



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ @VP 523269

AGENCY REVIEW: _____ DATE 9/7/05

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 4705 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) MRS. WILLIAM A. SCHULTE

DAYTIME PHONE 443-367-0422 CELL _____ FAX 443-367-0420

MAILING ADDRESS 5300 TORSEY HALL DR. ELLICOTT CITY, MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT LAND DESIGN & DEVELOPMENT LLC

DAYTIME PHONE 443-367-0422 CELL _____ FAX 443-367-0420

MAILING ADDRESS 5300 TORSEY HALL DR #102 ELLICOTT CITY, MD 21042
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME SCHULTE PROPERTY NORTH SIDE LOT NO. 9

PROPERTY ADDRESS 15320 OLD FREDERICK RD WOODBINE MD 21797
STREET AT MORGAN STATION ROAD TOWN/POST OFFICE

TAX MAP PAGE(S) B GRID 223 PARCEL(S) 8E17 PROPOSED LOT SIZE 40,000 sq ft

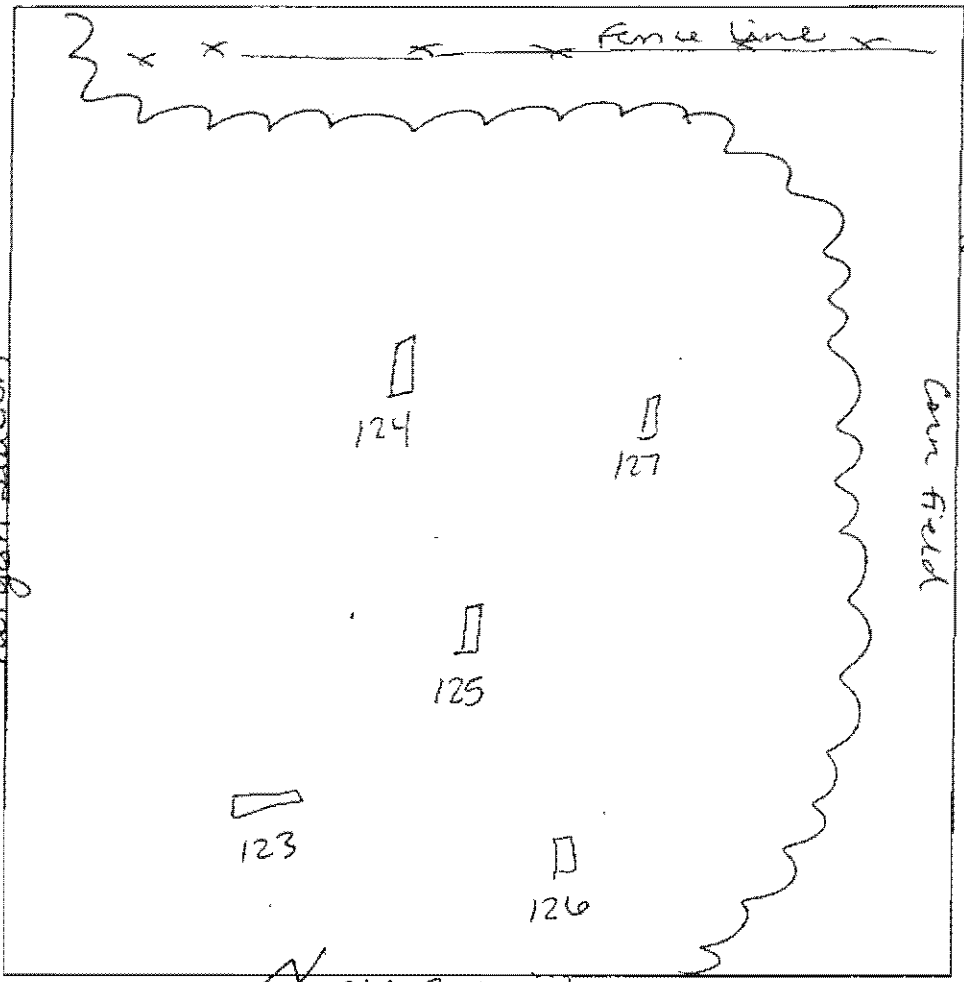
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

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 Lot 8



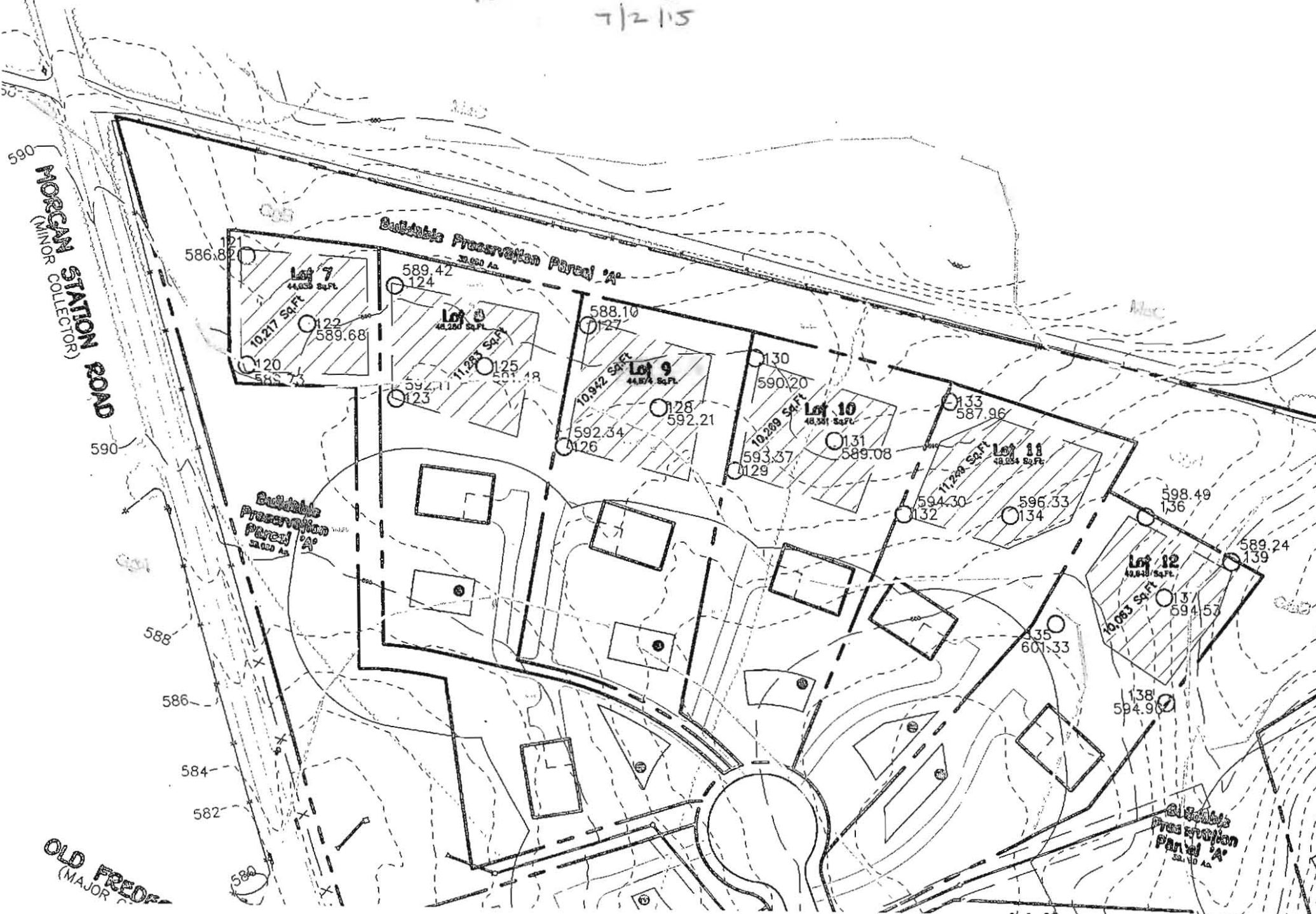
127
 4" gray brown L roots
 brownish yellow sil sil sbk 5% gravel
 3'6" reddish yellow sil sg/sbk compacted in ground 100% gravel channery
 9' cobbles 5%
 12' 125
 gray brown L
 reddish yellow sil m 25% gravel
 3' brownish yellow/reddish yellow sil sg compact in ground
 8' yellow sil waste 10% coarse chert
 10'

126
 gray brown sbk L
 reddish yellow w/ brownish yellow
 2'5" sil sbk/m 15% gravel
 3'3" yellow/reddish yellow sil sg 5-10% gravel chert/channery
 11' @ bottom 100% coarse chert
 124
 gray brown L roots to 4'
 5" brownish yellow sil
 3' brownish yellow sil sg 10% chert channery throughout profile
 11' @ bottom sil/si
 123
 gray brown L roots sbk
 1' brownish yellow sil m 10% gravel chert
 3' reddish yellow sil sg well compacted in ground
 4'5" pink/yellow sil sg
 11'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	PIFIH
11/30/05	127	5' / 12'	9:12	9:15	9:22	7	P
	125	5' / 10'	9:21	9:27	9:37	10	P
	126	5' / 11'	9:29	9:37	9:51	14	P
	124	4'5" / 11'	9:45	9:52	10:00	8	P
	123	4'5" / 11'	10:04	10:07	10:10	3	P

REMARKS Holes staked by surveyor and dug per plan
 SANITARIAN SF BACKHOE M. Johnson (AEC) OTHERS R. Webster
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 8 SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

Para Cert Signed
7/2/15



MORGAN STATION ROAD
(MINOR COLLECTOR)

OLD FREDON
(MAJOR)

Subdivisible Preservation Parcel 2A
33,000 Ac.

Subdivisible Preservation Parcel 2A
33,000 Ac.

Subdivisible Preservation Parcel 2A
33,000 Ac.