



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

(A/P) 555746

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

DATE 3-9-15

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) TOM CUNNINGHAM

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

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

APPLICANT Tim Keane

DAYTIME PHONE 443-324-9866 (CELL) \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 3675 Park 2 Ave EC 21043  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME Cunningham LOT NO. 1-6

PROPERTY ADDRESS 4979 Sheppard Lane  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 29 Platbook 8526 GRID \_\_\_\_\_ PARCEL(S) 25 PROPOSED LOT SIZE 159.7ac

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

# Proposed Lot 2

108

AP

107

0.8' dk grey-brn  
L, om common mica

1.4' brn & dk. brn  
sl, thin platy  
common mica

3.5' lt. red & lt. brn  
ls thick platy  
many mica

brn, dk. brn  
& very pale brn  
ls thick platy  
many mica

111

0.4' dk brn  
om, mica

red-red & brn  
L thick platy  
few angular cobbles

2.4' C2d (pale brn)

brn L, thin  
platy

redd brn sl  
thick platy

6.3' very dk brn  
H. yellow & pale red  
ls thick platy  
many mica

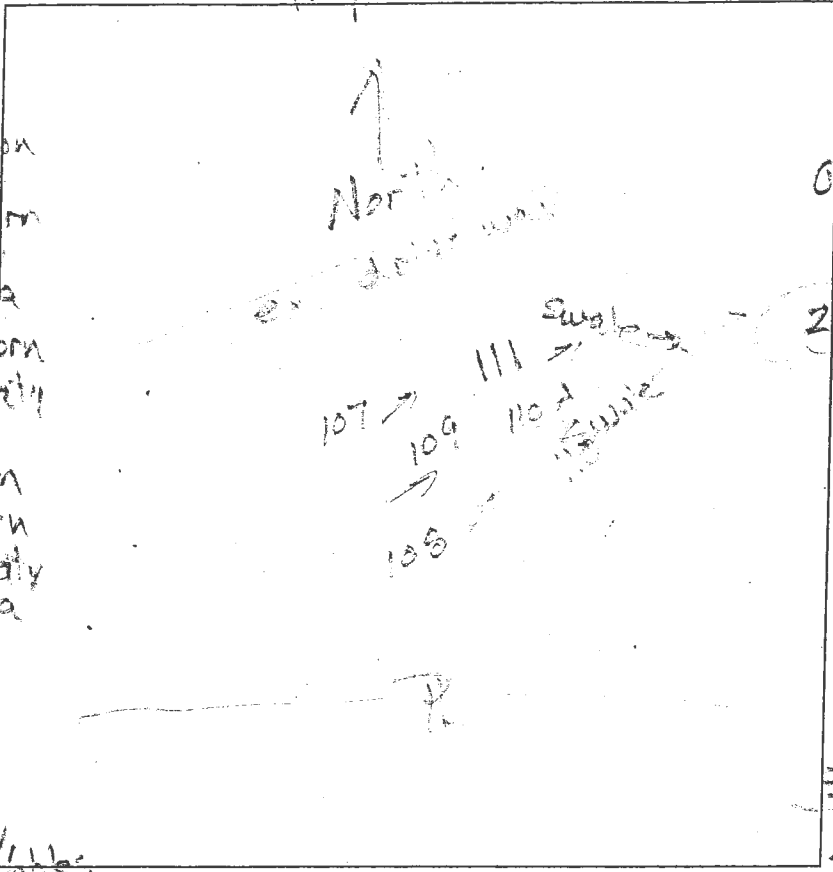
109

0.5' dk. brn  
om  
mica

brn L, thick  
platy  
few mica

1.4' red & lt  
& dk brn sl  
thick platy  
many mica

red-brn, H. yellow  
very pale brn  
& brn ls  
thick platy  
many mica



0.9' red & brn (most  
35-40%  
angular cobbles)

2.4' dk brn  
& pale brn  
ls thick platy  
many mica

110-A

1' dk brn sl

brn L

brn & dk brn  
sl, thick platy  
common mica

3.5' brn, dk. brn  
sl

2.4' dk brn sl  
thick platy  
many mica

4.5' brn, dk. brn  
& v. pale brn  
ls thick platy  
many mica

brn ls, many mica

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PI/H
4/29/15	108	4 1/2'	1:57	1:59	2:03	4	P
4/29/15	107	11'	Visual		sidewall 1.2g	1.4'	P
4/29/15	110	—	Visual		middle of suite		F
4/29/15	111	3.5/12'	2:29	2:41	3:01	20	P
4/29/15	110A	12'	Visual		sidewall 1.2g	3.5'-8'	P
4/29/15	109	3.8/11'	3:02	3:05	3:15	10	P

REMARKS \_\_\_\_\_

SANITARIAN K. Bricker BACKHOE Foale's OTHERS Tim Kenno

TEST HOLES USED IN SDA Jake AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_