

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ @AP 5310689

AGENCY REVIEW: _____ DATE 010912

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 4 TO 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) HAROLD & MARILYN BENFRO

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 13765 FREDERICK RD WEST FRIENDSHIP MD 21794
STREET CITY/TOWN STATE ZIP

APPLICANT HAROLD & MARILYN BENFRO

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 13765 FREDERICK RD WEST FRIENDSHIP MD 21794
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME BENFRO PROPERTY LOT NO. 2

PROPERTY ADDRESS 13765 FREDERICK RD
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 15 GRID 1 PARCEL(S) 178 PROPOSED LOT SIZE 8.07A

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
1718 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 _____

DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2ND INCH	P/F/H

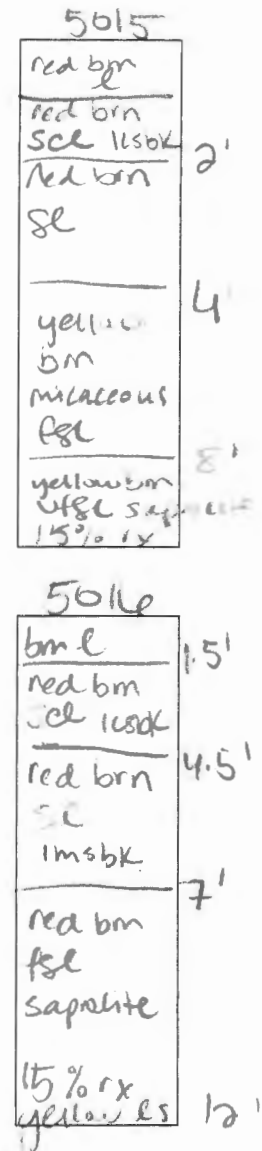
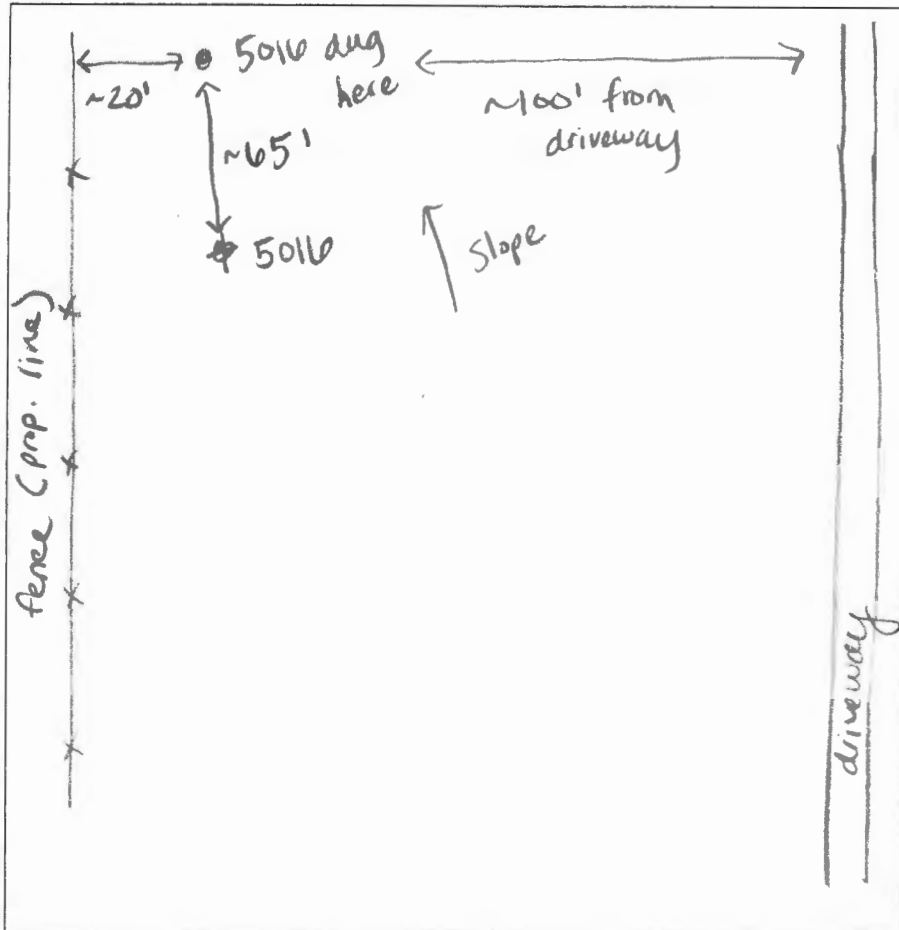
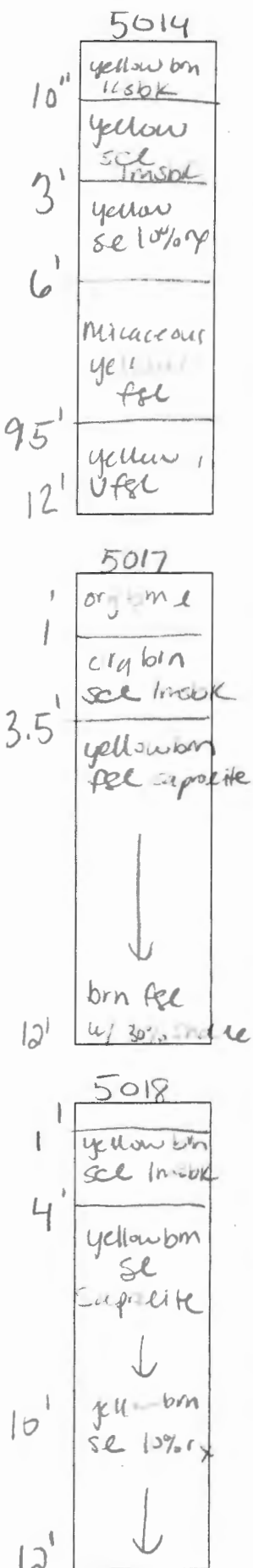
REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

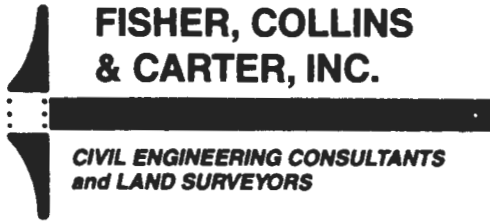
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

AP _____



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2-27-12	5014	5' / 12'	11:25	11:34	11:43	9	P
	5017	12'	VISUAL				P
	5018	5.5' / 12'	11:58	12:03	12:12	9	P
	5015	11.5'	VISUAL				P
	5016	5.5' / 12'	12:39	no movement			
	5016	1.5' / 12'	3:34	3:44	4:03	19	P

REMARKS holes dug per stakes Lot 2
 SANITARIAN HS/RR BACKHOE George Valentine OTHERS Tony F/Mr. Kenfro
 TEST HOLES USED IN SDA 5 AVG. PERC TIME 12 SQ. FT/BR _____
 TRENCH WIDTH 2 INLET DEPTH 2 MAX. BOT DEPTH 8 EFFECTIVE SW 1.5'
low pressure dosing required



Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Charles J. Crovo, Sr., P.E., L.S.

Paul W. Kriebel, P.E.
Mark L. Robel, P.L.S.
Aldo M. Vitucci, P.E.

March 15, 2012

Ms. Heidi Scott, RS
Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046-4544

Re: Variance Request
Renfro Property
Lots 1 thru 5

Dear Ms. Scott:

It is my understanding that the Maryland Department of the Environment has granted a variance to Code of Maryland Regulation 26.04.02.05 (C) (Regulation) to allow the sewage disposal area serving the proposed house on Lot 2 to be located upgradient from the private water supply on Lot 1 subject to the condition that a low pressure dosing system is installed on Lot 2. In addition, the existing well on Lot 3 will need to pass a potability test prior to approval of the record plat for this development proposal.

As such, I am requesting formal approval of the above-cited Regulation by the Howard County Health Department to ensure that I am in compliance with all the required compliance criteria.

Accordingly, I am forwarding the following information for your use:

1. One (1) original Mylar of the Perc Certification Plat.
2. Two (2) paper copies of the Perc Certification Plat.

Should you have questions, or require additional information, please contact my engineer, Fisher, Collins & Carter, Inc., at 410-461-2855.

Very truly yours,

A handwritten signature in black ink, appearing to read "Harold Renfro", with a long horizontal line extending to the right.

Mr. Harold Renfro

WO #11046