



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 530263

AGENCY REVIEW: _____

DATE 12/19/08

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) Charles R. Beizzi

DAYTIME PHONE 301-604-9966 CELL 202-438-3153 FAX _____

MAILING ADDRESS PO Box 226 Fulton MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT Carol Beizzi

DAYTIME PHONE 301-604-9966 CELL 202-438-3153 FAX _____

MAILING ADDRESS PO Box 226 Fulton MD 20759
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 8 LOT NO. _____

PROPERTY ADDRESS 8237 Reservoir rd Fulton MD 20759
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

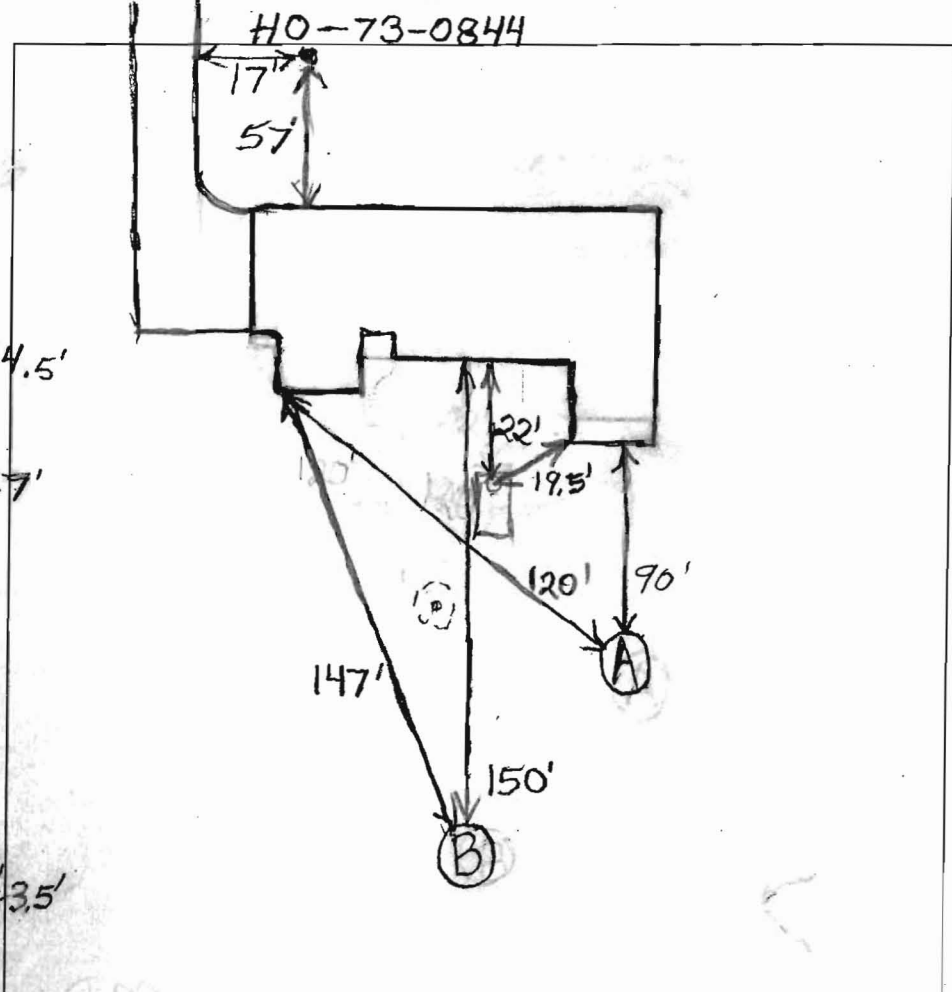
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Carol Beizzi
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

HD-216 (2/03) PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

HO-73-0844



(A)
 Br SaCl
 Loam With
 Large Pocket
 of Quartzite
 3-4.5'
 Red Br
 SaCl Loam
 6-7'
 Light Br
 Sa Loam
 15-20%
 Rock and
 Saprolite
 Dry 13'

(B)
 Red Br
 SaCl Loam
 25-35'
 Tan Loamy
 Sa
 ~10% Rock
 and Saprolite
 Moderately
 Dense
 11.15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/20/09	A	13'	Visual	Not Wet Season, In Swale			
	B	3.5'	11:56	11:59:30	12:05	5 1/2	P

REMARKS **(A)** Dug In Middle of Swale, Backhoe Not Extend a hoe
 SANITARIAN B. Baker BACKHOE Chris Rogers OTHERS _____
 TEST HOLES USED IN SDA B AVG. PERC TIME 5 1/2 SQ. FT/BR _____
 TRENCH WIDTH 2 INLET DEPTH 3.5' MAX. BOT DEPTH 7.5 EFFECTIVE SW 4'