



CALL KOBER WEBSTER W/QUESTIONS
443-367-0422 EX. 219

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

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 to 5 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) FERRY & BARBARA WESTLAND

DAYTIME PHONE 443-367-0422 CELL _____ FAX _____

MAILING ADDRESS 12525 LIME KILN ROAD SW FULTON, MD 20759
STREET CITY/TOWN STATE ZIP

APPLICANT: DONALD R. REWNER

DAYTIME PHONE 443-367-0422 CELL _____ FAX _____

MAILING ADDRESS 5300 BOSEY HALL DR. ELLICOTT CITY, MD 21042
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME WESTLAND PROPERTY LOT NO. 1

PROPERTY ADDRESS 12525 LIME KILN ROAD SW FULTON, MD 20759
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 45 GRID 5 PARCEL(S) 28 & 30 PROPOSED LOT SIZE 3.1 AC

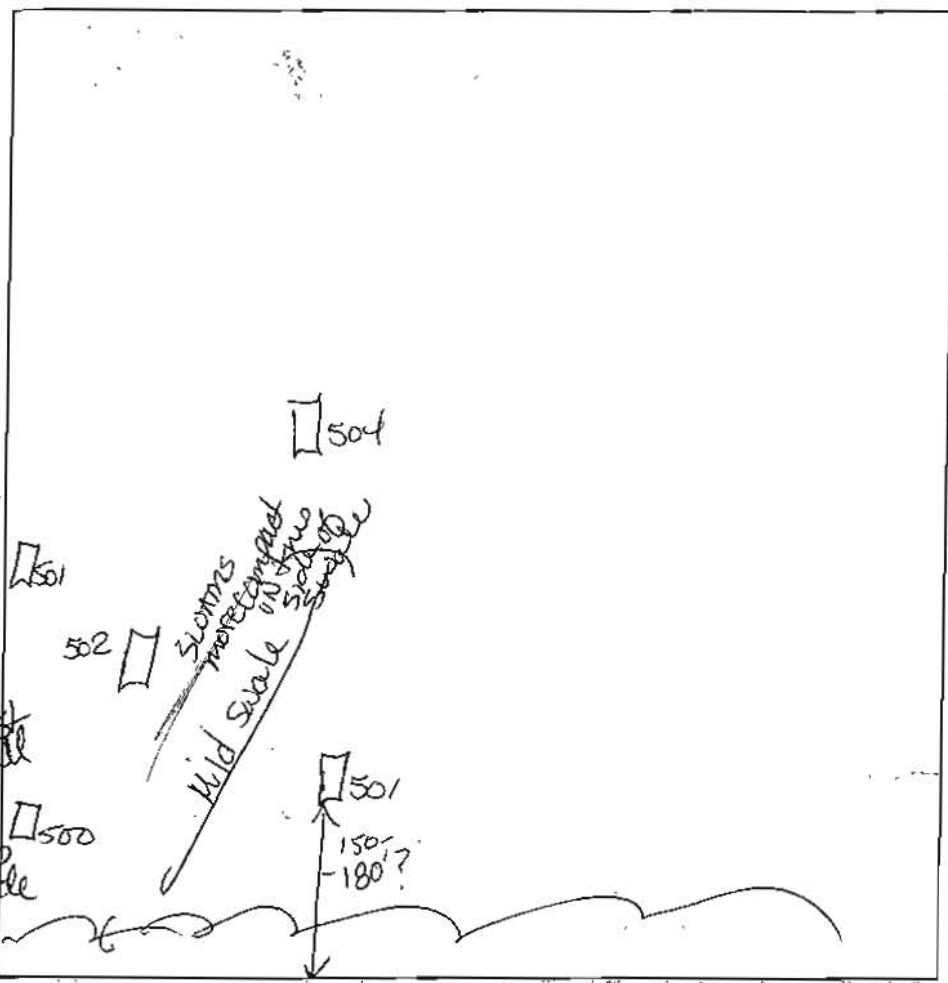
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.D.S.H.A.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

TEST RESULTS WILL BE MAILED TO APPLICANT. _____
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

501

str brn
wk org
brn gritty
hvy L/Sil pebb
str yellow
L.SiL
3'
6'
STE RED
LSAND
v. micae
SAP pocket
west
wall
20%
10'
Bottom 10 1/2'



501
Few surface
@ 2' covered
< 5%
str rd
SCL
Ribbons 2"
3'
v. fr
suprude
frags 2" x 1" x 1/2"
2 15%
1 in wk rd brn
SLaem
v. micae
10' Bottom

504
Wkrd
v. fr
v. micae
SAP
micae
gives
greasy
feel to
SL
overall
SAP ~
15%
Bottom 10'

West
wall
SAP
@ top
grade
500

500
str rd
mois +
gritty
CL
4'
transition
layer
SCL
7'
wkrd
v. micae
Loam
11' Bottom

LIME FILM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8-10-05	503	4' / 10 1/2'	10:28	10:31	10:34	3+	P
	504	4 1/2'	10:36	10:40	10:46	6	P
		more compact		SL than other holes			
	502	5' / 10'	10:43	10:45	10:48	3	P
	501	3' 10" / 10'	10:45	10:47	10:50	3	P
	500	5' / 11'	10:53	TOO slow moved uphill 25'			
	500A	3'	2:40	2:41	2:44	3	P

500A
SEE
hole
501

502
str red
SCL
3Spk & bk
pebb
low
mud
2'
wkrd brn
str brn
1 pl
v. micae
LSAND
Mnon
chest faces
% ~ 15%
v. fr. sapidite
Bottom 10'

uphill side

REMARKS Holes dug on Stake
SANITARIAN _____ BACKHOE _____ OTHERS _____
TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____