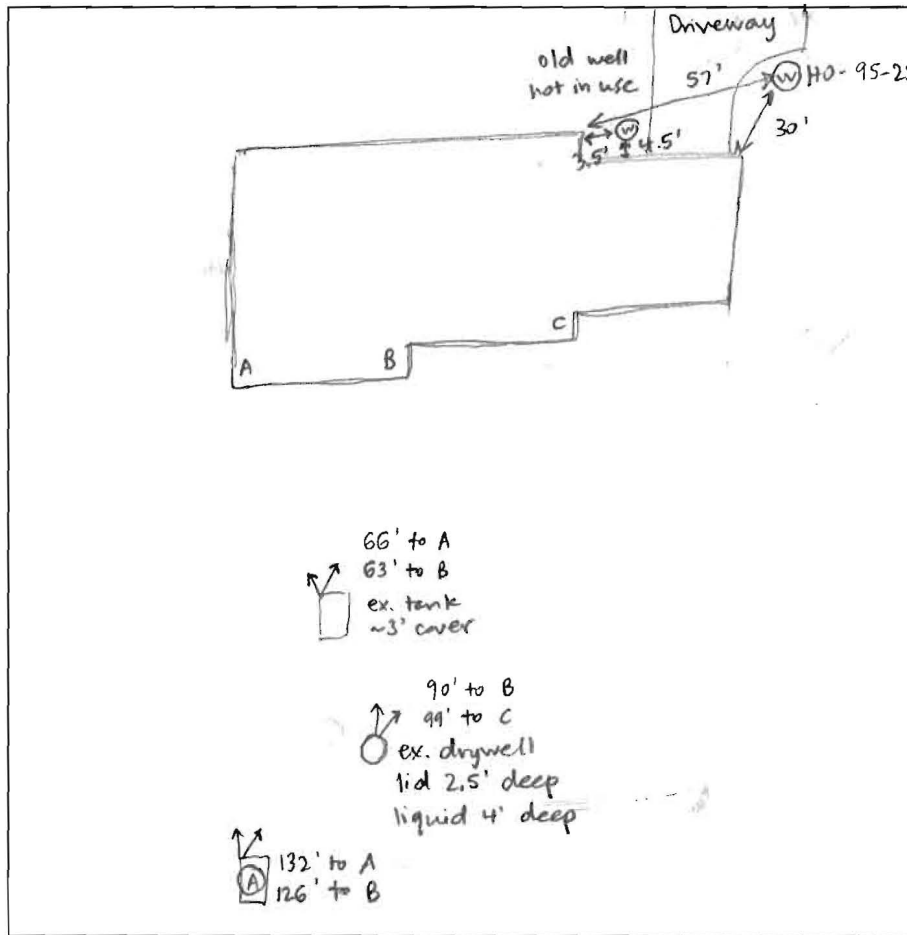
TAX MAP PAGE(S) 8 GRID 19 PARCEL(S) 129 PROPOSED LOT SIZE \_\_\_\_\_

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  
1718 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

0  
 (A)  
 brn loam  
 msbk  
 roots  
 8"  
 brn clay  
 loam  
 roots  
 2'  
 brn/red  
 brn fs  
 weak platy  
 many mica  
 10% rock  
 14'  
 20% rock  
 to bottom



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/23/18	(A)	5.5' / 14'	0:00	5:04	12:53	7:49	P
		H <sub>2</sub> O poured @ bottom ~10 mins/inch					

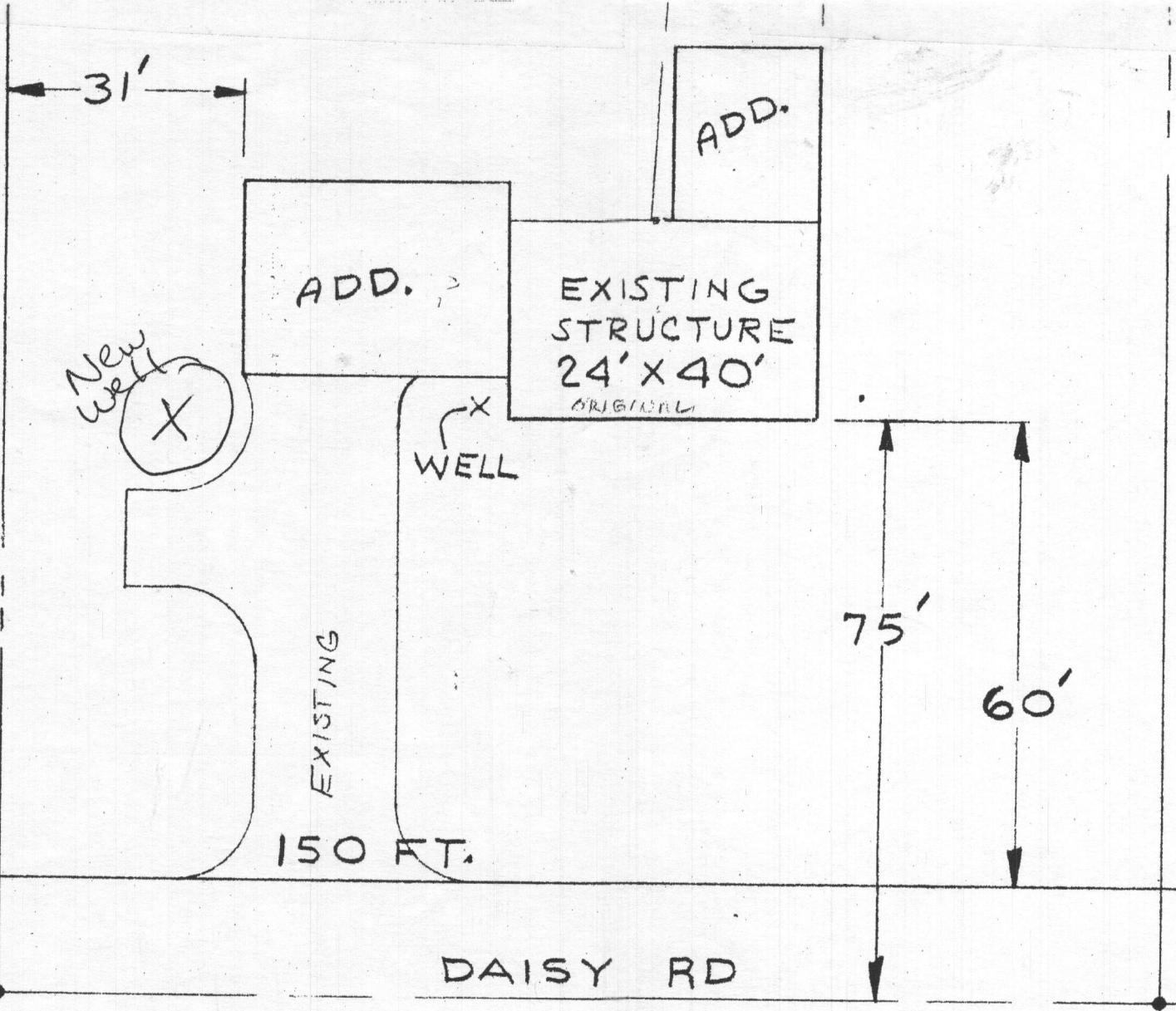
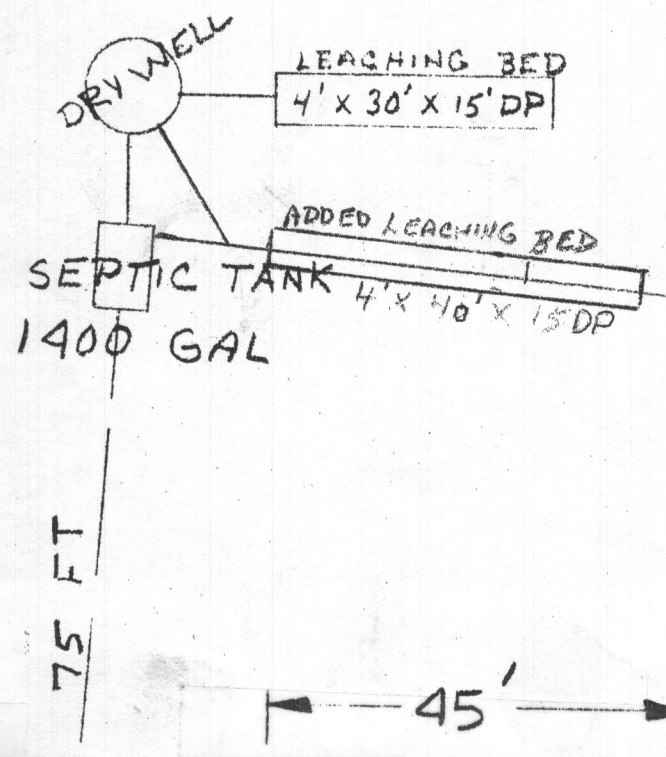
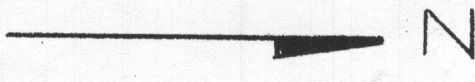
REMARKS \_\_\_\_\_

SANITARIAN Sarah Collins BACKHOE Jake - Fogle's OTHERS Dennis (helper), George (homeowner)

TEST HOLES USED IN SDA A AVG. PERC TIME 3 BR SQ. FT/BR 3 BR

TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 2'

290.5 FT.



PLOT PLAN 1" = 20'

RICHARD S. MULLINIX  
DAISY RD  
WOODBINE, MD.