

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

QIP 544326-R

AGENCY REVIEW: _____

DATE 4-23-14

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) MARJORIE & STEPHEN CRAWFORD

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 19612 ISLANDER ST. OLNEY MD 20832-1021
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 LOT NO. 12

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

TAX MAP PAGE(S) 0034 GRID 0019 PARCEL(S) 0052 PROPOSED LOT SIZE 50,000 sq. ft.

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

Jason Van Kirk

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

A/P _____

54A 39A

Red Brown
yellow
Sh
5'

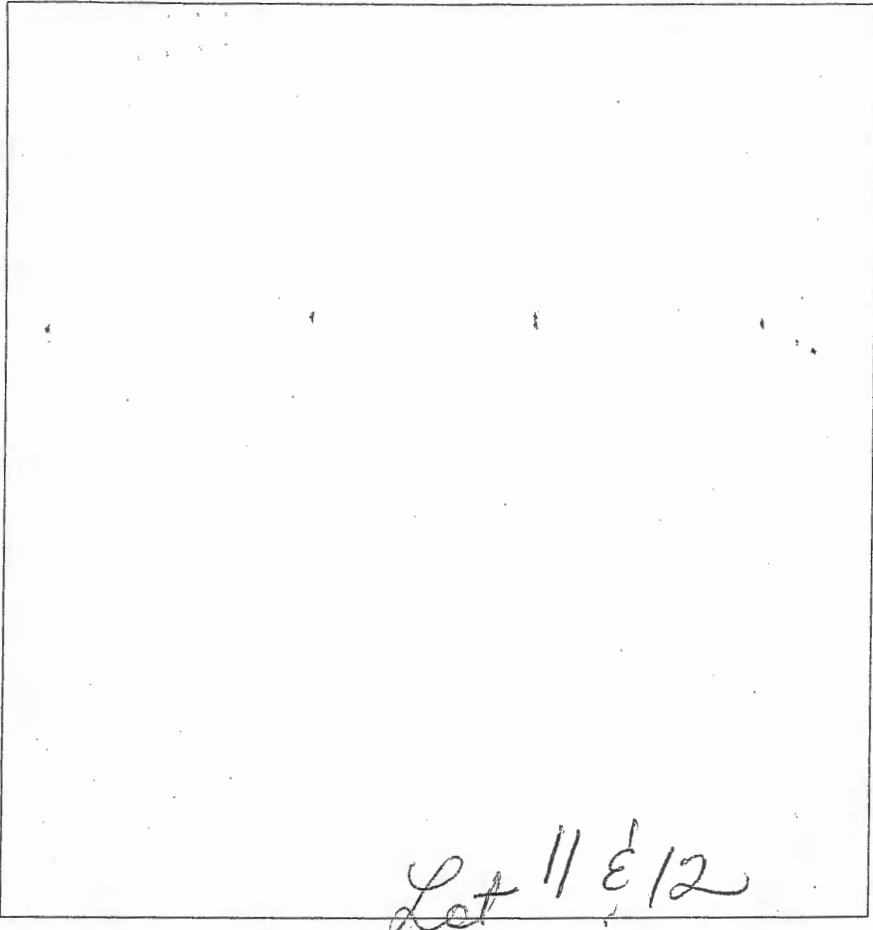
Red Brown
yellow
Sh
minny
mud
Shale
@13'

49A
Red Brown
yellow
Sh
3'

Red Brown
yellow
FSL
10-20%
Shale
@10

49B
Red Brown
yellow
Sh

5
Red Brown
FSL
20-20%
Shale
@12'



Red Brown
yellow
Sh
3'

Red Brown
yellow
FSL
20-30%
Shale
@10'

12

NOT ON
Plan
39
needs
to be
field

Change in
field

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PIF/H
9-3-14	54A	1/4	1:33	1:36	1:39	3 min	F
9-3-14	39A	1/4	1:37	1:39	1:41	2 min	F
9-3-14	49A	4/4	1:45	1:46	1:48	2 min	P
	Repair		1:48	1:50	1:52	2 min	P
9-3-14	49B	1/4	1:58	1:59	2:00	1 min	
	Repair		2:01	2:03	2:05		P
9-3-14	45A	7/16	2:06	2:11	2:23	12 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 _____