



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 6/24/03 TEST TIME _____ A/P 519021
 AGENCY REVIEW: _____ DATE 6/24/03

Repair
 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) Bruce Levey

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 10702 Judy Ln Columbia MD
 STREET CITY/TOWN STATE ZIP

APPLICANT Zepp Plumbing

DAYTIME PHONE 410-531-6712 CELL _____ FAX _____

MAILING ADDRESS 12447 Rt 108 Clarksville _____
 STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
 SUBDIVISION/PROPERTY NAME Riverside Estates LOT NO. 11

PROPERTY ADDRESS 10702 Judy Ln _____
 STREET TOWN/POST OFFICE

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

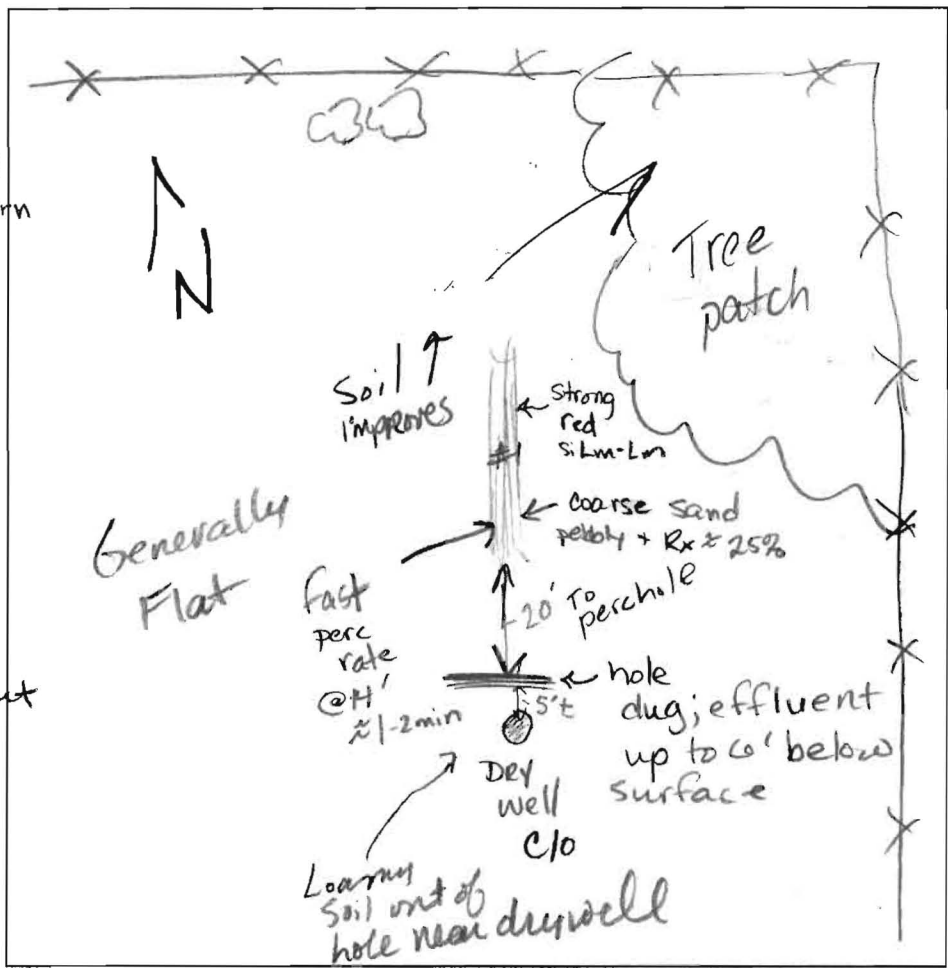
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. 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
 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

AP 519021

#1
 Str brn topsoil 6"
 Str rd brn sil
 Strong org gravelly sand 5 1/2'
 y brn
 l+ brn
 Coarse micaceous SAND
 Rx 25%
 saprolite @ 12'
 blue



#1
 N. WALL about
 Strong rd
 Lm -
 silm
 micaceous

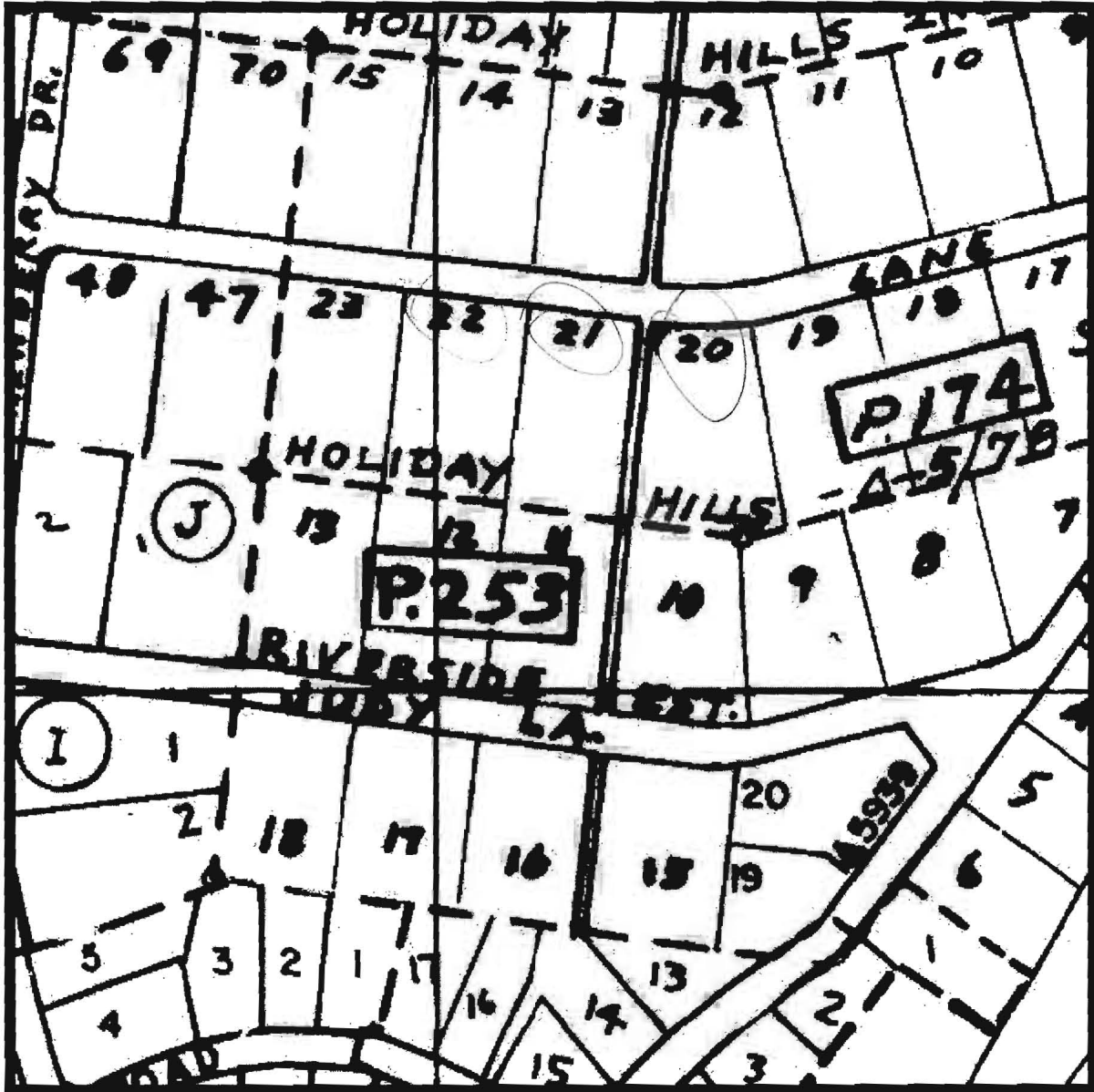
12'
 Wet sand
 Strong red
 Bluish grey
 org streak

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
6/24/03	#1	Poured water into bottom on					P
		Coarse SAND	side	~	1 1/2 min.		
		North & south of coarse sand					
		texture improves					

REMARKS Researched surrounding lots' soils - good
 SANITARIAN Kacie BACKHOE Zepp OTHERS Mr. Levey
 TEST HOLES USED IN SDA #1 AVG. PERC TIME 5 min SQ. FT/BR 180
 TRENCH WIDTH 2 INLET DEPTH 7 MAX. BOT DEPTH 9 EFFECTIVE SW 2 1/2'

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search
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District - 05 Account Number - 361427



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