



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 555304A

AGENCY REVIEW: _____

DATE 12-10-14

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

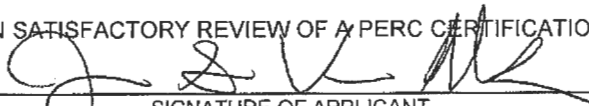
APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME CRAWFORD PROPERTY NEW
LOT NO. 20

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

TAX MAP PAGE(S) 0039 GRID 0006 PARCEL(S) 0001 PROPOSED LOT SIZE 1.02 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

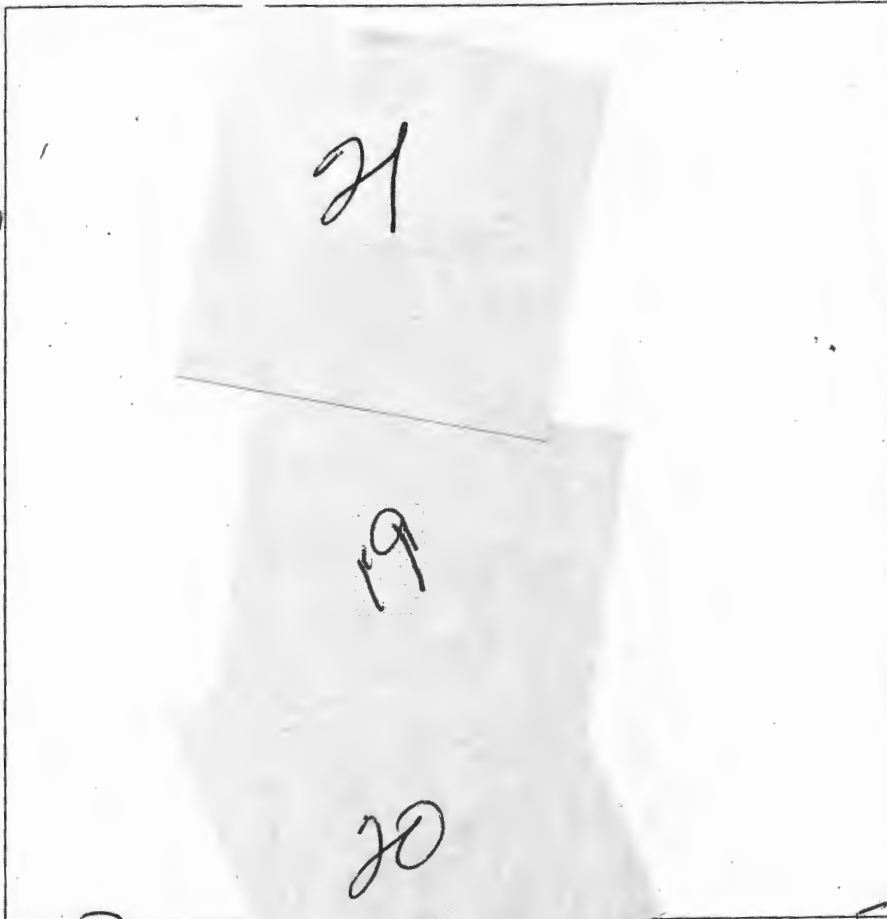
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
1718 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

#54
Red Brown
SL
5.5'
Red Brown
Sh
many
mic
Shale
@ 18'
↓
14'

#55
Red Brown
SL
5-10%
5.5'
Red Brown
SL Gray
yellow
5-10%
R4
↓
14'

#56
Red Brown
SL
5'
Red Brown
yellow
10-20%
R4
FSh
Grey Shale
my Depsta
14.5'



#57
Red Brown
SL Dense
4'
Red Brown
yellow
Sh
Grey
Shale
@ 12'
14'

#58
Red Brown
SL Dense
5-10%
R4
5.2
Red Brown
yellow
Sh
10-20%
R4
@ 12'
15'

Repos

DATE	TEST #	DEP	BREAK DROP	STOP 2" DROP	TIME OF END INCH	P/F/H
6-25-14	54	4.5	2:30	2:32		F
6-26-14	55	6/14	11:30	11:50	12:20	2 min P
6-26-14	56	5.5/14.5	2:38	2:41	2:42	2:43
6-26-14	58	6/15	11:42	11:45	11:48	3 min P
6-26-14	57	4.5/14	11:56	12:12	12:35	22 min P

REMARKS _____

SANITARIAN Bernard BACKHOE Donnie OTHERS Pedro

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

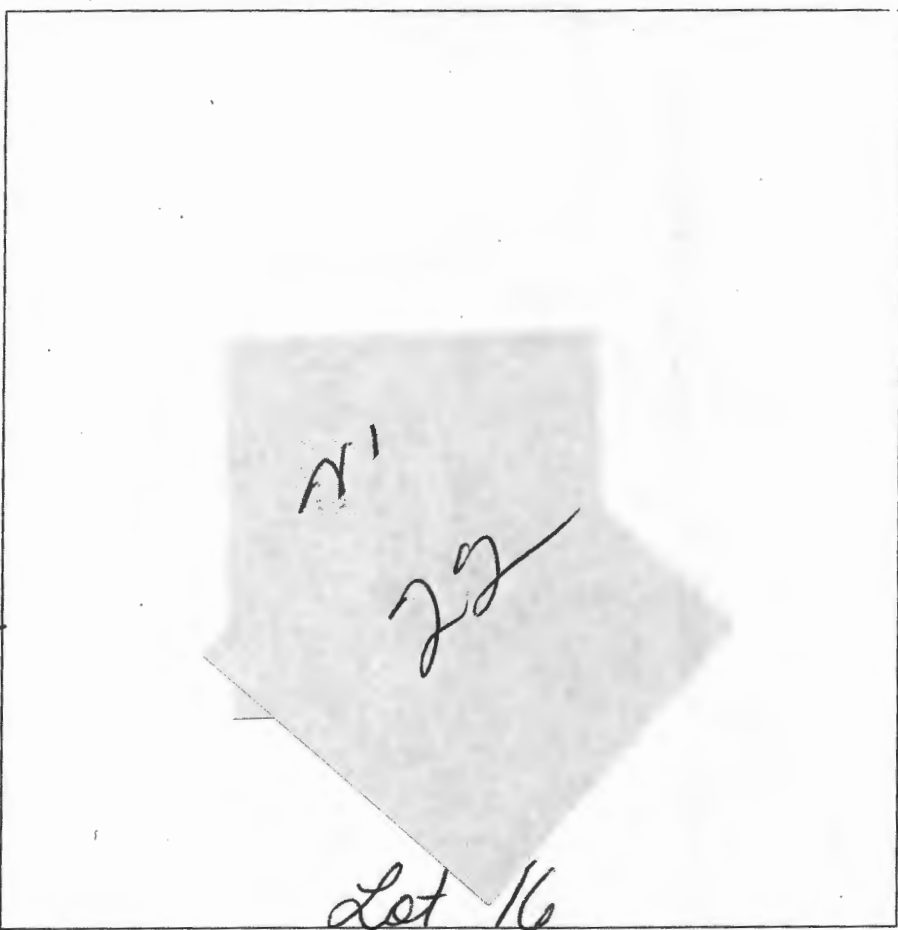
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

AVP _____

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

#10
 Red Brown
 SL 2'
 Red Brown
 yellow
 5-10%
 R4
 F Sh
 ↓ 14'

#61
 Red Brown
 SL many micz'
 Red Brown
 yellow
 Sh
 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 / 3.5	12:36	12:39	12:42	3 min	P
6-26-14	60	4.5 / 14	12:45	12:46	12:48	2 min	P
6-26-14	61	4 / 14	12:51	12:52	12:55	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 _____