



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 534012

AGENCY REVIEW: _____ DATE 9-1-10

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) Stephen & Kazuko Braithwaite

DAYTIME PHONE 925 872 0928 CELL _____ FAX _____

MAILING ADDRESS 12938 Kentbury Dr Clarksuille MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT Ronnie Heaps / JM Contracting LLC

DAYTIME PHONE 443-277-7526 CELL SAME FAX 410 552-5815

MAILING ADDRESS 425 O'Brecht Rd Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 12938 Kentbury Dr Clarksuille Md. 21029
STREET TOWN/POST OFFICE

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

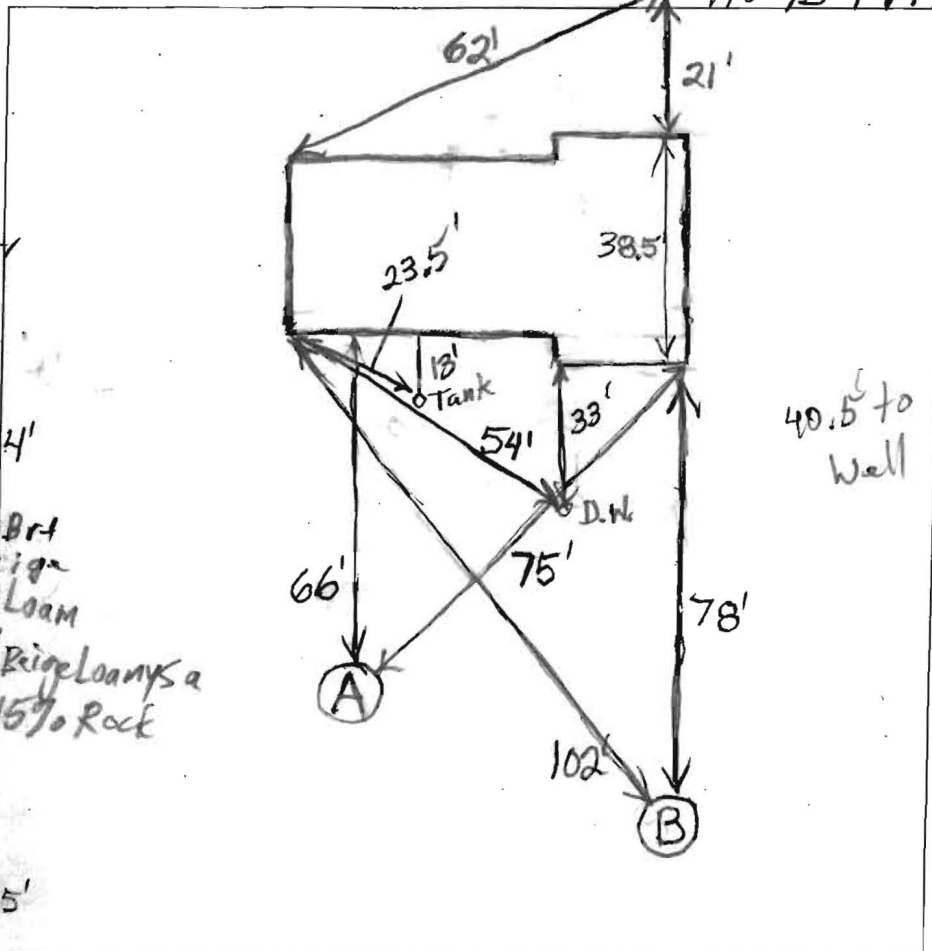
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

BEST RESULTS WILL BE MAILED TO APPLICANT. Ronnie Heaps
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

(A)
 Red Br
 SaCl Loam
 Fine sbk 2.5'
 Or Br Sa
 Cl Loam -
 sa Loam
 Dense Coarse
 Micaceous 3.5-4'
 Loamy Sa Or Br
 With Red Beige
 Pockets of Sa Loam
 Dry 7.5'
 13' Beige Loamy sa
 ~15% Rock

(B)
 Dense Red
 Br Sa Cl Loam
 med sbk 3-3.5'
 Or Br Dense
 Sa Cl Loam -
 Sa Loam 4.5-5'
 Dense Light
 Br Micaceous
 Loamy Sa
 ~20%
 Rock
 Dry 12'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/13/200	A	4.5/13'	10:49:30	10:52	10:58:30	6 1/2	P
		6'	11:02:30	11:05	11:08:20	3 1/2	P
	B	6.5/12'	11:39:30	11:42	11:46	4	P

REMARKS Water Poured In Bottom of A+B - Relatively Fast Rates
 SANITARIAN B. Baker BACKHOE R. Heaps OTHERS K. Braithwaite
 TEST HOLES USED IN SDA A+B AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____