

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 537370-0

AGENCY REVIEW: _____

DATE 6-28-12

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 5 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) JANET MARSHALL (CHM, LLC.)

DAYTIME PHONE (410) 531-1460 CELL N/A FAX N/A

MAILING ADDRESS 5027 TEN OAKS ROAD CLARKSVILLE MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT JEREMY RUTTER

DAYTIME PHONE N/A CELL (410) 982-2882 FAX N/A

MAILING ADDRESS P.O. Box 126 LISBON MARYLAND 21765
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 5027 TEN OAKS ROAD LOT NO. 16

PROPERTY ADDRESS CLARKSVILLE, MD 21029
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 28 GRID 9 PARCEL(S) 45 PROPOSED LOT SIZE 1

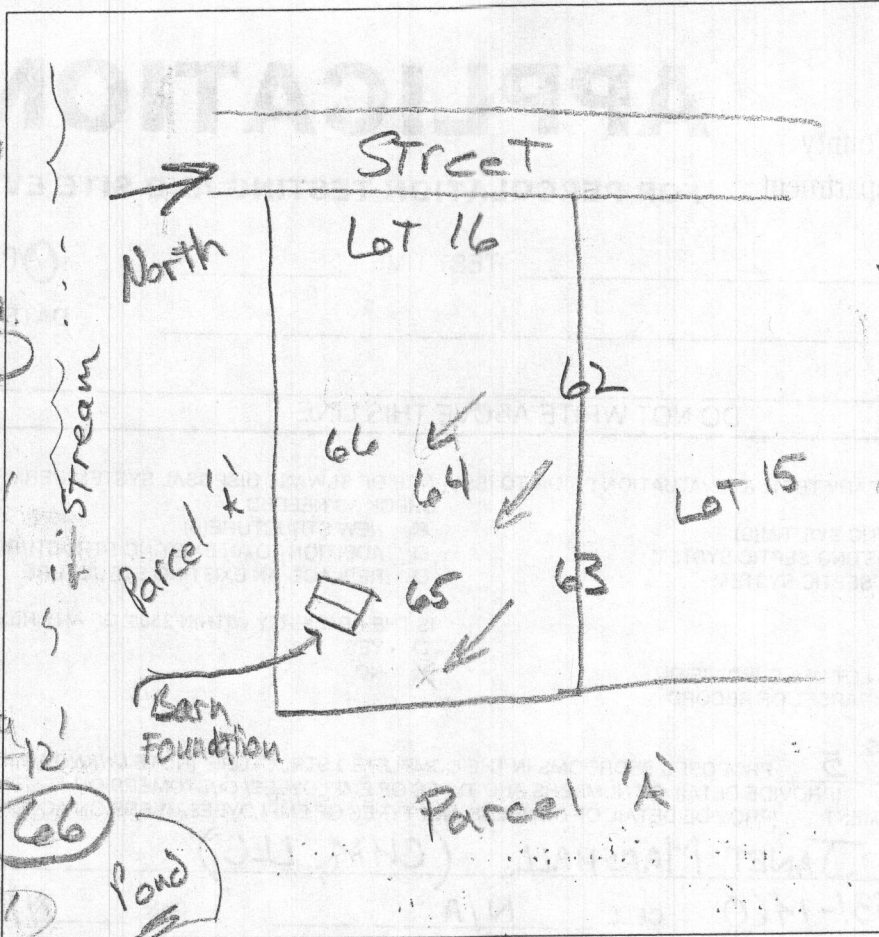
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

Jeremy Rutter
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)
 dk brn L
 2 & pl 2.2'
 brn L
 to Red L
 many mica
 brn ls
 2 uppl
 micaceous
 Red ls
 3.5
 many mica
 10'
 yel-brn
 ch ls
 many mica

dk brn L
 0.4
 brn cl
 to brn L
 1.5
 brn sl
 many mica
 2 uppl, dipping
 SO
 red & grey
 ls, many
 mica
 grey whts
 hard, rocky
 many mica



(64)
 0.2 dk brn L
 1.2 brn L
 brn sl
 many mica
 2.1 red sl
 many mica
 3.9 red & grey brn
 ls few stones
 many mica
 red & lt grey
 ls, many mica
 10' grey whts
 few stones 25%
 10.5 many mica rock

(65)
 dk brn L
 to brn L
 0.1 red loam
 dense sm
 2.5 grey ls, dsg
 many mica
 3' brn-yel ls
 & grey ls

(63)
 1.4 dk brn L
 brn L
 yel-brn sl
 many mica
 very fine mica
 3.5 brn yellow ls
 & grey ls
 12' 2 uppl

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/13/12	62	4.5' 12	0	2	5	3	P
12/13/12	64	10'	Visual		Sidewall 1.2 to 6' 1.2 uppl/1.2		P
12/13/12	66	3.8' 9'	0	1.5	4	2.5	P
12/13/12	65	3.8' 12'	0	1.6	4	2.4	P
12/13/12	63	12"	Visual		Sidewall 1.4 to 8' 1.2 uppl/1.4		P

RECEIVED

REMARKS _____
 SANITARIAN RR Ricker BACKHOE Chuck Zepp OTHERS JUN 28 2012 Jeremy Rutter
 TEST HOLES USED IN SDA _____
 TRENCH WIDTH _____ INLET DEPTH _____
 AVG. PERC TIME _____ SQ. FT/BR _____
 MAX. BOT DEPTH OF ENVIRONMENTAL HEALTH _____ EFFECTIVE SW _____

