

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 524394

AGENCY REVIEW: _____

DATE 4/6/06

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) Alan Posey

DAYTIME PHONE 301-854-3766 CELL _____ FAX _____

MAILING ADDRESS 6694 Luster Dr Highland MD 20777
STREET CITY/TOWN STATE ZIP

APPLICANT Hatfields Septic

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

MAILING ADDRESS PO Box 519 Annapolis Junction MD 20701
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 6694 Luster Dr LOT NO. _____

PROPERTY ADDRESS Green Hill Manor Est
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.

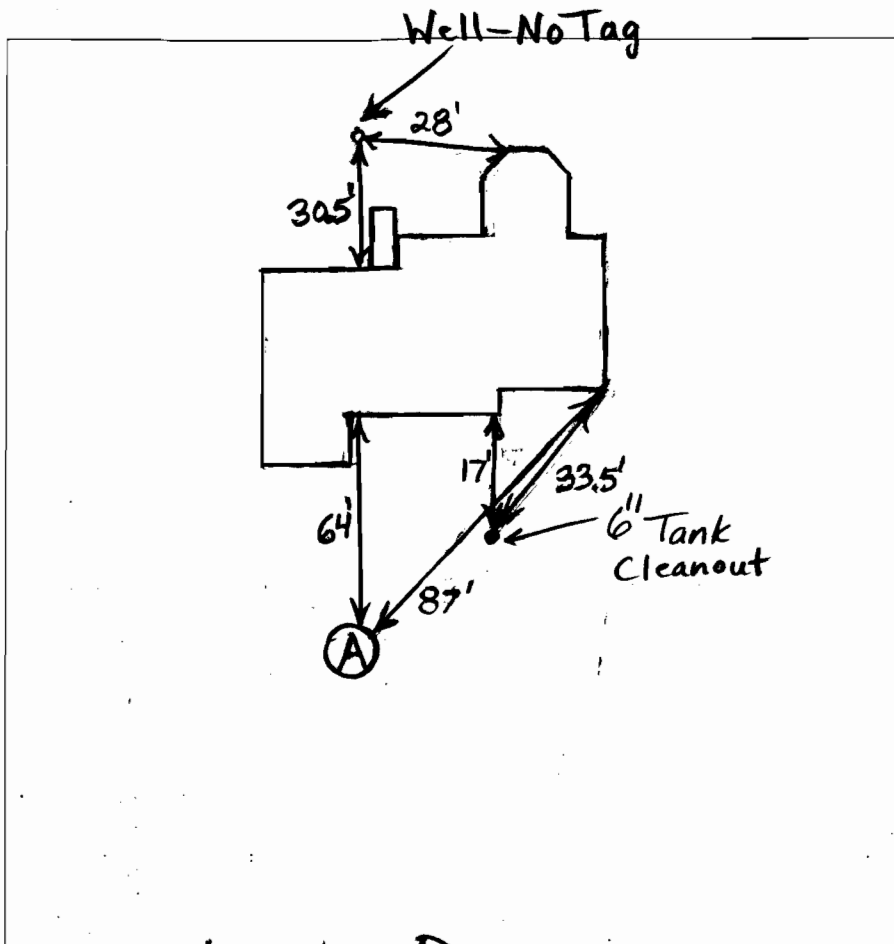
TEST RESULTS WILL BE MAILED TO APPLICANT.

Jeff R
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

A/P _____

Ⓐ
 3.5' Red Br
 Si Cl Loam
 ~10% Rock
 Or Sa Loam
 Slight Amount
 of Clay
 ~15% Rock
 5' Red Br
 Sa Loam
 ~15% Rock
 15' Dry



Luster Drive

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/27/06	A	55'/15'	10:49	2 Minutes	Total		H
		Repair	10:53:20	10:54:40	10:56:25	2	P

REMARKS _____

SANITARIAN B. Baker BACKHOE Hatfields OTHERS _____

TEST HOLES USED IN SDA A AVG. PERC TIME 2 SQ. FT/BR 180

TRENCH WIDTH 3' INLET DEPTH 5' MAX. BOT DEPTH 7' EFFECTIVE S/W 2'