

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 523235

AGENCY REVIEW: _____

DATE 8/30/05

04-327012

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) CARL L REED & WIFE (JERRY RUSHING - BUILDER)

DAYTIME PHONE _____ CELL _____ (PHONE 410-489-0833 FAX 410-489-0834)

MAILING ADDRESS 2045 DUVALL ROAD WOODBINE MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT MILDENBERG, BOENDER & ASSOC. (DAN FOGEL)

DAYTIME PHONE 410 997-0296 CELL _____ FAX 410 997-0298

MAILING ADDRESS 5072 DORSEY HALL DR. ELLICOTT CITY MD 21092
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME REED PROPERTY LOT NO. _____

PROPERTY ADDRESS E DUVALL ROAD WOODBINE MD
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 13 GRID 4 PARCEL(S) 280 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. Dan Fogel MBA
SIGNATURE OF APPLICANT

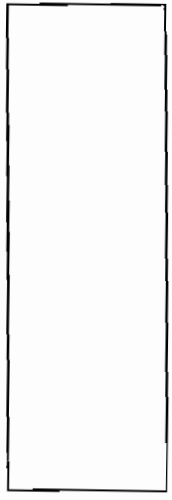
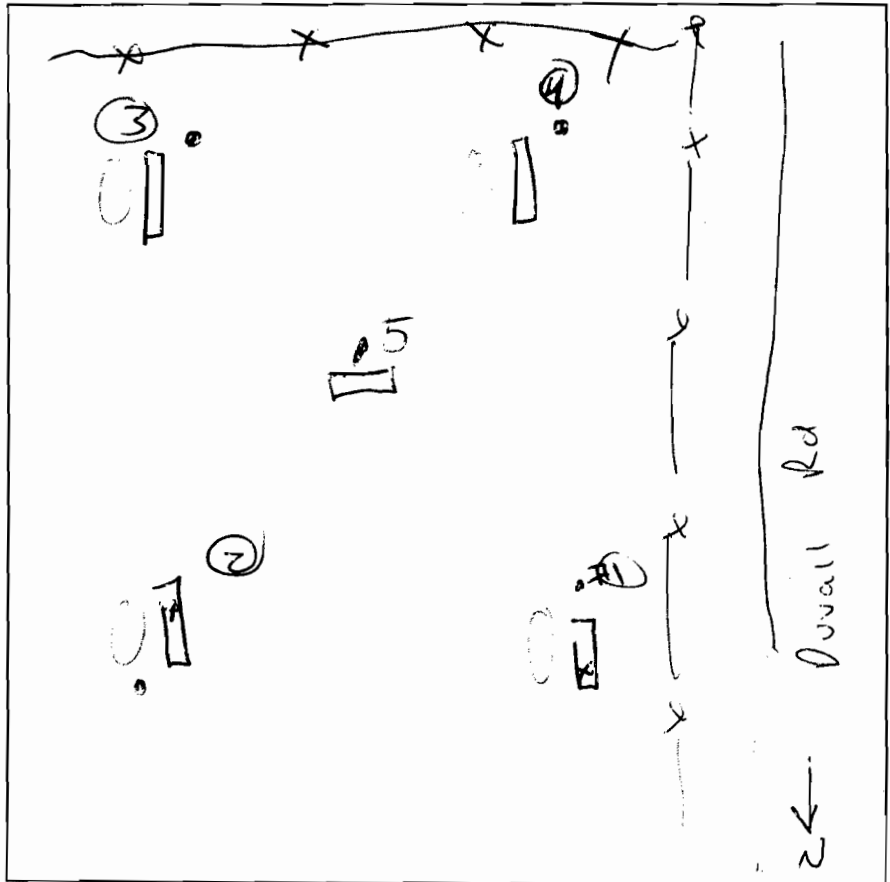
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP _____

①
 brown l 1
 y-b ab heavy 2
 orange red-brown Sil (ab) 4
 Transition 5
 yellow brown Silt loam 6
 --- 6
 11 w 15% schist frags 13

②
 brown l 1
 y-o's heavy loam 2 1/2
 orange brown heavy sil 4 1/2
 Transition - y-b Red silt loam 5
 w 25% schist frags 12

③
 brown l 1
 heavy y-b (ab) loam 3
 o-red brown silt 3
 Transition 6
 heavy red brown loam w/sil-loam 6
 w 15% schist frags 15
 4 red-brown sil 15



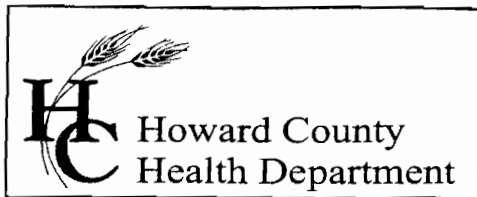
④
 brown l 1
 y-b heavy loam 3
 o-b 5% schist frags 5
 o-b red sil 5 1/2
 y-b red heavy loam 15% frags 12
 sil/loam 12

⑤
 brown l 1
 heavy y-b ab loam 2 1/2
 o-b sil 2 1/2
 Transition 5 1/2
 y-b silt loam 6
 w 15% schist frags 6
 cherty frags schist 6

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/28/05	1	5/13	8:48	8:54	9:03	9	P
	2	5/12	9:07	9:25	9:44	19	P
	3	6/11	9:26	slow			
	4	6/12	9:37	9:54	10:21	27	P
	5	7/12	visual				P
	3	7/11 1/2	10:13	10:15	10:18	3	P

REMARKS Dug to stank
 SANITARIAN PAY BACKHOE Josh Bended OTHERS engineer/builder
 TEST HOLES USED IN SDA 5 AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 7 EFFECTIVE SW (6)

Site for 4 bedroom? (14.5) average rate.



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

September 29, 2005

Mr. & Mrs. Carl Reed
2045 Duvall Rd.
Woodbine MD 21797

RE: PERCOLATION TEST RESULTS-A523235
Tax Map 13, Parcel 280
Lot 1, Reed Property

Dear Mr Reed.

Percolation testing conducted September 29, 2005 on the referenced property satisfactory soil conditions. Copies of the test results are enclosed.

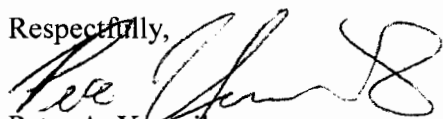
Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

- 1) Actual locations and elevations of all excavated test holes
- 2) A suitable house and well site for each lot
- 3) Two replacement well sites or approximately 1500 square feet of approvable well area for each lot
- 4) All existing wells and septic reserve areas on the property
- 5) Locations of any other relevant features such as streams, swales, or existing structures
- 6) A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
- 7) A note indicating that depicted topography reflects field-matched information
- 8) A health officer signature block stating "approved for private water and private sewerage systems"
- 9) A MDE sewage disposal area statement is required

Neighboring well and septic locations must be field verified and shown on percolation certification plan.

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Respectfully,



Peter A. Yencsik
Development Coordination Section
Well and Septic Program

PY
Enclosures
cc: Mildenberg, Boender & Ass
File