



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 5444010

AGENCY REVIEW: _____

DATE 12-4-12

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) Gene Freeze

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 2698 Jennings Chapel Road MD

APPLICANT Hatfield's Equipment

DAYTIME PHONE 410 984-0047 CELL _____ FAX 301 440 5794

MAILING ADDRESS PO Box 519 Annapolis Junction MD 20701

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME 2698 Jennings Chapel RD LOT NO. _____

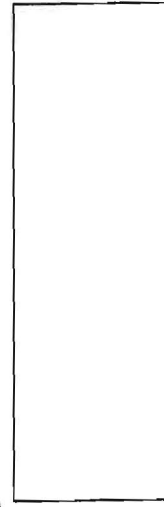
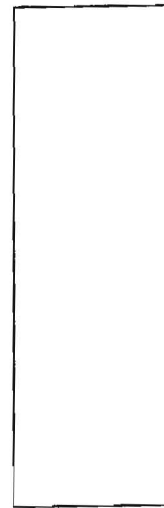
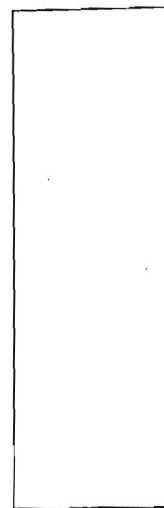
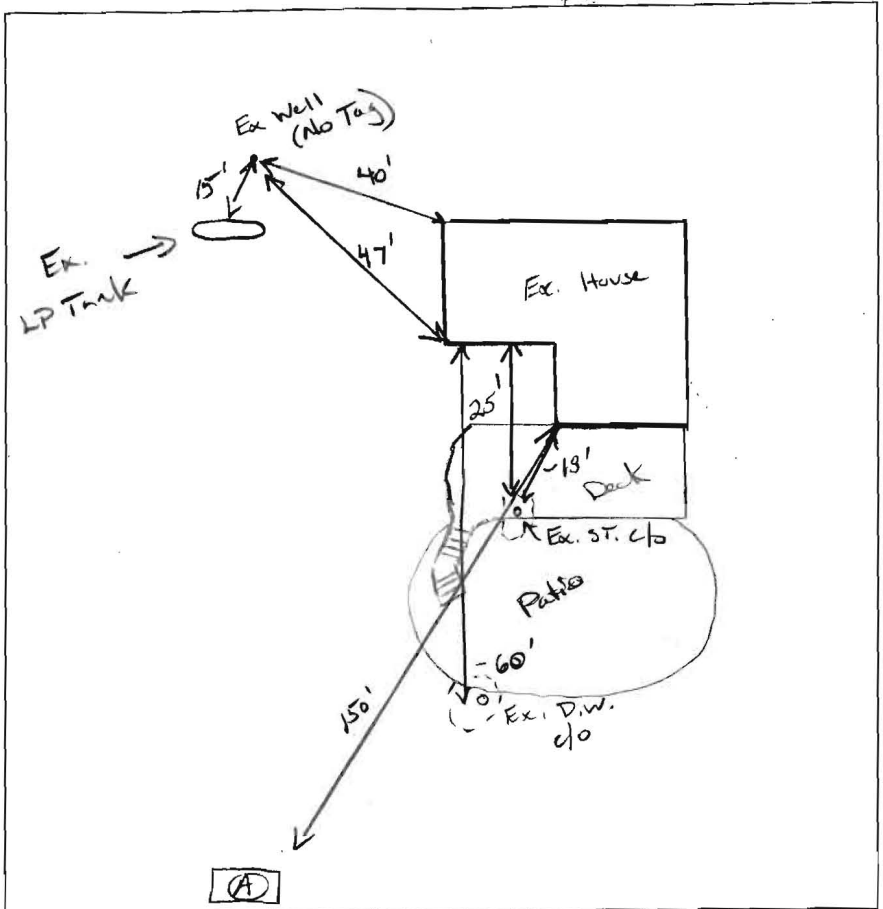
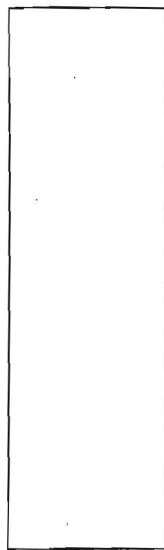
PROPERTY ADDRESS 2698 Jennings Chapel Rd

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. Jeff Rea SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



(A)

8" OM, Topsoil
Dry, 2mths

Br/Y/R L,
Platy,
Friable, Dry,
5-10% near
subst. chert

4' VFSL, Br/Y/R
massive,
heavy platy
but friable,
wk separate
silty feel
Dry

↓

15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/19/12	(A)	5' 15'	11:52	11:54	11:59	5	P
		H ₂ O	peered	@ bottom		~ 8-10mpt	

REMARKS LP Tank set 15' from Ex. Well. Soils very good. Homeowner wants system sized for 4 BR existing

SANITARIAN K. Wolf BACKHOE D. Simpson OTHERS Jeff Risher

TEST HOLES USED IN SDA 1 AVG. PERC TIME 5 SQ. FT/BR _____

TRENCH WIDTH 2 INLET DEPTH 3 MAX. BOT DEPTH 8 EFFECTIVE S/W 5