

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ **AP 519605-A**

AGENCY REVIEW: _____ DATE 10/7/03

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 150 r.

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) **Katherine Pickett**

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS **16617 Frederick Road** **Mt. Airy** **MD** **21771**

STREET CITY/TOWN STATE ZIP

APPLICANT **Heritage Land Development**

DAYTIME PHONE **410-489-7900** CELL **410-984-0408** FAX **410-489-4754**

MAILING ADDRESS **3060 Washington Road, Suite 220** **Glenwood** **MD** **21738**

STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION NAME **Pickett Property**

PROPERTY ADDRESS **16617 Frederick Road** **Mt. Airy, Maryland 21771**

STREET TOWN/POST OFFICE

TAX MAP PAGE(S) **7** GRID **4** PARCEL(S) **219-2** PROPOSED LOT SIZE **0.4667 ac**

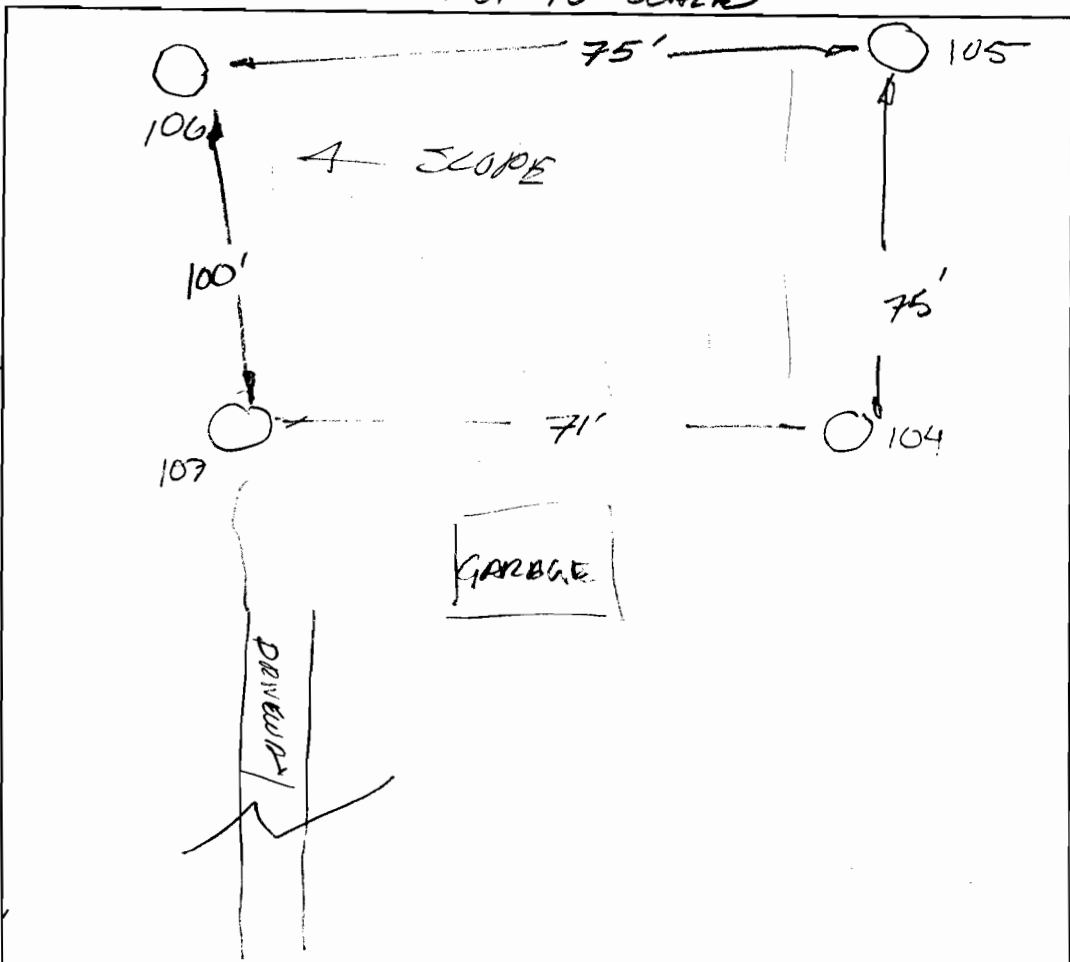
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A.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

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

NOT TO SCALE

104
Brown loam
1'
~~Red~~
Red Si. Clay loam w/ 20-30% Chert Schist
5 1/2'
Red Si loam w/ 30-40% Chert Schist
HARD BOTTOM 10'



10.5
Brown loam
1'
Red Si. Clay loam w/ 20-30% Chert Schist
5 1/2'
Red Si loam w/ 30-40% Chert Schist
HARD BOTTOM 10'

106
Brown loam
1'
Red Si. Clay loam w/ 20-30% Chert Schist
5 1/2'
Red Si loam w/ 30-40% Chert Schist
rock

FREDERICK RD - WEST

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/5/03	104	6' / 10'	2 25	2 32	2 42	10min	P
	107	6' / 12'	2 36	2 45	2 52	7min	P
	106	6' / 14'	2 47	2 51	2 59	8min	P
	105	6' / 10'	3 02	3 06	3 13	7min	P

107
Brown loam
1'
Red Si. Clay loam w/ 20-30% Chert Schist (PLATE)
5 1/2'
Red Si loam w/ 30-40% Chert Schist
rock

REMARKS _____
 SANITARIAN FA BACKHOE Justin Brendel OTHERS Tim Fedge, Justin Brendel, Bruce Burton
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 8min SQ. FT/BR 210
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 6' EFFECTIVE S/W _____

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Gartland Plumbing Telephone #: 410-825-5303
Address: 1620 W. Old Liberty Rd
Sykesville, MD 21287

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joseph Gartland License# 6352

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Catacton Homes Telephone #: 410 222 5804
Subdivision: Pickett Property Lot #: 3 Well Tag #: HO-99-3863
Site Address: 16621 Frederick Rd
Mt. Airy, MD 21221

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goolds</u>	Make: <u>BTE</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>26502</u>	Model#: <u>P 100LT</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>7</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>48</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

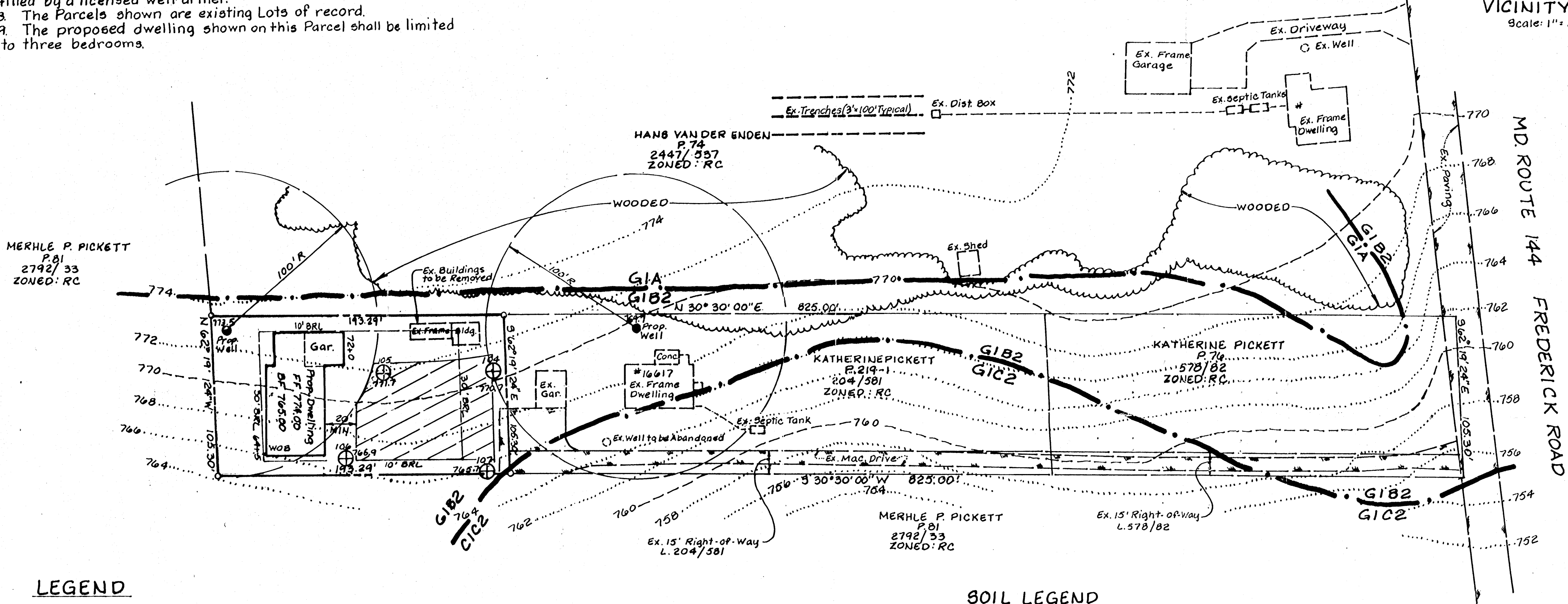
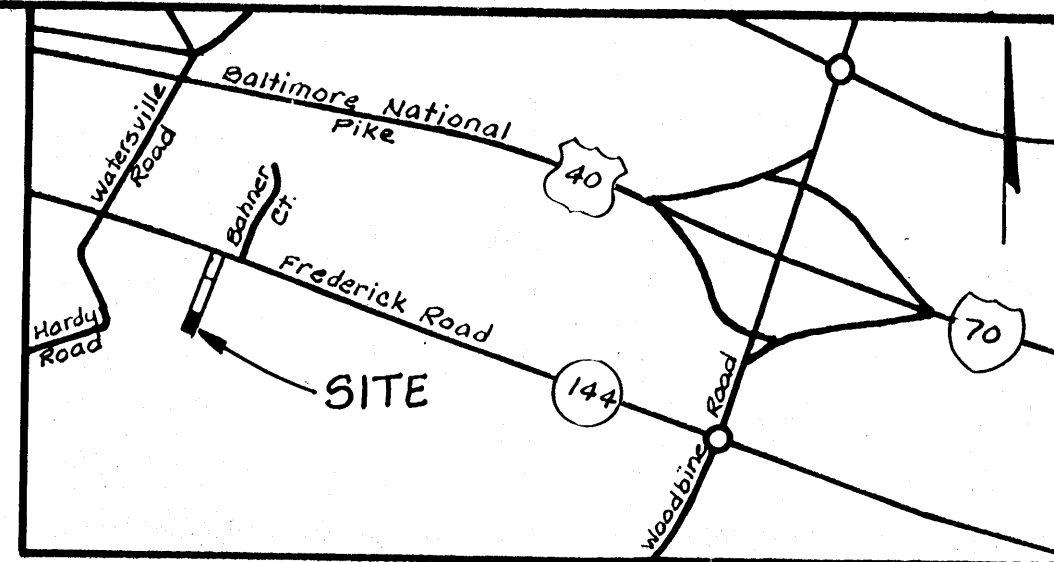
Signature of company representative responsible for installation _____ date 7-26-04

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7/21/04 AW/npme Date Insp. Approved: 7/27/04 (BB)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

NOTES:

- Existing Zoning: RC
- Deed Reference: Liber 355 Folio 319
- Total Area of Parcel: 0.4667 Ac. +/- or 20,330 Sq. Ft. (PARCEL 219-2)
- The lots shown hereon comply with the minimum lot area and the ownership width as required by the Maryland State Department of the Environment.
- The topography shown hereon is taken from the Howard County aerial topography and the area within the sewage disposal area has been field verified.
- The existing wells have been shown within 100 feet of the lots which may effect this proposal.
- The existing well on Parcel 219-1 shall be abandoned and filled by a licensed well driller.
- The Parcels shown are existing Lots of record.
- The proposed dwelling shown on this Parcel shall be limited to three bedrooms.



LEGEND

- Proposed Well Site
- Ex. Existing well Site
- 102 Percolation Test Site (Not Passed)
- ⊕ Percolation Test Site (Passed)
- Soils Type
- ▨ Proposed Sewage Disposal Eamt.

▨ This area designates a Private Sewage Disposal area of at least 5,000 square feet as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This Sewage Disposal area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant adjustments to the private sewage Disposal area.

SOIL LEGEND

- G1A - Glenelg Loam, 0-3% slopes
- G1B2 - Glenelg Loam, 3-8% slopes, Mod. Eroded
- G1C2 - Glenelg Loam, 8-15% slopes, Mod. Eroded

PERC CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my supervision and are correct to the best of my professional knowledge and belief.



D. Wayne Weller 11/26/03
 D. Wayne Weller, Professional Land Surveyor Date
 MD Reg. No. 10685

APPROVED: For Private Water and Private Sewerage Howard County Health Department

Penny Borenstein M.D. 12/8/03
 Howard County Health Officer Date
 FA 12/10/03

LDE, INC.		
9250 Rumsey Road, Suite 108, Columbia, MD. 21045 (410) 715-1070 (301) 598-3424 (410) 715-9540 (Fax)		
Designed: BDB	PERCOLATION CERTIFICATION PLAT <i>Signed</i> PICKETT PROPERTY	Scale: 1" = 50'
Drawn: BDB STB	TAX MAP 7 PARCEL 219-2 4th ELECTION DISTRICT, HOWARD COUNTY, MD	Drawing: 1 of 1
Checked: BDB		Job No.: 03-046
Date: 11/03		File No.: