



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

AGENCY REVIEW: \_\_\_\_\_ DATE \_\_\_\_\_

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) Marilyn Percival c/o Mildenberg Boender & Assoc., Inc

DAYTIME PHONE (410) 997-0296 CELL \_\_\_\_\_ FAX (410) 997-0298

MAILING ADDRESS 7350-B Grace Dr. Columbia Md 21044  
STREET CITY/TOWN STATE ZIP

APPLICANT Same as above

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Percival Property LOT NO. 3

PROPERTY ADDRESS Hoods Mill Rd. Cooksville MD 21723  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 08 GRID 05 PARCEL(S) 237 PROPOSED LOT SIZE 1.35 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

HOWARD COUNTY PERC TEST REPORT

A/P# \_\_\_\_\_

Lot # \_\_\_\_\_

Hole # 2A

Red Brown  
yellow  
Sh

3

Red Brown  
yellow  
Sh

5-10%  
R4 @ 8'  
many  
pines  
↓

14

Hole # 2B

Red Brown  
yellow  
10-20%  
R4  
Sh

4'

Red Brown  
yellow  
Sh

20% - 30%  
R4  
↓

13'

Hole # 2C

Red Brown  
Sh  
10-20%  
R4

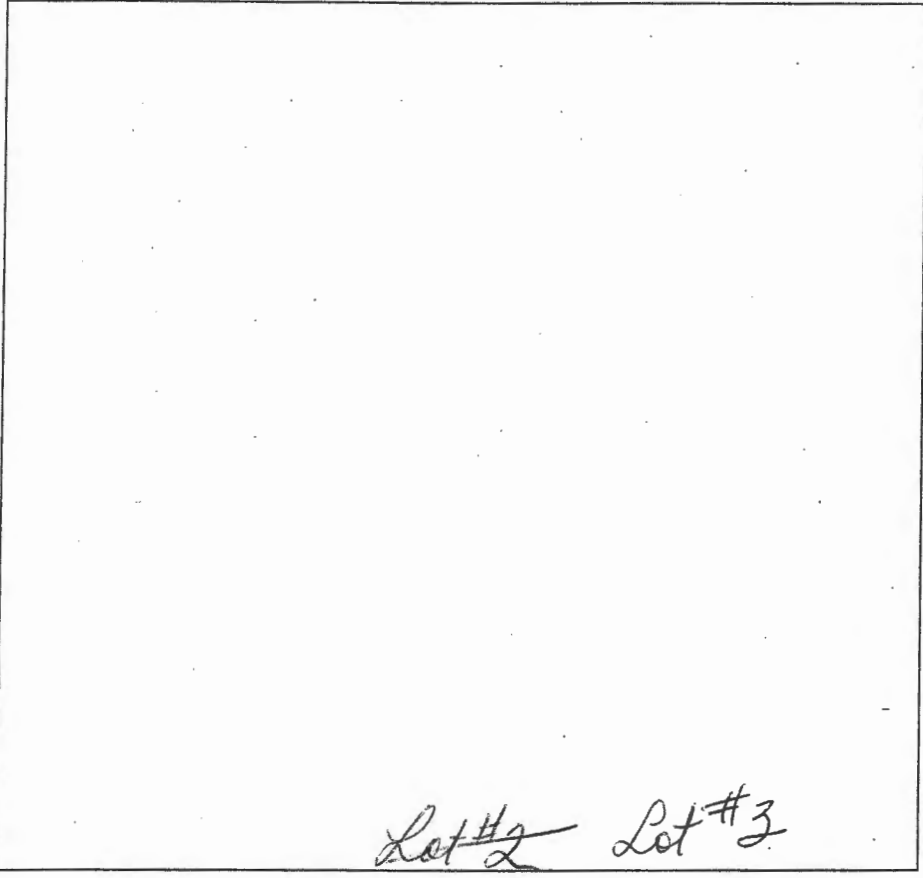
4'

Red Brown  
yellow  
Sh

10-20%  
R4

Refused  
@

10'



Hole # 2D

Red Brown  
yellow  
Sh

2

Red Brown  
yellow  
Sh

many  
mud  
5-10%  
R4 - small  
↓

14

Hole # 2E

Red Brown  
Sh yellow  
3'

Red Brown  
yellow  
FSh

5-10%  
R4

↓

14'

Hole # \_\_\_\_\_

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10-30-14	2E	4.5/14	12:41	12:43	12:45	2min	P
10-30-14	2C	5/9	12:57	12:59	1:02	3min	T
10-30-14	2B	4.5/13	1:20	1:24	1:27	3min	P
10-30-14	2A	4/13	2:31	2:33	2:35	2min	P
10-30-14	2D	3/12	2:49	2:52	2:56	4min	P

REMARKS

SANITARIAN D Bernard BACKHOE \_\_\_\_\_

OTHERS \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_ AVG PERC TIME \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_

MAX BOT DEPTH \_\_\_\_\_ EFFECTIVE SDW \_\_\_\_\_