

Attn: Kim
Design has been
done. Permit is
to be typed up
shortly. May permit

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 Stream
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 3 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) Larry Lewman

DAYTIME PHONE 410-531-5237 CELL _____ FAX _____

MAILING ADDRESS 7100 Sanner Rd Clarksville Md 21029
STREET CITY/TOWN STATE ZIP

APPLICANT Fogles Septic Clean

DAYTIME PHONE 410-795-5670 CELL _____ FAX 410-795-3432

MAILING ADDRESS 580 Obrecht Rd Clarksville Md 21029
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Grimmitte's Chance LOT NO. _____

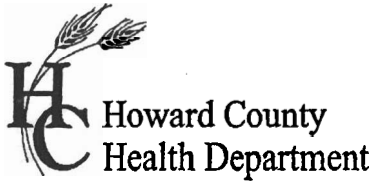
PROPERTY ADDRESS 7100 Sanner Rd Clarksville 21029
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 41 GRID 4 PARCEL(S) 348 PROPOSED LOT SIZE 5.478

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]
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



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PROPERTY OWNER(S) Larry + Nancy Lewman

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

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 _____ LOT NO. _____

PROPERTY ADDRESS 7100 Sanner Road
STREET TOWN/POST OFFICE

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

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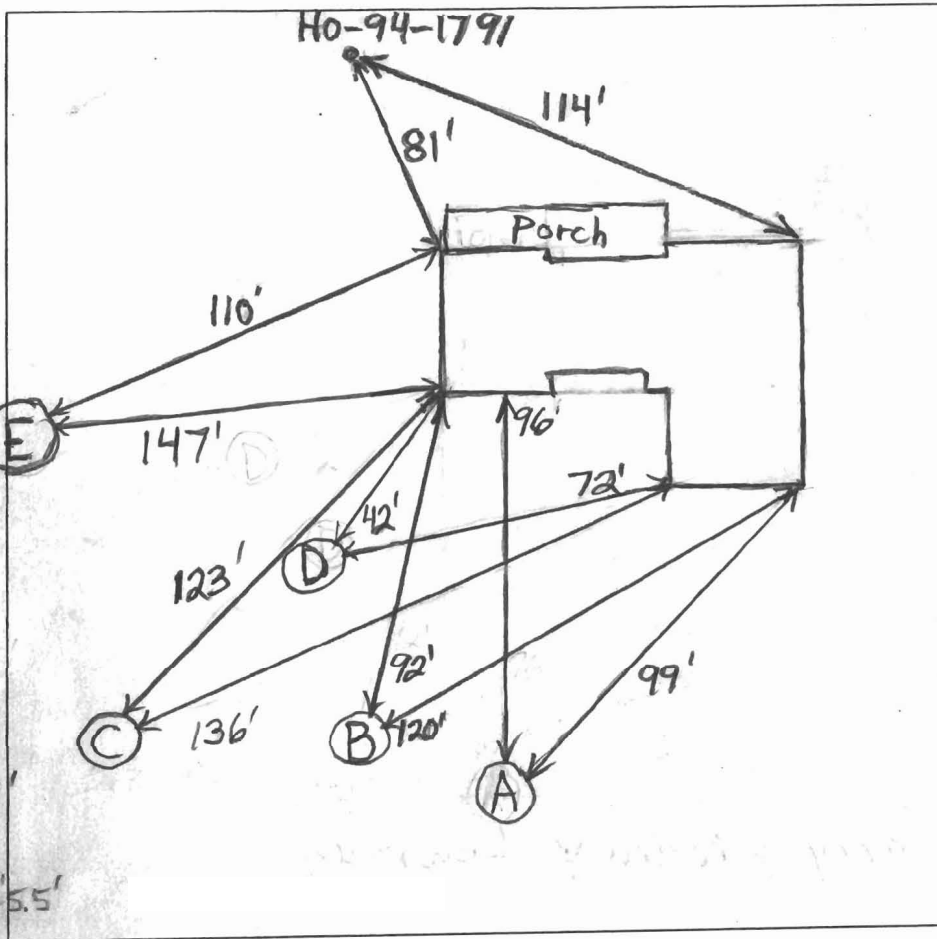
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(A)
 Fill 3'
 SiCl Loam 6'
 SaCl Loam 7'
 Red Br Loamy Sa 10-15% Saprolite 9'
 Hard Bottom 12'

(B)
 Fill 3-4'
 Br SiCl Loam 4.5-5.5'
 Red Br Sa Cl Loam 5.5-6.5'
 SaCl Loam ~40% Rock 7'
 Br Loamy Sa 9'
 Borderline Rock Hard Bottom 12.5'

(C)
 Fill 2.5'
 Red Br Cl Loam 3'
 Red Br SaCl Loam 8'
 Beige Loamy Sa ~10% Saprolite Dry 15.5'



(D)
 Fill 2.5-3'
 Brown and Red Br Loam 5-5.5'
 Red Br SaCl Loam ~10% Rock 9'
 Beige Loamy Sa ~20% Rock 15'

(E)
 Fill 4'
 Br Loam Trace Rock 9'
 Br Loamy Sa ~10% Rock 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/28/08	A	12' V					
	B	7.5' / 2.5' V	11:45:30	11:52	12:00	8	H
	C	9' / 15.5' V	1:00	1:01:30	1:03:30	2	P
		7'	1:17	Slow			
	D	10' / 15' V	2:40	2:45	2:53	8	P
	E	15' V	Too Dangerous to Test - Sides Caving				P
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Repair Area Around Holes D and E </div>							

REMARKS: Water Poured in Bottom of Band C - Rates Acceptable
 SANITARIAN B. Baker BACKHOE Fogles OTHERS L. Lewman
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____