

\$506 need



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 525154

AGENCY REVIEW: _____

DATE 7/11/06

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 4 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) David and Amy Dell

DAYTIME PHONE 410-552-1369 CELL 443-250-3969 Dave 443-604-0367 Amy FAX _____

MAILING ADDRESS 7434 Springfield Ave, Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

APPLICANT David and Amy Dell

DAYTIME PHONE 410-552-1369 CELL 443-250-3969 Dave 443-604-0367 Amy FAX _____

MAILING ADDRESS 7434 Springfield Ave, Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 481 Route 32 Sykesville, MD 21784
STREET TOWN/POST OFFICE

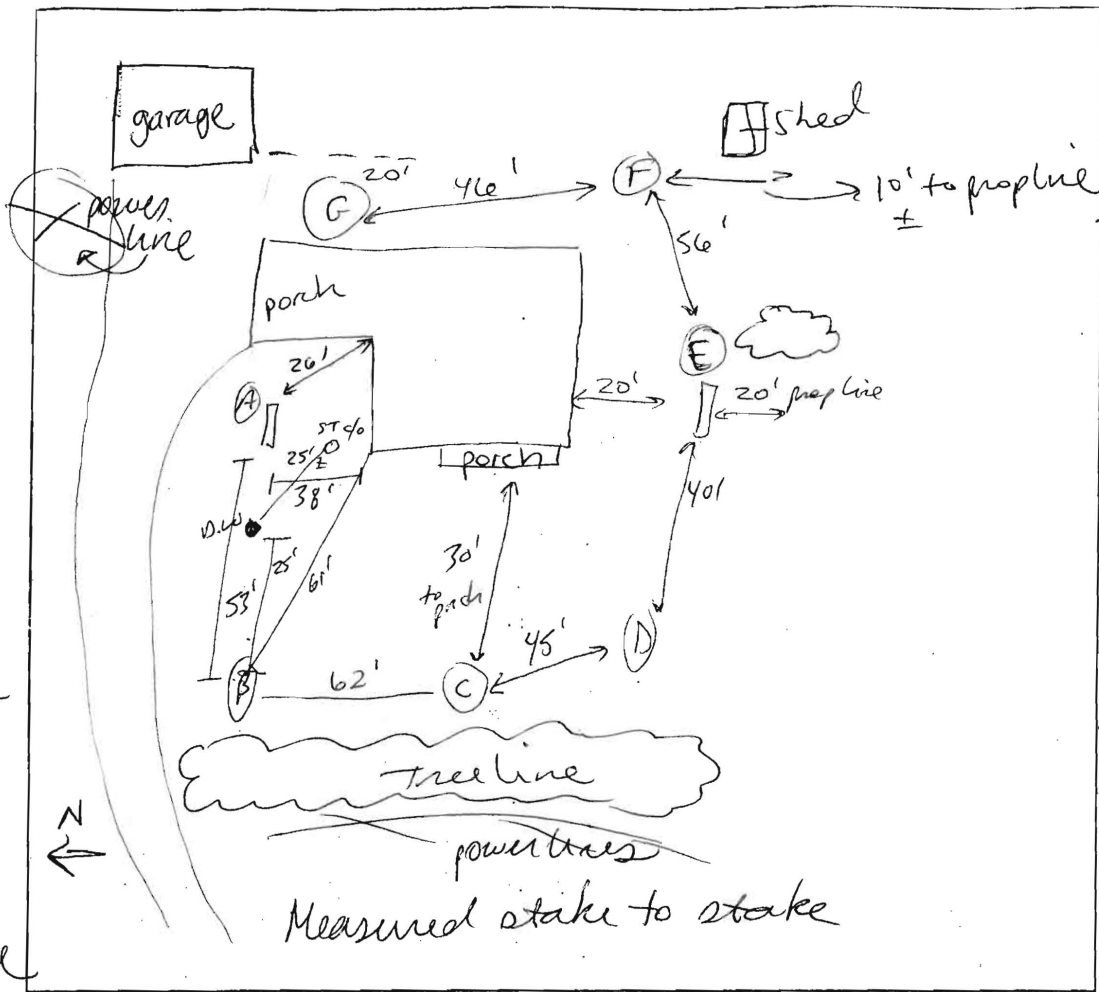
TAX MAP PAGE(S) #4 GRID 15 PARCEL(S) 41 PROPOSED LOT SIZE _____

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. Amy Dell David Dell
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

A.P.



D

Surface
Q+2
boulders
heavy loam

3 1/2
sl

E

stone brown
heavy L
sbk

3
sl brown

hard
rock

A / G

Strong brown
heavy L
2 1/8" M
sbk

4'
brown
L / sl
no rock
w.c. sg.
well drained

9'
hard rock
spherulite

B / C

org brown
heavy loam

2'
organics
black

3'
brown, org. brown
L, sand
compact
sg.
sbk

12'
bottom

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DRCP | TIME OF 2nd INCH | P/F/H |
|------|--------|---------------|-------|------------------|-----------------|---------------------|-------|
| 6/06 | A | 4' 1/2" / 9' | 9:31 | 9:37 | 9:45 | 8 | P |
| | C | 4' 1/2" / 12' | 9:45 | 9:50 | 9:57 | 7 | P |
| | E | 4' 1/2" / 12' | 9:57 | 10:02 | 10:07 | 5 | P |
| | B | | | visual? | | ok | P |
| | D | | | visual? | | ok | P |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

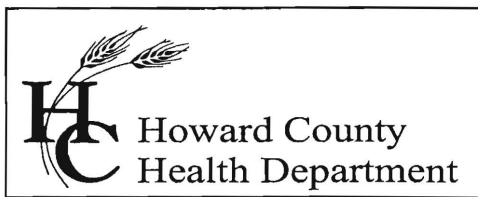
REMARKS _____

SANITARIAN KN BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME 7 SQ. FT/BR 180

TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 36 EFFECTIVE S/W 4 1/2

1.5' overhead



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

July 14, 2006

David and Amy Dell
7434 Springfield Ave
Sykesville, Maryland 21784

RE: PERCOLATION TEST RESULTS -525154
481 Rt 32

Dear Mr. and Mrs. Dell:

Percolation testing conducted June 2006 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed. Sewage disposal systems can not be located in disturbed areas, if the existing house has a basement, the septic area could be limited and additional testing may be required.

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) Proposed building and septic system
- 3) Locations of existing structures, wells, and septic areas including tanks and drywells
- 4) Locations of any other relevant features such as slopes, streams, swales, and utility easements
- 5) Septic area has a 25' setback from abandoned wells and swales
- 6) Topography needs to be on 2' contour intervals
- 7) 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 stating existing wells and septic to be abandoned prior to building permit approval
- 8) A note stating "All wells to be drilled prior to building permit approval. It is the developers responsibility to schedule the well drilling prior to building permit submission. It will not be considered "government delay" if the well drilling holds-up the Health Department signature of the permit."
- 9) A note indicating that depicted topography reflects field-matched information
- 10) A health officer signature block stating "approved for private water and private sewer systems"
- 10) A MDE sewage disposal area statement is required
- 11) MDE minimum lot width statement
- 12) Include A# in the title block

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Sincerely,

Sara Fegel
Well and Septic Program
Development Coordination Section

Enclosures
Cc: File

