

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P 530992  
 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) George and Betty Rippe  
 DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
 STREET CITY/TOWN STATE ZIP

APPLICANT Farm and Home (Bill Ingram)  
 DAYTIME PHONE (410) 984-0189 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. \_\_\_\_\_

PROPERTY ADDRESS 13198 Sky Way Ellicott City, 21042  
 STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 22 GRID 15 PARCEL(S) 401 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  
 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648  
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

**(A)**  
Red Or Br  
Sa Cl Loam  
3'

Dense Or  
Br Sa Loam  
Clay skins  
on Most  
of Sand  
7'-8'

Beige Loamy  
Sa, 20-30% Rock  
Rockier With  
Depth  
15'-Dry

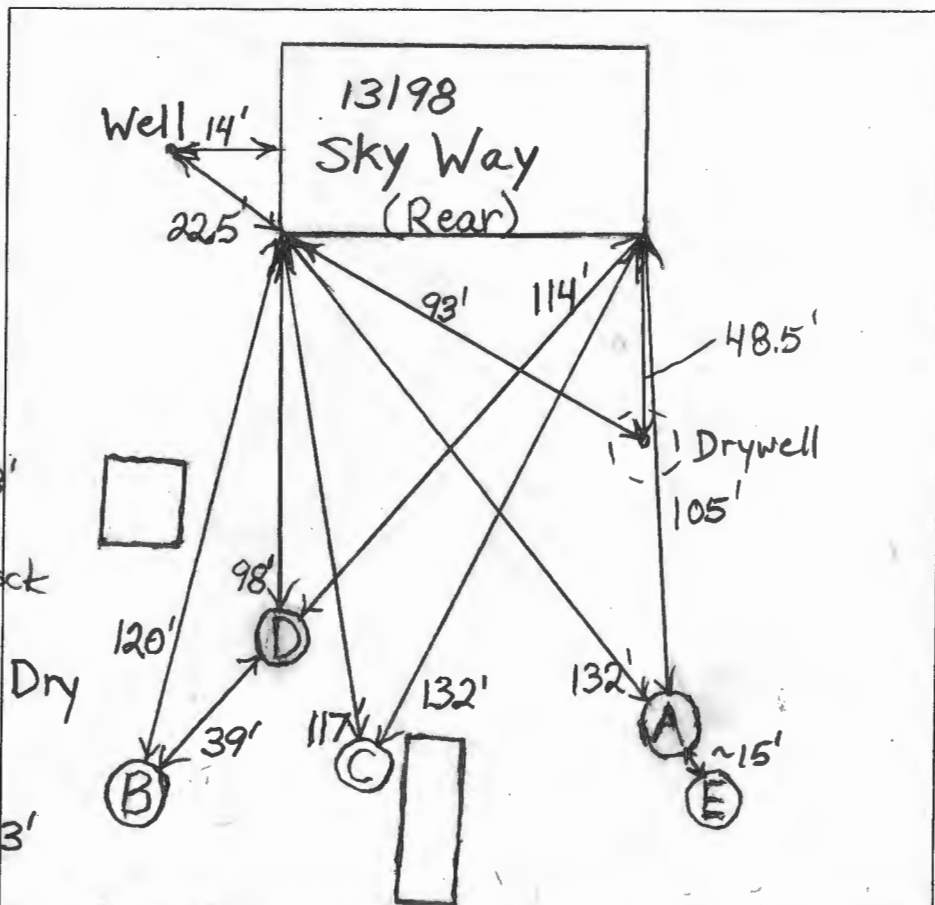
**(B)**  
Fill  
25'-3'

Red Br Sa Cl  
Loam - Cl Loam  
~10% Rock,  
Partly Fill?  
5'-7.5'

**(C)**  
Wet Fill  
4'

Wet Red Br  
Sa Cl Loam -  
Cl Loam  
7.5'

Saturated  
Sa Loam -  
Entire Hole  
Wet to  
Saturated  
8.5'



Area Around Holes C+D is Saturated,  
Probably Because of Pool

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/7/09	A	5'15"	1:31:30	1:48	2:19	31	Slow
	B	7'15"	1:00:30	~1/16" in 5 minutes			Slow
		8.5'	1:12:30	1:14	1:17	3	P
	C	7.5'	Visual	—————>			H
	D	6'	Visual	—————>			H
	E	8.5'	3:01:30	3:02:50	3:05:20	2 1/2	P

REMARKS: Water Poured In Bottom of Hole A - Rate Was ~22  
 SANITARIAN B. Baker BACKHOE B. Ingram OTHERS Minutes per Inch  
 TEST HOLES USED IN SDA A+E AVG. PERC TIME 3 SQ. FT/BR 125  
 TRENCH WIDTH 2 INLET DEPTH 3.5' MAX. BOT DEPTH 10' EFFECTIVE SW 2.5'

(Do Not Use Area Around Holes C+D at This Time)

**(D)**  
Wet Fill  
4.5'

Wet Cl  
Loam -  
Sa Cl  
Loam  
6.5'

**(E)**  
Similar  
to (A)  
with  
loamy sa  
at 7'

7.5'