



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ @P 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 DORSEY 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 DORSEY 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. 17

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

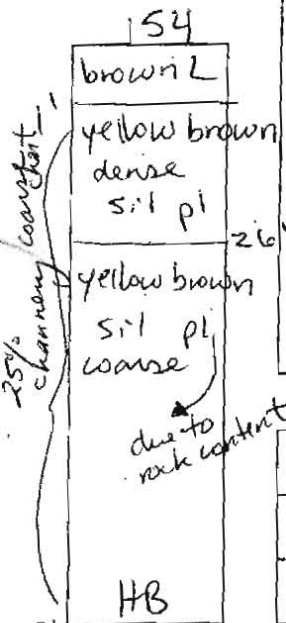
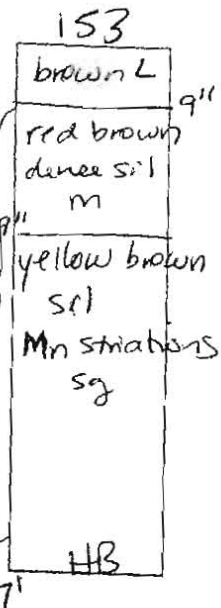
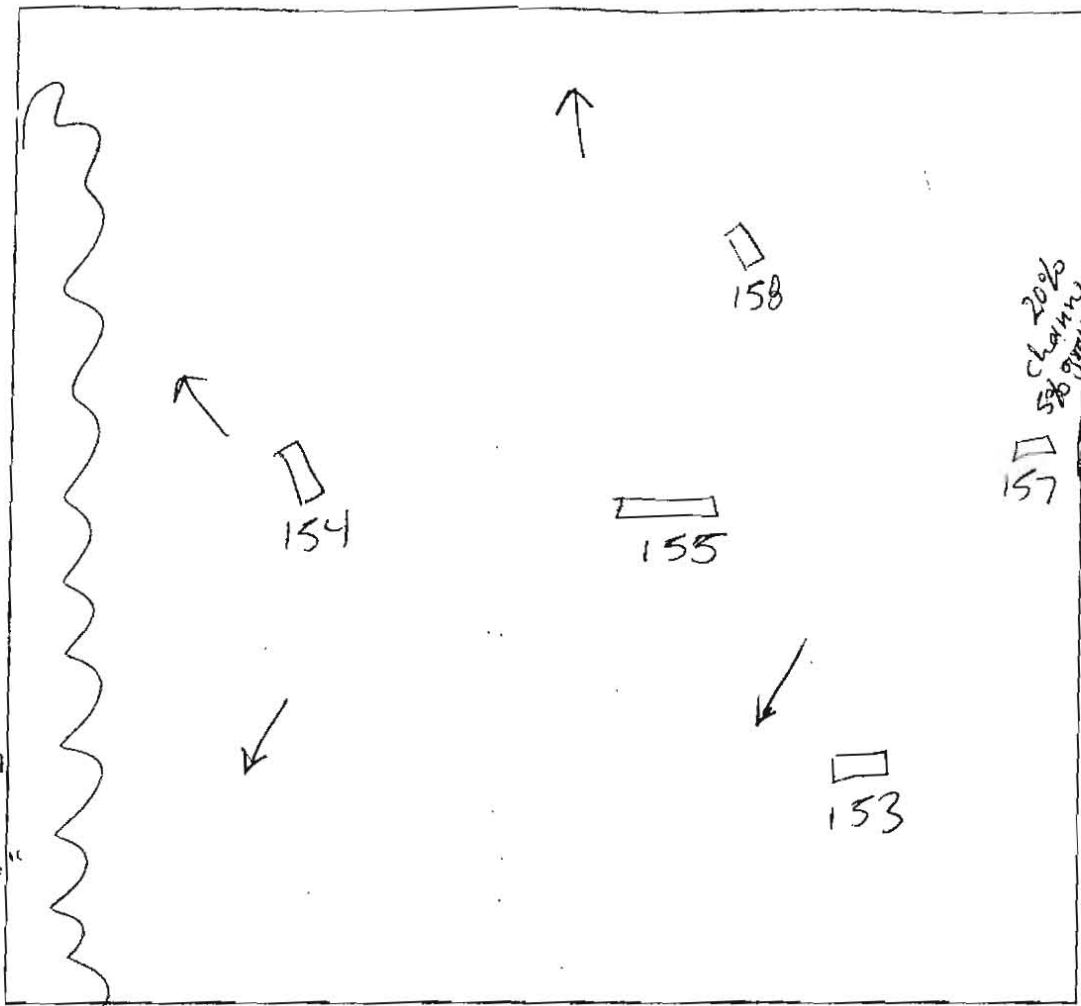
TAX MAP PAGE(S) 8 GRID 223 PARCEL(S) 8 & 17 PROPOSED LOT SIZE 40,000 #

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.

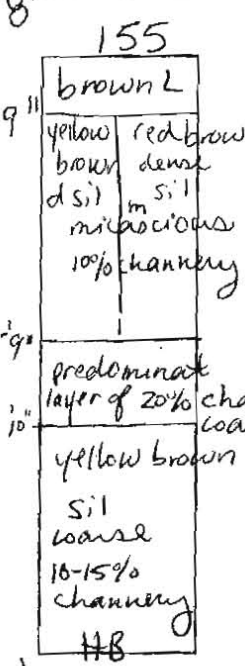
SIGNATURE OF APPLICANT

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

Lot 16



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/28/05	154	3' / 8'	9:58 ²⁴	10:03	10:11	8	P
	155	5' / 10'	10:08 ²⁹	10:11	10:14	3	P
	153	3' / 7'	9:33 ³⁵	9:37 ⁵²	9:43	6	P
	157	profiles on lot			17	4	P
	156	"	"	"	"	6	P

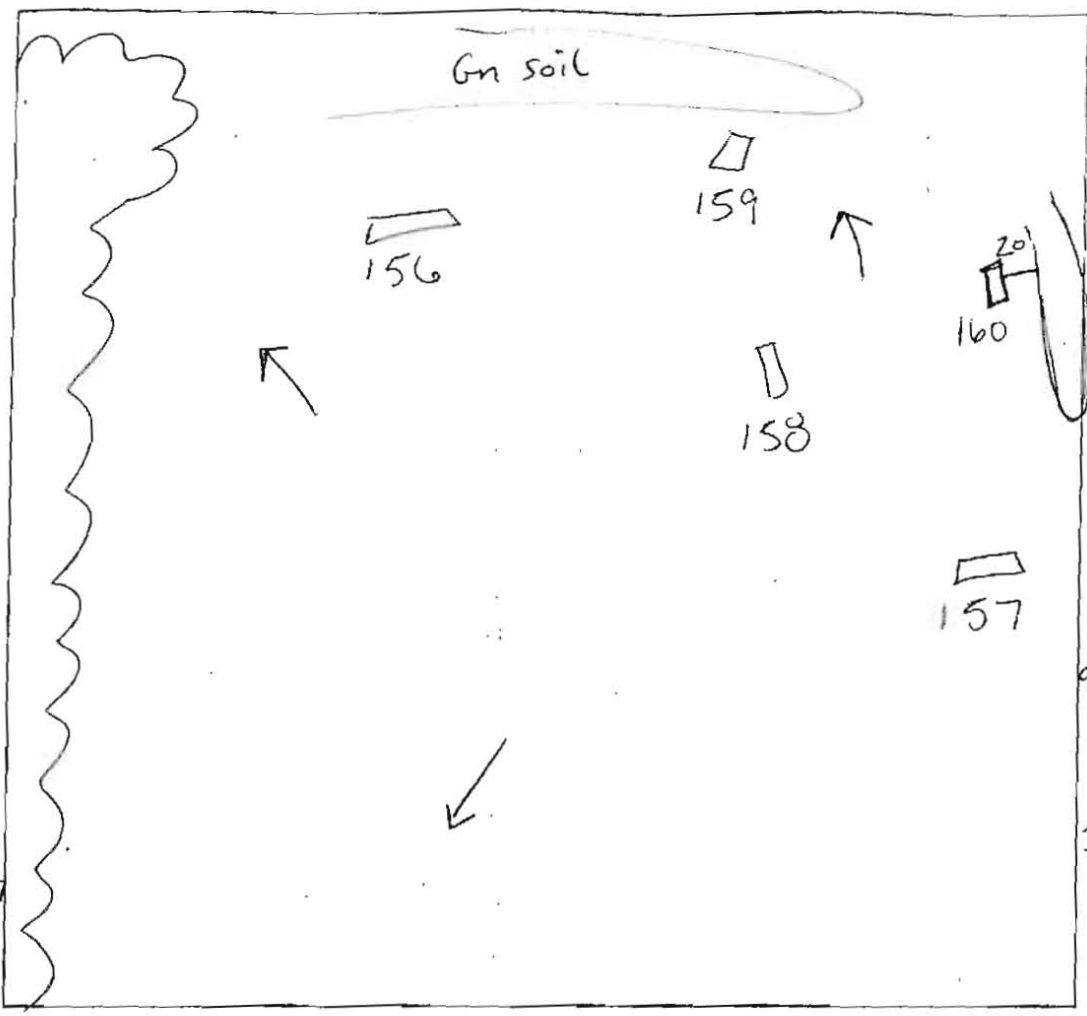


REMARKS Holes staked by surveyor per plan

SANITARIAN SF BACKHOE M. Johnson (AEC) OTHERS R. Webster

TEST HOLES USED IN SDA _____ AVG. PERC TIME 5 SQ. FT./BR _____

Lot 17



157
brown L
red yellow
sil m

1'3"
yellow brown
sil sg.
10%
channery

2'3"
2'5"
Mn
stratification

10'
HB

156
brown L
red yellow
sil
micaceous
yellow brown
sil

HB

158
brown L
red yellow
sil m

2'11"
yellow brown
sil sg
micaceous
10% channery
15%
throughout
profile

11"
159
brown L
red yellow
sil
sto gravel

3'8"
yellow brown
sil sg
5% channery
gravel

11'5"
160

brown L
yellow brown
sil
m

6'
yellow brown
sil sg
course
10%
channery

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/28/05	159	4'5" / 11'5"	10:47 ³¹	10:52 ⁰⁴	10:58	6	P
	158	11'		visual			P
	160	6' / 11'	12:28 ⁴⁴	12:32	12:38	6	P
	abs lot 16	5' / 10'	10:21 ²⁵	10:26	10:30	4	P
	abs lot 16	4' / 11'	10:33 ⁵⁶	10:36 ⁵⁷	10:42	6	P
4/4/06	159	2'1/2" / 12'	12:17	12:21	12:28	7 min	P

REMARKS Holes staked by surveyor per plan SDA is, #160 need to make sure on perc cent ~~25~~ 25 away from swale.

SANITARIAN SF BACKHOE Tom (AEC) OTHERS M. Johnson

TEST HOLES USED IN SDA _____ AVG. PERC TIME 5.5 SQ. FT./BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____