



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 525569

AGENCY REVIEW: _____

DATE 9/22/06

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 unknown 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) Estate of Robert H. Kittleman

DAYTIME PHONE 301-661-3344 CELL _____ FAX _____
% Trent Kittleman and Allan Kittleman

MAILING ADDRESS 3104 Fox Valley Dr. W. Friendship, MD 21794
STREET CITY/TOWN STATE ZIP

APPLICANT Samantha Mitchell Reigel

DAYTIME PHONE 410-313-5568 CELL 443-739-1857 FAX _____

MAILING ADDRESS 6403 Tamarack Circle, Sykesville, MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Friendship Farm LOT NO. 4

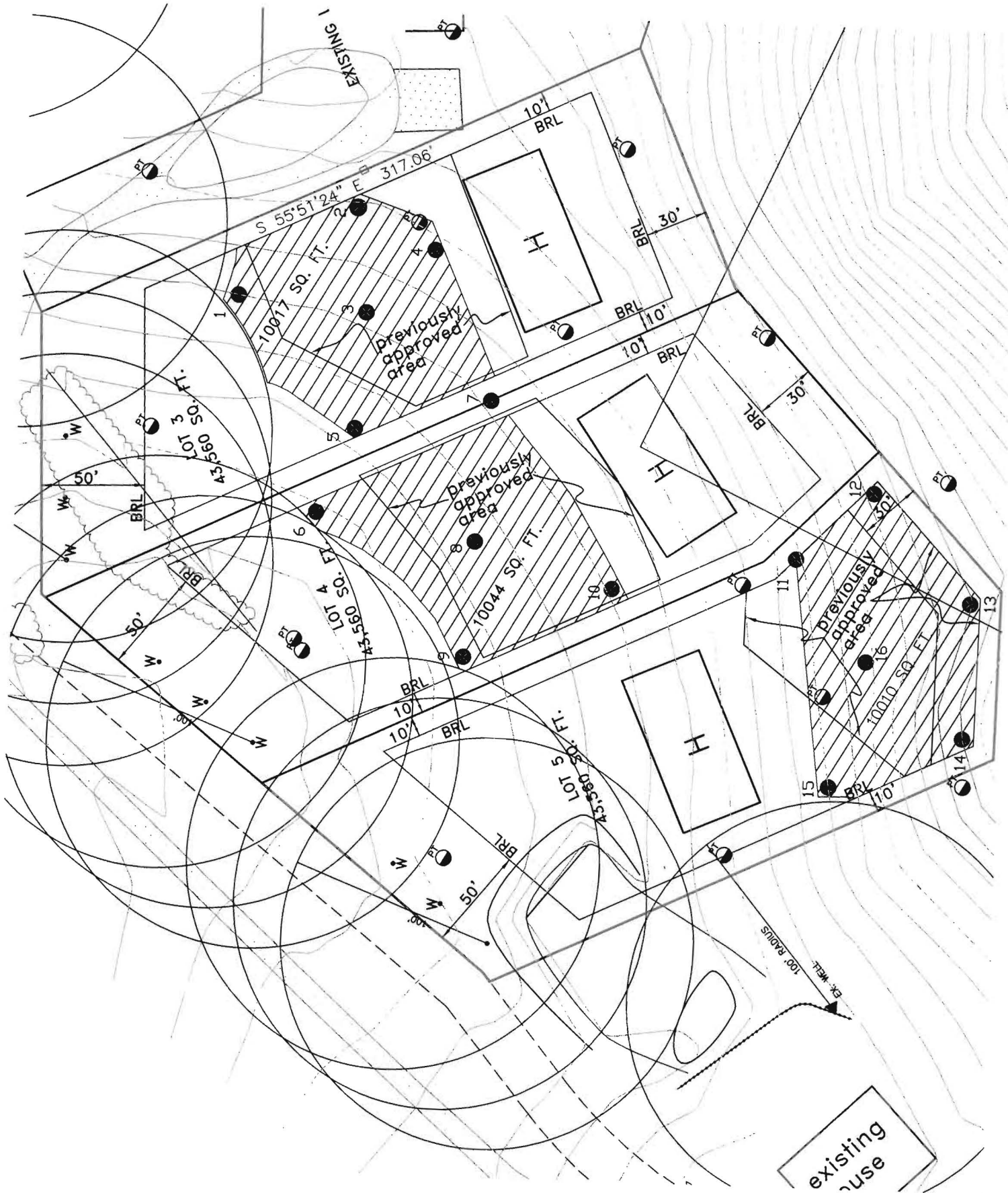
PROPERTY ADDRESS 3104 Fox Valley Drive, W. Friendship 21794
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 15 GRID 14, 15, 20, PARCEL(S) 117 PROPOSED LOT SIZE 1 acre.

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.

Samantha Mitchell Reigel
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



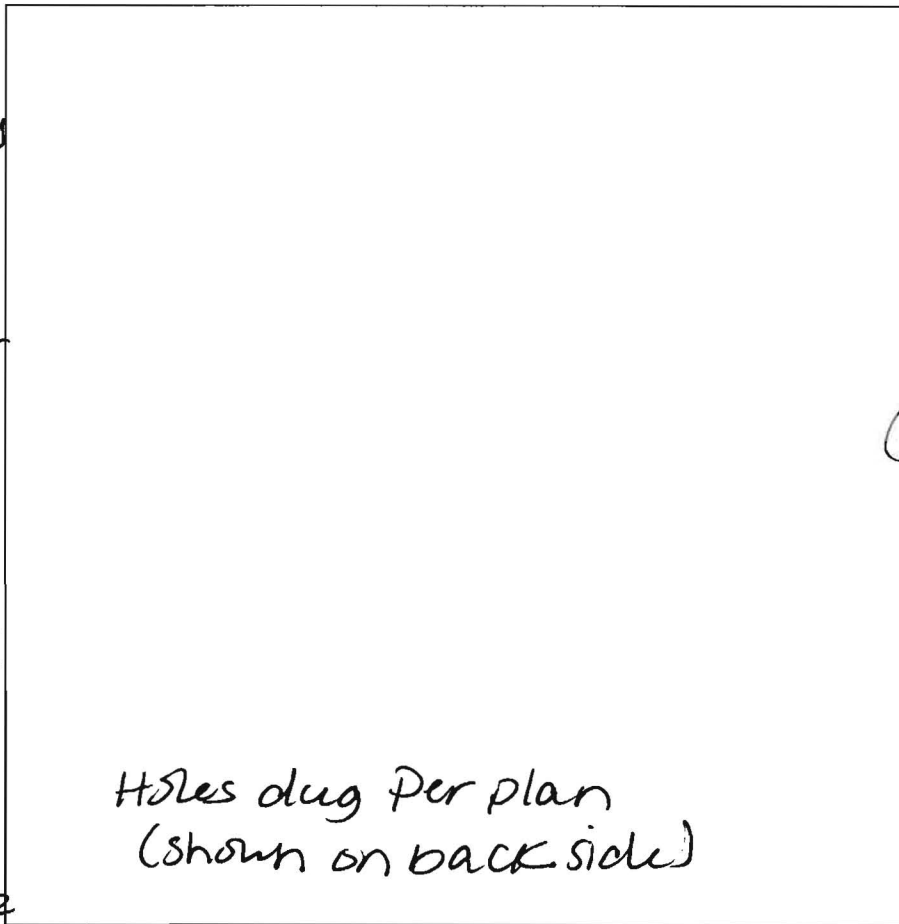
existing
house

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6
 6" BR gravelly L
 6" RD BR gravelly CL
 2' multi-color micaeous FSL WK cem Saprolite
 8' LT BR FSL 30% Stcem Saprolite
 13.5'

RD BR gravelly CL
 2' multi-color micaeous FSL WK cem Saprolite
 10.5'

8
 BR gravelly
 2' SiCL
 BR FSL WK cem multi-color Saprolite
 5.5' LT BR micaeous FSL 30% Stcem Saprolite
 11'



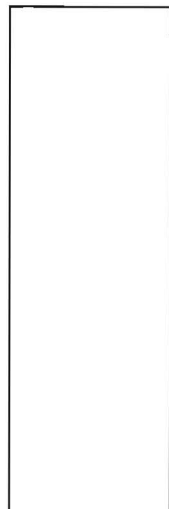
9
 BR gravelly L
 6" RD BR gravelly CL
 2' RD BR FSL WK cem Saprolite
 6' multi-color FSL Stcem Saprolite
 11.5'

10
 BR gravelly L
 6" RD BR gravelly CL
 3' multi-color micaeous FSL WK cem Saprolite
 7' 40% Faggy St. cem Saprolite
 10'

(10 ft Stcem Saprolite)

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/9/06	6	5' / 13.5'	10:01	10:03	10:04	1	
	Repair		10:04	10:06	10:09	3	P
	7	3.5' / 10.5'	10:31	10:34	10:37	3	P
	8	VISUAL					P
	9	4' / 11.5'	9:50	9:54	9:59	5	P
	10	5' / 10'	9:39	9:43	9:48	5	P

REMARKS Lot 4
 SANITARIAN AT BACKHOE OTHERS
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW



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