

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 5 28875

AGENCY REVIEW: _____

DATE 4/3/08

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:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

- 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) Warren Bell

DAYTIME PHONE 410-531-2714 CELL 410-530-4851 FAX _____

MAILING ADDRESS _____ STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

APPLICANT Huffield's Equipment

DAYTIME PHONE 301-854-6172 CELL 410-984-0047 FAX 301-490-5794

MAILING ADDRESS P.O. Box 519 Annapolis Junction MD STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 4713 Linthicum Rd Dayton 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.

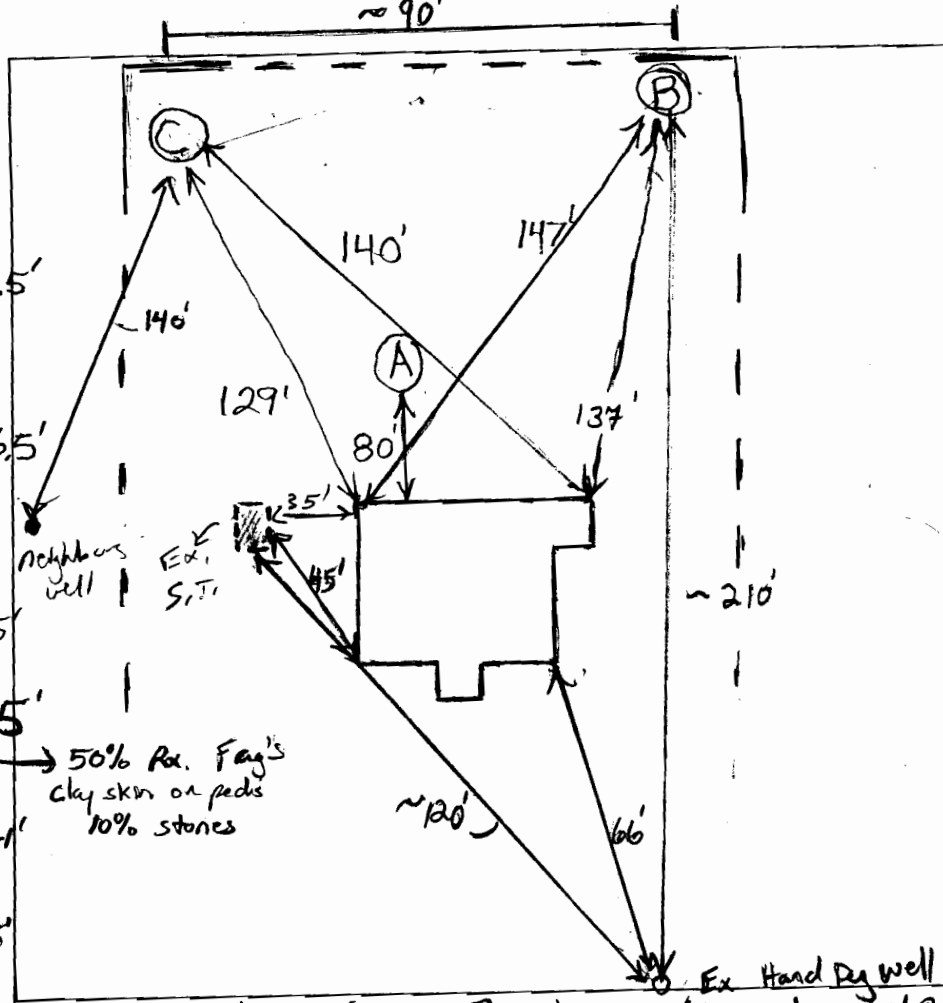
TEST RESULTS WILL BE MAILED TO APPLICANT. _____ SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
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)
- Topsoil 1'
- Br Cl Loam 2'-2.5'
- Dense Red Br Loam Trace Rock 6'-6.5'
- Mixture of Beige Si Cl and Sa Cl Loams 9.5'
- Sa Cl Loam 30-40% Rock 18.5'

- (B)
- Topsoil 0.5'
- Br Si Cl Loam 3.5'
- Red Br Si Cl Loam 4.5-5'
- Red Br Loam 6.5'
- Red Br Sa Cl Loam 8'
- Red Br Sa Loam and Sa Cl Loam 25% Saprolite 14.5'

- (C)
- Loam 1'
- li Br Si Cl loam 4-4.5'
- Red. Br. Sa Cl lm 4'
- Pink SL channels 13'
- Br Rd extremely channery SL, wk thk platy structure inherited from area sheet, notable. 20-30% Saprolite 19'



Linthicum Road

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/10/08	A	9'	14:51	10:54	Pulled estimate	40 F	
							for 1st inch
	B	7'	14:51	11:28	1st inch	25-30	F
		8.5'	11:54	Pulled est	30	for 1st	
		10'	12:22	12:43	1:04	21 min	P
	C	8'	14:51	12:12:30	12:16:45	12:24:45	8

REMARKS: H₂O poured btm of (C) ~ 7 min // H₂O poured @ btm of (B) ~ 8 min.

SANITARIAN B. Bulker / K. Wolf BACKHOE Don Simpson OTHERS Kenny Hat Jr. / owner

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

Suppage PR? calc -> 12 x 12 x 10 Inlet 4' btm = 14' 1440 ft³
68.40 ft

(B) continued

continued. 14'

Br. Rd extremely channery SL, soil inherited from area sheet. (similar to hole (C) 13'-19')

19'