

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AYP 555341

AGENCY REVIEW: _____

DATE 12-11-14

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) DONALD & SALLY O'KEEFE

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 6950 HAVILAND MILL ROAD CLARKSVILLE MD 21029-1307
STREET CITY/TOWN STATE ZIP

APPLICANT ELM STREET DEVELOPMENT

DAYTIME PHONE 410-720-3021 CELL _____ FAX _____

MAILING ADDRESS 5074 DORSEY HALL ROAD, STE 205 COLUMBIA MD 21042
STREET CITY/TOWN STATE ZIP

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


PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME CRAWFORD PROPERTY NEW LOT NO. 23

PROPERTY ADDRESS 6780 HAVILAND MILL ROAD CLARKSVILLE
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 0039 GRID 0006 PARCEL(S) 0001 PROPOSED LOT SIZE 1.14 ac.

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
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

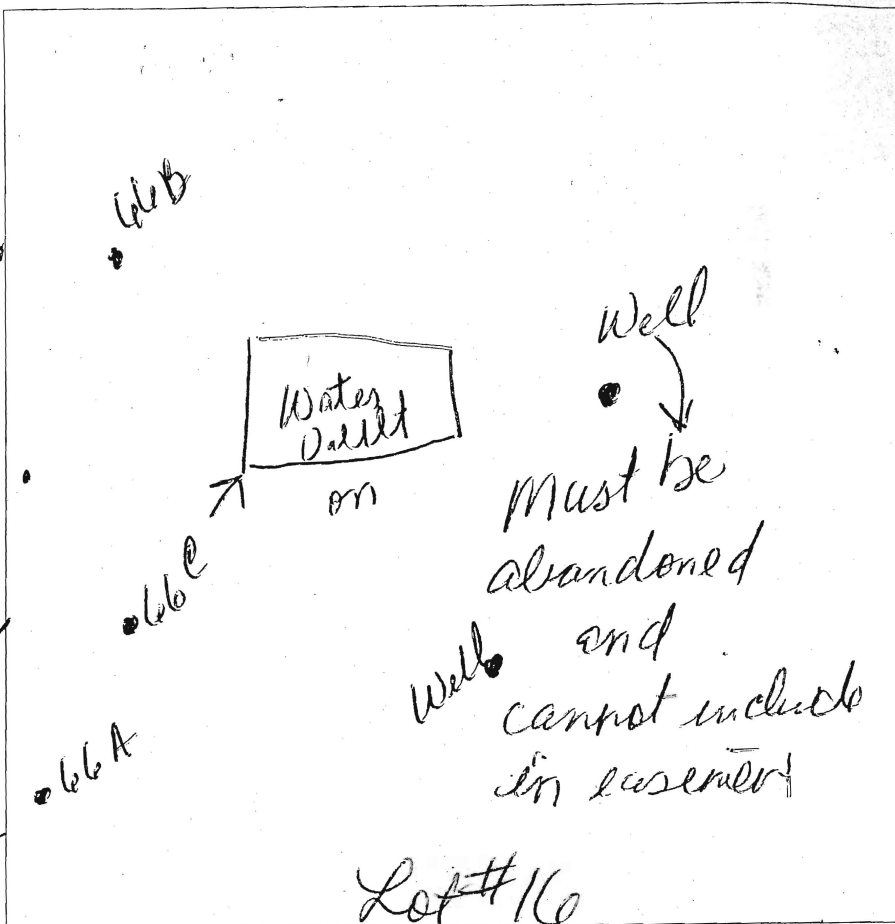
VP

4

66A
 Red Brown
 yellow
 Sh
 3.5'
 Red Brown
 yellow
 Sh
 Manganese
 shale
 @ 12'
 10-20%
 ↓

66B
 Red Brown
 yellow
 Sh
 3.5'
 Red Brown
 yellow
 Sh
 Manganese
 10-20%
 ↓

66C
 Red Brown
 yellow
 Sh
 4'
 Red Brown
 yellow
 10-20%
 (Rock)
 Sh (crop)
 shale @
 ↓
 13
 14'



66D
 Red Brown
 yellow
 Sh
 3.5'
 Red Brown
 yellow
 Sh
 Manganese
 shale @
 10-20%
 Sh
 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9-3-14	66A	4.5/14	2:47	2:45	2:49	7min P	
	66C						
9-3-14	↓	5/14	2:58	3:00	3:05	5min P	
9-3-14	66B	5/14	3:12	3:14	3:21	7min P	
9-3-14	66D	5.5/14	3:24	3:25	3:26		
	Repair		3:26	3:27	3:29	3min P	

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

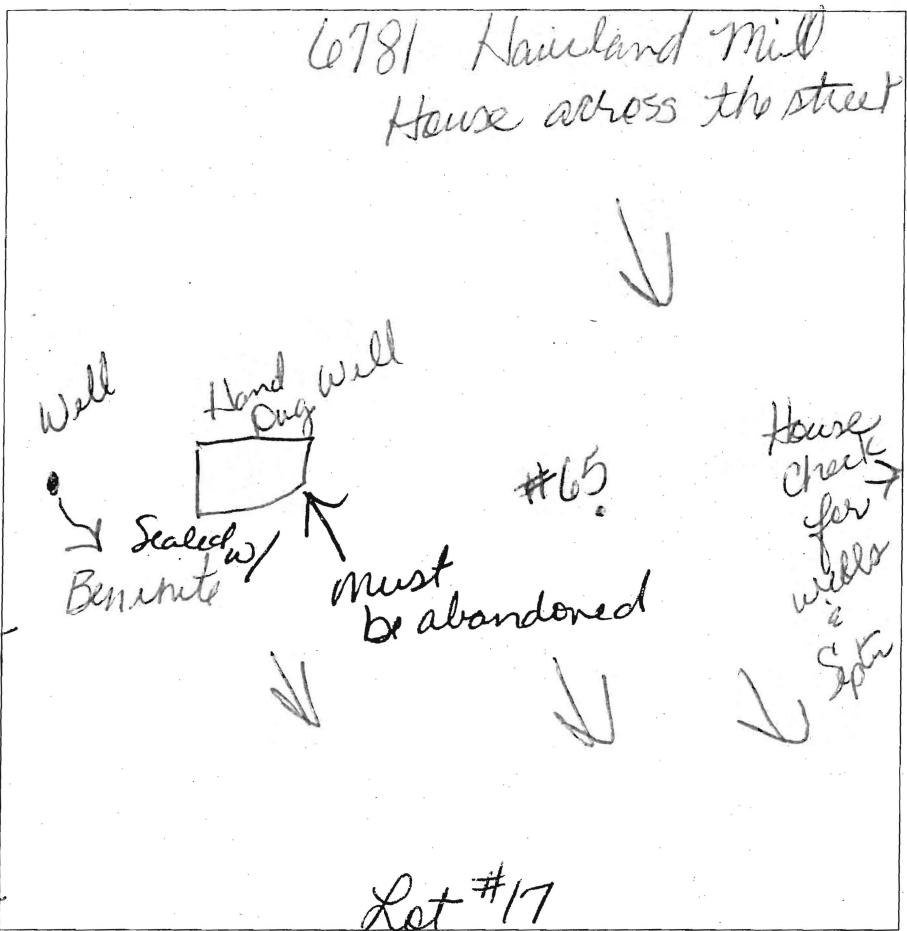
TEST HOLES USED IN _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

5/17
 8
 11
 19/15

AP

#65
Red Brown
GL
many
mud
5
Red Brown
yellow
many
mud
shale
and
10-20%
R4
14.5



Red Brown
GL
many
mud
shist
@ 3'
8'
Red Brown
yellow
sh
many
mud
5-10%
shale
14

#18
Red Brown
GL
many
mud
5.5

Red Brown
yellow
GL
20-30%
R4
shale
12

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6-26-14	65	5.5/14.5	3:08	3:09	3:10	1 min	P
6-26-14	68	6/12	3:09	3:10	3:13	3 min	P
6-26-14	67	7/12	3:16	3:18	3:21	4 min	P
6-26-14	66	6/14	3:23	3:50 NOISE	Retracted 3:53		F
6-26-14	69	7.8/14	3:28	3:57	NO movement		F

#67
Red Brown
GL
many
mud
6
Red Brown
yellow
sh
20-30%
R4
shale
12

#66
Red Brown
yellow
Dense
Shale
GL
many
mud
7'
Red Brown
yellow
sh
30-40%
R4
14

REMARKS Hand dug well and Well for existing house must be aband.
SANITARIAN Bernard BACKHOE Dennis OTHERS Pedro
TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____