

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

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) Janice Zinke

DAYTIME PHONE \_\_\_\_\_ CELL 410-984-0408 FAX \_\_\_\_\_

MAILING ADDRESS 1705 Shafterville MT Airy MD  
STREET CITY/TOWN STATE ZIP

APPLICANT Tim Feaga

DAYTIME PHONE 410-984-0408 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS P.O. Box 482 Wobson MD 21765 MD  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME 1705 Shafterville LOT NO. \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ 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.

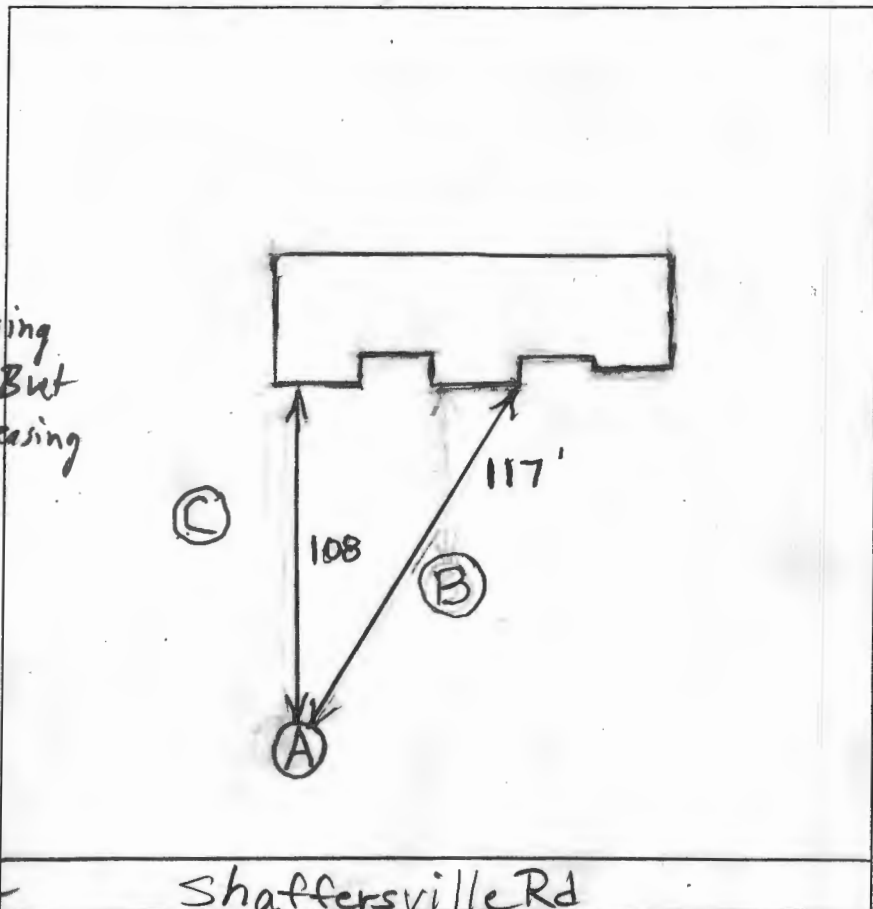
TEST RESULTS WILL BE MAILED TO APPLICANT. \_\_\_\_\_  
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

①  
 Dense Red  
 Br Cl Loam  
 Fine silt  
 4'  
 Or Br Sa  
 Cl Loam,  
 Clay Decreasing  
 with Depth But  
 Moisture Increasing  
 30-35%  
 Rock  
 8'  
 Mottling  
 10'  
 Wet  
 Water  
 14.5'

②  
 Fill  
 2.5'  
 Red Br  
 mixture  
 Si Cl Loam  
 Or Br Cl  
 Loam  
 4.5'  
 5.5-6'  
 Beige Si  
 Loam -  
 Si Cl Loam  
 Dense  
 11'  
 Mottling ~25% Rock  
 12.5'  
 Water  
 14'

③  
 1.5'  
 Fill  
 Si Cl  
 Loam  
 4.5-5'  
 5.5'  
 Si Loam  
 Excessive  
 Rock  
 6'  
 ~75%  
 shale  
 8'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/16/2011	A	5' / 14.5'	11:37				F
		6' 9"	12:20:30	~ 1/4" in 15 minutes			
		7.5'	12:44:30	1:05:30	1:38	32 1/2	F
	B	6.5' / 14'	3:01	Pulled - Very Slow			F
	C	8' V	Excessive Rock				F

REMARKS Clay, High Water and Rock - Try Uphill  
 SANITARIAN B. Baker BACKHOE Level Land OTHERS Tim Feaga  
 TEST HOLES USED IN SDA None AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE S/W \_\_\_\_\_