



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

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

A/P 519693

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

DATE 12/9/03

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) Potomac Electric Power Co.

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

MAILING ADDRESS 701 Ninth St. N.W. Washington D.C. 20068  
STREET CITY/TOWN STATE ZIP

APPLICANT Altieri Homes

DAYTIME PHONE 410-715-4500 CELL \_\_\_\_\_ FAX 410-740-5809

MAILING ADDRESS 9017 Red Branch Road Suite 201 Columbia MD 21045  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME Lime Kiln Valley LOT NO. 38

PROPERTY ADDRESS Lime Kiln Road Highland 20777  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 40 GRID 25 PARCEL(S) 490 PROPOSED LOT SIZE 3.24 ac.

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.

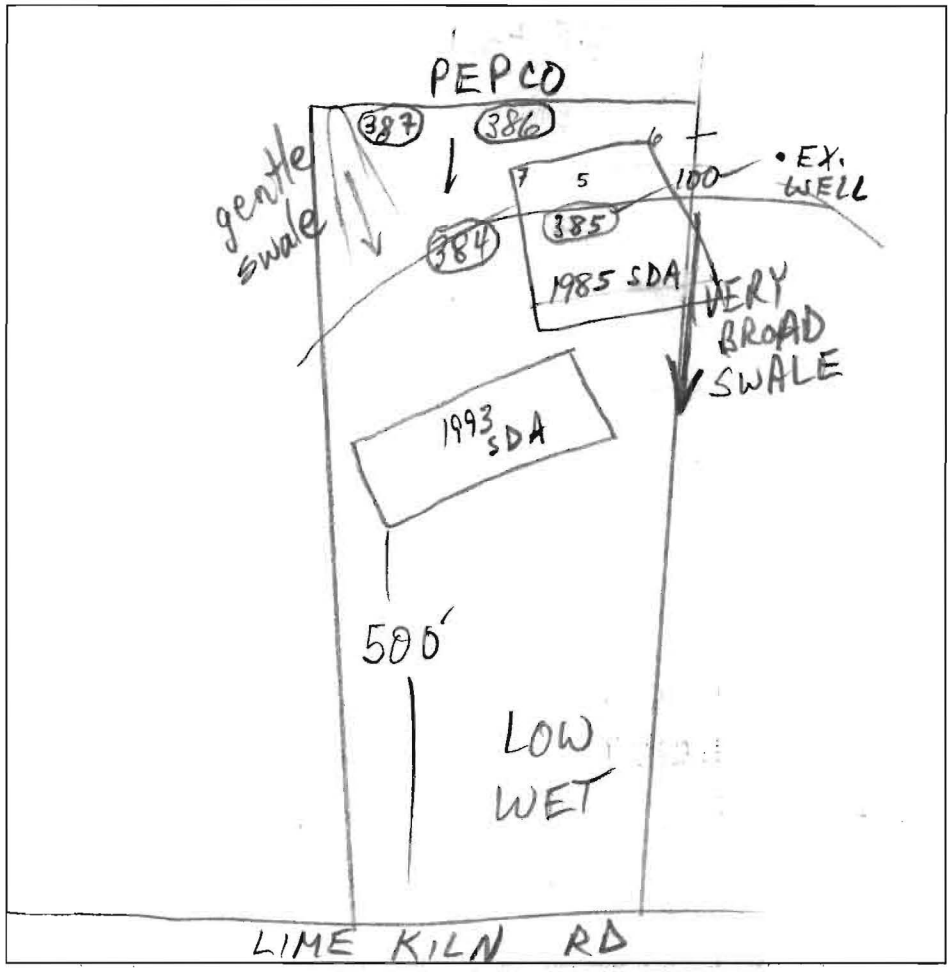
SIGNATURE OF APPLICANT

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

385  
orge red  
brn cl/m  
20-30% Rx  
6-  
6 1/2  
brn pink  
sa lm  
5-10%  
frags  
10 1/2  
H<sub>2</sub>O

384  
orge brn  
cl/m  
6 1/2  
pink brn  
sami/m  
10-15%  
Rx  
pockets Rx  
@ 30%  
10' 9"

387/386  
brn orge  
cl/m  
2 1/2  
-3  
tan brn  
pink  
sami/m  
15%  
Rx  
10' 9"  
-11 1/2



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/23/03	385 S	6 1/2 / 10 1/2	4:29	4:32	4:37	5	P
	384 V	10' 9"					P
	387 V	10' 9"					P
	386 V	11 1/2					P
3/14/83	5	3 1/2 / 8 1/2 / 11	by RH	sim to 386		3 26	P
	6	4 1/2 / 9 / 12 1/2	by RH	sim to 386		22 9	P
	7	3 1/2 / 8 / 12 1/2	by RH	sim to 386		5 9	P

REMARKS HOLES NOT PER PLAN

SANITARIAN M. Ripkin BACKHOE \_\_\_\_\_ OTHERS Altieri

TEST HOLES USED IN SDA ALL AVG. PERC TIME 11 SQ. FT/BR 210

TRENCH WIDTH 2 INLET DEPTH 3 MAX. BOT DEPTH 7 EFFECTIVE SW 4

1st SYS REQ = 150'