



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

ATP 555304C

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

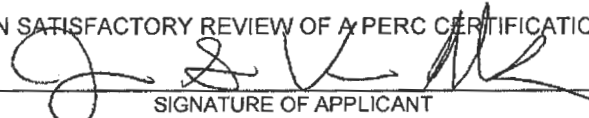
PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME CRAWFORD PROPERTY NEW
LOT NO. 22

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

TAX MAP PAGE(S) 0039 GRID 0006 PARCEL(S) 0001 PROPOSED LOT SIZE 1.10 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.

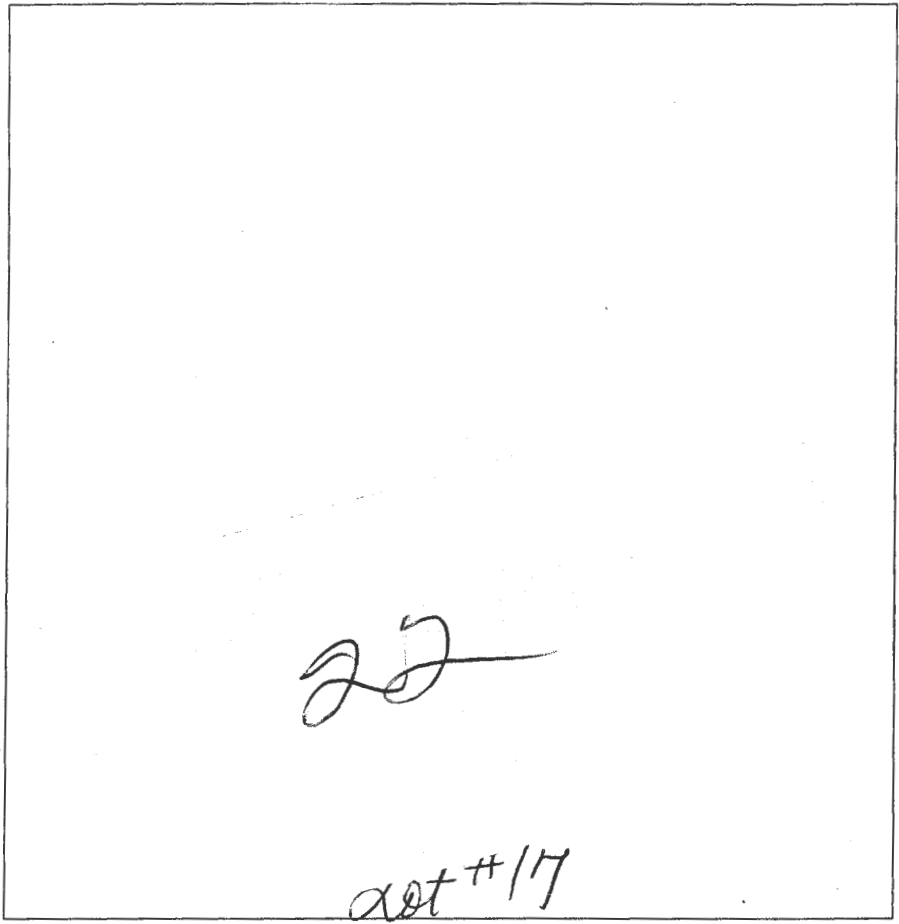

SIGNATURE OF APPLICANT

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

#62
 Red Brown
 Sl
 3'
 Red Brown
 yellow
 Sh
 many
 mica
 10-20%
 shale
 ↓

#63
 Red Brown
 Sl
 many mica 3'
 Red Brown
 yellow
 Fsh
 many
 mica
 5-10%
 shale
 ↓

#64
 Red Brown
 Sl
 many mica 3.5'
 Red Brown
 yellow
 Fsh
 5-10%
 shale
 ↓



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6-26-14	62	3 5/14	2:46	2:48	2:50	2 min	P
6-26-14	63	3 5/15	2:53	2:55	2:58	3 min	P
6-26-14	64	4/16	2:52	2:54	2:57	3 min	P

REMARKS _____
 SANITARIAN _____ BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



A/P

#59
 Red Brown
 SL 2'
 Red Brown
 yellow
 SL
 Shale
 5-10%
 @10'
 ↓ 13.5'

#60
 Red Brown
 SL 2'
 Red Brown
 yellow
 5-10%
 R/L
 F/SL
 ↓ 14'

#61
 Red Brown
 SL many micz
 Red Brown
 yellow
 F/SL
 Shale,
 @11'
 ↓ 14'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6-26-14	59	3.5/13.5	12:36	12:39	12:42	3min	P
6-26-14	60	4.5/14	12:45	12:46	12:48	2min	P
6-26-14	61	4/14	12:51	12:52	12:55	3min	P

REMARKS _____
 SANITARIAN _____ BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____