



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

QIP 623999
DATE 1/31/06

AGENCY REVIEW: _____

04-32944

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 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) Ronald Hoover

DAYTIME PHONE 443-277-9734 CELL _____ FAX _____

MAILING ADDRESS 16360 Newport Rd Mt Airy Md. 21771
STREET CITY/TOWN STATE ZIP

APPLICANT Same

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 Same LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 2 GRID 17 PARCEL(S) 184 PROPOSED LOT SIZE 27 Acres

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. Ronald Hoover
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P (1)

Brown L 1'

Red/Orange micaceous Sel w/ 20% platy Saponite 5'

Yellow/Brown micaceous Sel w/ 20-25% platy Saponite 10'

Brown Sel w/ 35% platy Saponite HB 11'

(2)

Brown L 1'

Red/Orange Brown Sel w/ 25% Saponite 4'

Brown/Grey Red micaceous Sel w/ 30-35% Saponite 7'

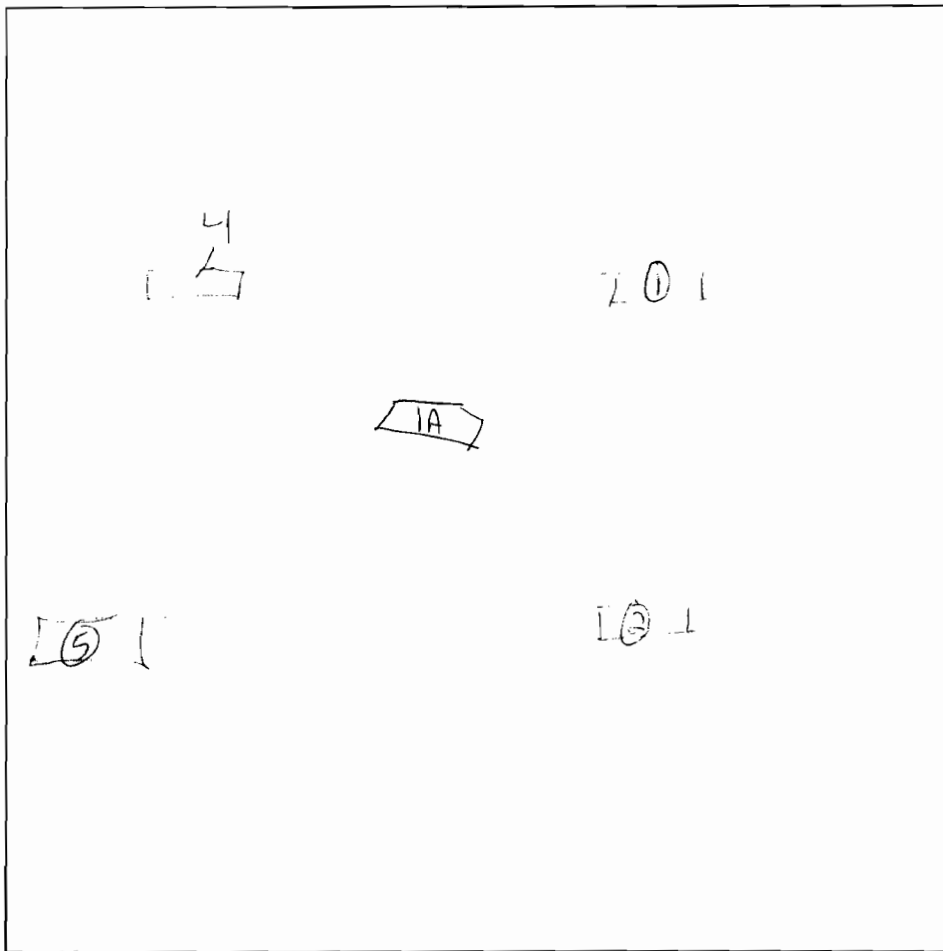
Brown micaceous Sel w/ 30-35% mica Schist Platy HB 8'

(5)

Brown L 1 1/2'

Red/Orange Brown micaceous Sel w/ 15% Saponite 3'

Yellow/Brown Sel w/ 30% platy Saponite HB 10'



1A

Brown L 1 1/2'

Orange Red micaceous Sel 4'

Brown/Grey micaceous Sel w/ 30-35% platy mica Schist HB 10'

1

Brown L 1 1/2'

Orange/Red micaceous Sel w/ 15% Saponite 5 1/2'

Yellow/Brown micaceous Sel w/ 5% Saponite HB 9'

3

Brown L 1 1/2'

Yellow/Brown micaceous Sel w/ 15% Saponite 3 1/2'

Brown/Yellow micaceous Sel w/ 25% platy Saponite 10'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
2-10-06	4	5' / 11'	12:28	12:42	1:03	23min	P
	2	4' / 8'	12:50	12:59	12:55	3min	P
	5	3 1/2' / 10'	1:04	1:06	1:08	2min	P
	1A	4 1/2' / 10'	1:18	1:21	1:24	3min	P
	1	- / 9'	- Visual			Rock	F
	3	- / 10'	- Visual			OK	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 _____