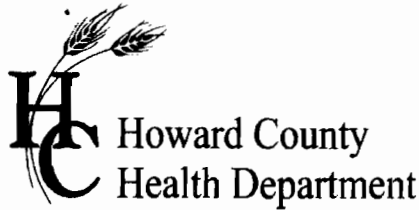


Attn: Kevin



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

A/P 522417

AGENCY REVIEW: _____

DATE 4/22/05

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) Dorothy A. Hardy (Cumberland Deep) Agent

DAYTIME PHONE _____ CELL 301 252-1122 FAX 301 854-6325

MAILING ADDRESS 16391 A.E. Mullinix Rd Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Cumberland Deep Curtis Cumberland

DAYTIME PHONE _____ CELL 301 252-1122 FAX 301 854-6325

MAILING ADDRESS 16391 A.E. Mullinix Rd Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 17197 Hardy Rd LOT NO. _____

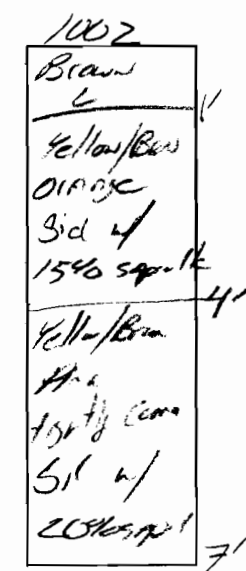
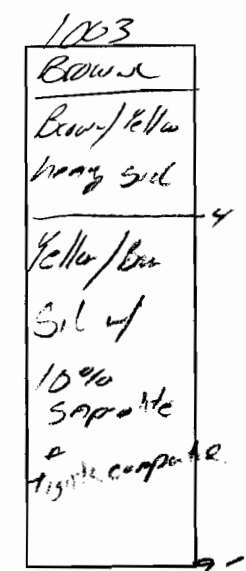
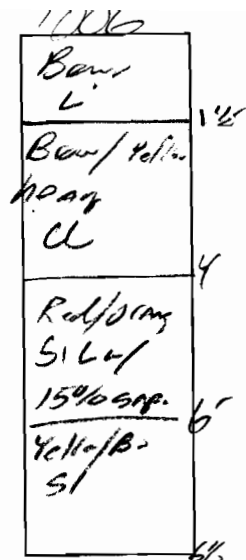
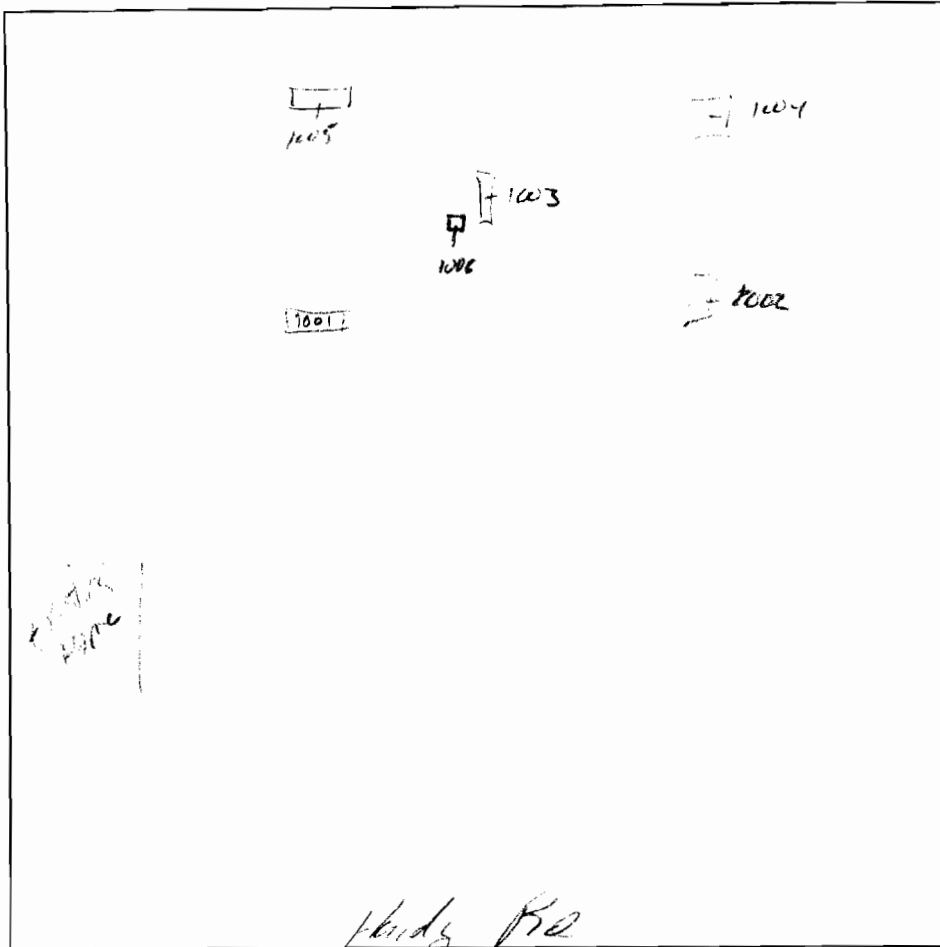
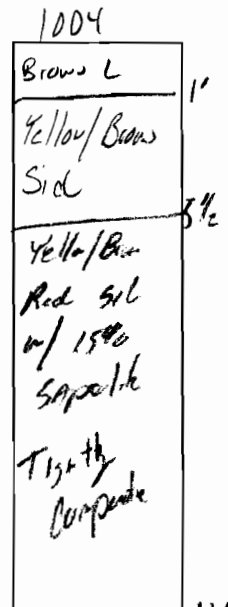
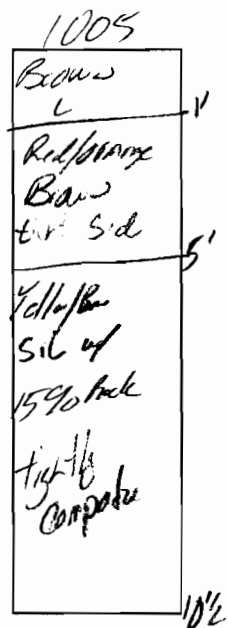
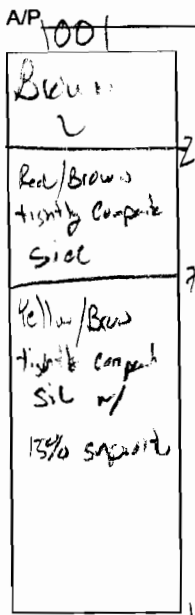
PROPERTY ADDRESS 17197 Hardy Rd Mt Airy MD 21771
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 7 GRID 8 PARCEL(S) 37 PROPOSED LOT SIZE .5

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. _____
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



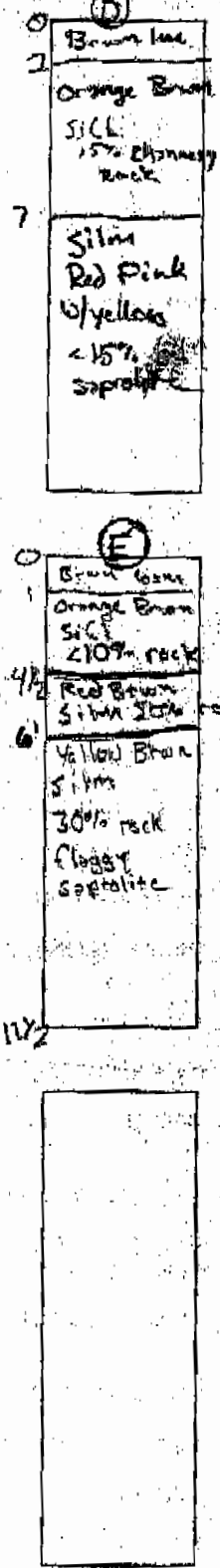
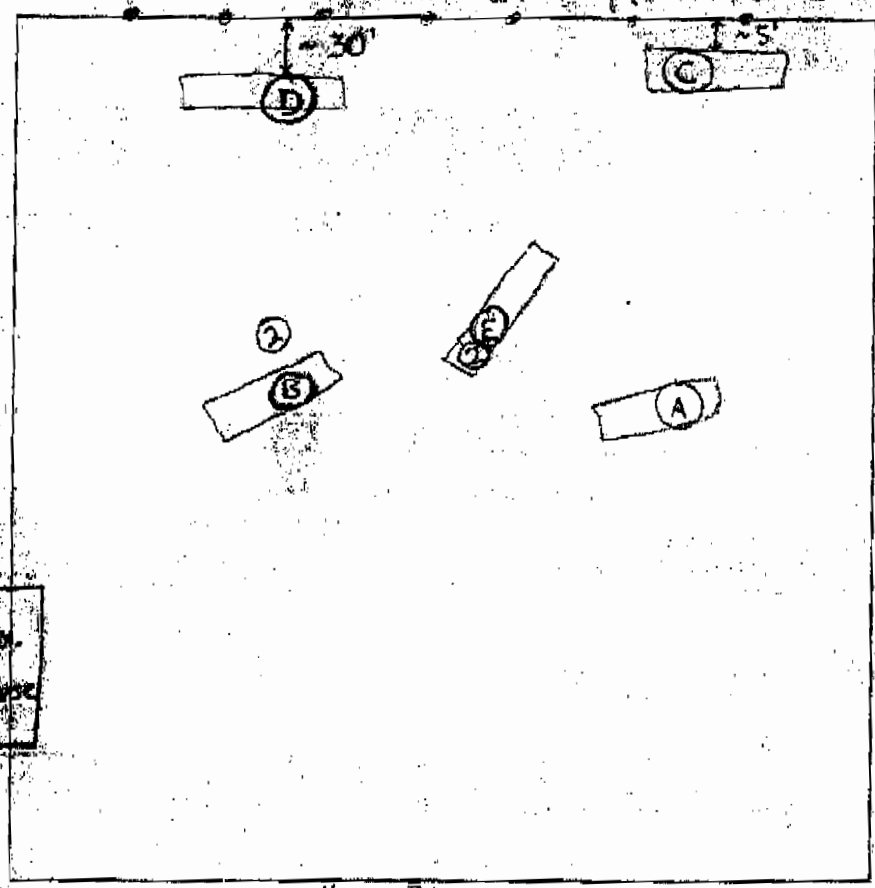
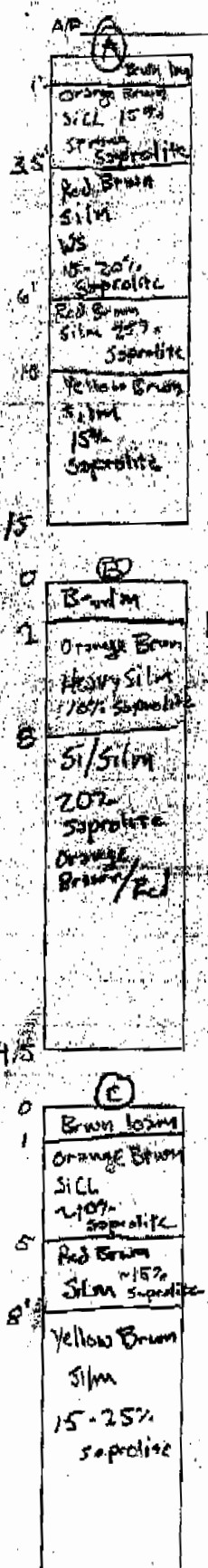
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/12/05	1005	2 1/2' / 10 1/2'	2:38	Pulled		Slow	K
	1001	7' / 12'	2:50	Pulled	3:21	S/b	F
	1004	—					
	A 1006	6 1/2' / 6 1/2'	1:46	2:00	2:21	2 min	P

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



HARDY RD.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/17/05	A	6.5 / 15'	3:11	3:18	3:29	11m	P
5/17/05	B	7.5 / 14.5'	3:37	3:55	Pulled 4:21	N/A	F
5/17/05	C	7 / 15'	3:27	3:35	3:50	15m	P
5/17/05	D	7 / 13'	3:32	3:43	3:58	15m	P
5/17/05	E	7 / 11 1/2'	4:19	Pulled			F
	E2	7 1/2' / 11 1/2'	4:32	4:35	4:39	4 min	P
	B2	8' / 14.5'	4:31	4:46	4:58	12mi	P

REMARKS _____

SANITARIAN GAC & KB BACKHOE Zapp OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/HR _____

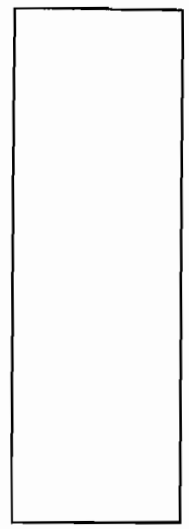
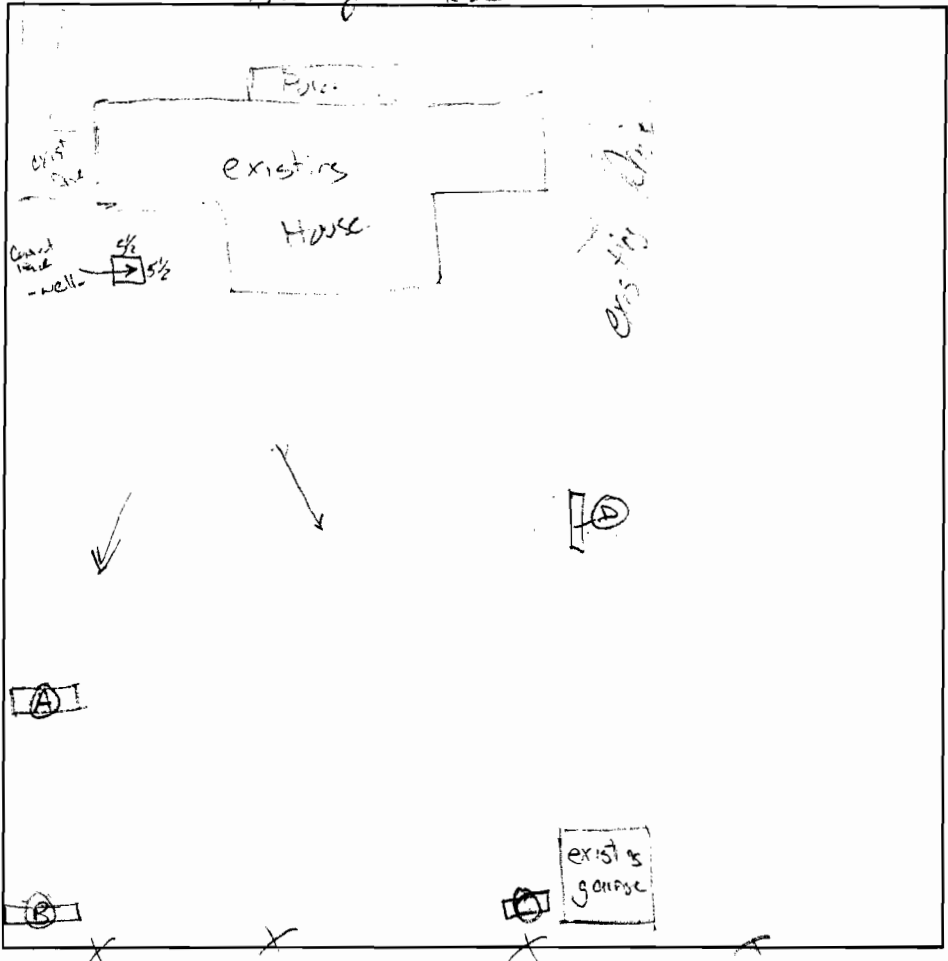
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____

Hardy Rd

1
Brown/Red
Orange
Silt
5
Yellow/Brown
Silt
8'
Yellow/Purple
Brown
Silt w/
15% platy
Rock
11'

B
Brown L
1
Yellow/Red
Orange
Silt
4 1/2
Yellow/Red
Brown Silt
w/ 10%
SAP.
9
Purple/Yellow
Silt w/
30-35%
Platy
Sand
12'

C
Brown L
1
Red/Orange
Brown
Silt
w/ 25%
Platy
sandstone
3 1/2
Brown/Red
Silt
6
Yellow/Brown
Silt
9
Purple/Yellow
Brown Silt
w/ 10%
Rock
11'

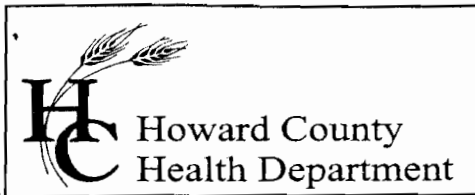


1
Brown L
Yellow/Brown
Silt
3 1/2
Red/Brown
Silt
5'
Yellow/Brown
Silt w/
10%
Rock
8 1/2
Purple/Red
Silt w/
30% platy
Sand
D

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
7/15/05	A	5' 11"	2:24	2:34	2:47	13 min	P
	B	5' 12"	2:47	2:58	3:12	14 min	P
	C	-	- Visual -			OK	P
	D	4 1/2' 10"	3:09	3:18	3:35	17 min	P

REMARKS ground very spotty
 SANITARIAN KJB BACKHOE Curtis Suburban OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 6 EFFECTIVE SW 1

$240 \times 4 = 960 - 3 = 300 \times .83 = 260'$ Linear trench Per System



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

May 18, 2005

Curtis Cumberland
16341 A.E. Mullinix
Woodbine, MD 21797

RE: PERCOLATION TEST RESULTS – A522417
Tax Map 7, Parcel 37
Hardy Road

To Whom It My Concern:

Percolation testing conducted May 17, 2005 on the referenced property indicated 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) Proposed house, well and septic system
- 3) Locations of any other relevant features such as streams, swales, or existing structures
- 4) A note must be included certifying that all existing wells and septic systems within 100 feet of Property boundaries have been shown
- 5) A note indicating that depicted topography reflects field-matched information
- 6) A health officer signature block stating "approved for private water and private sewer systems"
- 7) A MDE sewage disposal area statement is required
- 8) MDE minimum lot width statement

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.

Sincerely,

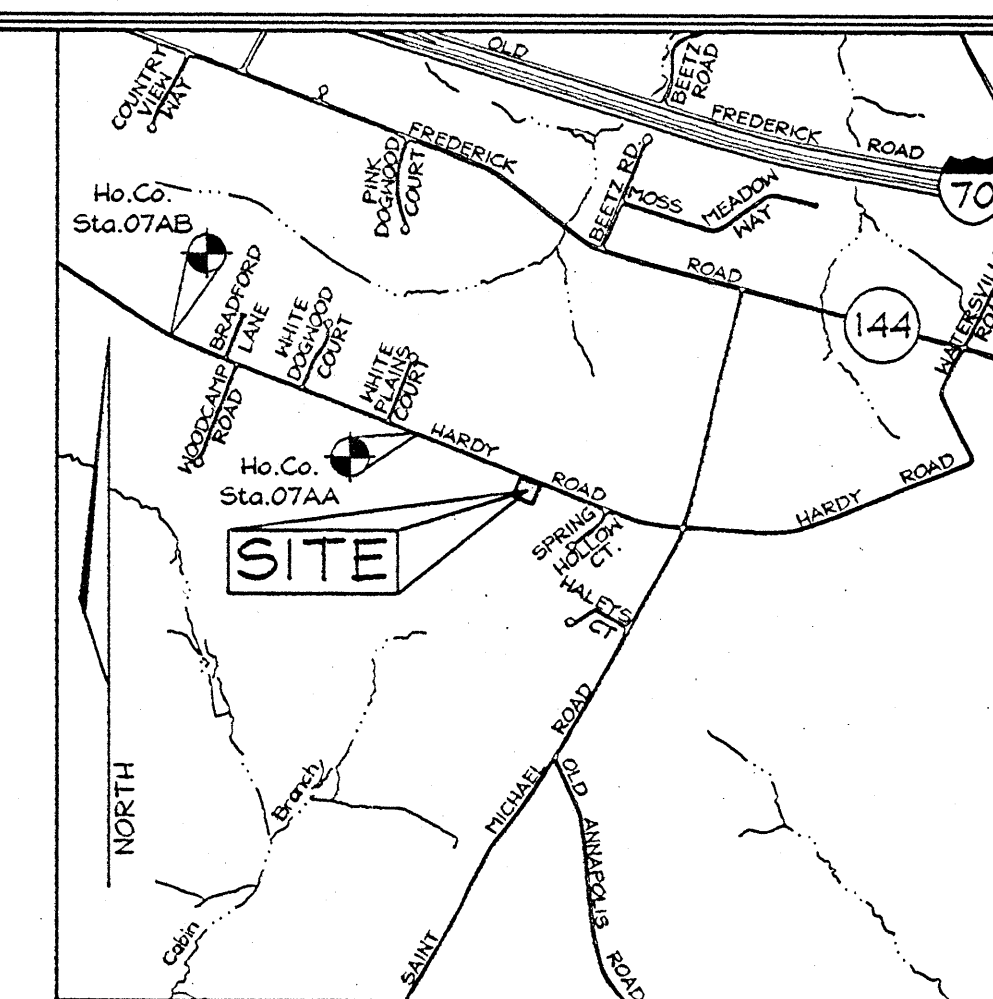
Kevin J. Bell
Water and Septic Program
Development Coordination Section

KJB
Enclosures
Cc: **File**

PERC. CHART	
Number	Elevation
A	736.06
B	735.48
C	732.30
D	730.04
E	733.64

SOILS LEGEND		
SYMBOL	NAME / DESCRIPTION	SOIL GROUP
ChB2	Chester silt loam, 3 to 8 percent slopes, moderately eroded	B

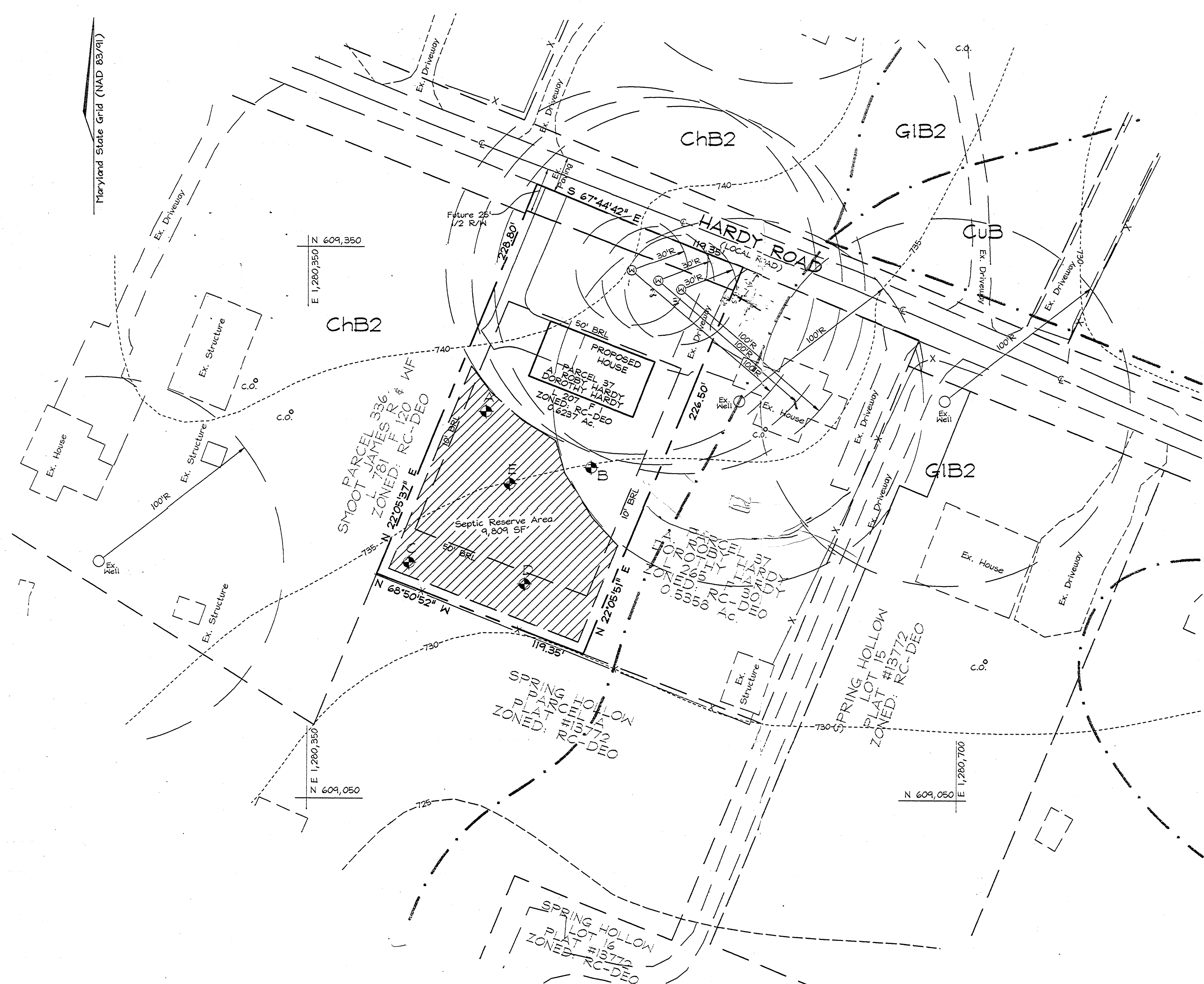
LEGEND	
Existing Contour	--- 382
Existing Spot Elevation	382.3
Septic Reserve Area	
Proposed House	
Existing Perc Test (Passed)	
Existing Perc Test (Failed)	
Proposed Well	



BENCHMARKS

Sta. 07AA	N 186,177.3451	E 389,177.8363	El.: 228.0794 (meters)
	N 610,816.8391	E 1,276,827.624	El.: 748.290 (feet)
Sta. 07AB	N 185,873.2027	E 389,968.0218	El.: 218.4218 (meters)
	N 609,818.999	E 1,274,420.084	El.: 716.606 (feet)

- GENERAL NOTES**
1. Subject property zoned RC-DEO per 2/2/04 Comprehensive Zoning Plan.
 2. Total area of property = 0.6237 ac.±
 3. Private water and sewer will be used within this site.
 4. This area designates a private sewage easement, of at least 6,700 SF as required by the Maryland State Department of the Environment for individual sewage disposal (COMAR 26.04.03). Improvements of any nature in this area are restricted until public sewerage is available. These easements 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 easement.
 5. All wells and septic fields within 100' of property's boundary have been shown.
 6. Existing Topography based on Howard County Aerial Topography and reflects Field-Matched Information.
 7. The existing well shown on this plan (no well tag found) has been field located by FSH Associates professional surveyor and are accurately shown.
 8. The Lot shown herein comply with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.



APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN ACCORDANCE WITH THE MASTER PLAN OF HOWARD COUNTY

Robert D. ...
 COUNTY HEALTH OFFICER
 HOWARD COUNTY, HEALTH DEPARTMENT

6/17/05
 DATE

PERCOLATION CERTIFICATION PLAN
HARDY PROPERTY

TAX MAP 7 GRID 8
 4TH ELECTION DISTRICT

PARCEL 37
 HOWARD COUNTY, MARYLAND

	DESIGN BY: PS
	DRAWN BY: HK
	CHECKED BY: ZYF
	SCALE: 1"=30'
	DATE: June 17, 2005
W.O. No.: 3333	
SHEET No.: 1 OF 1	

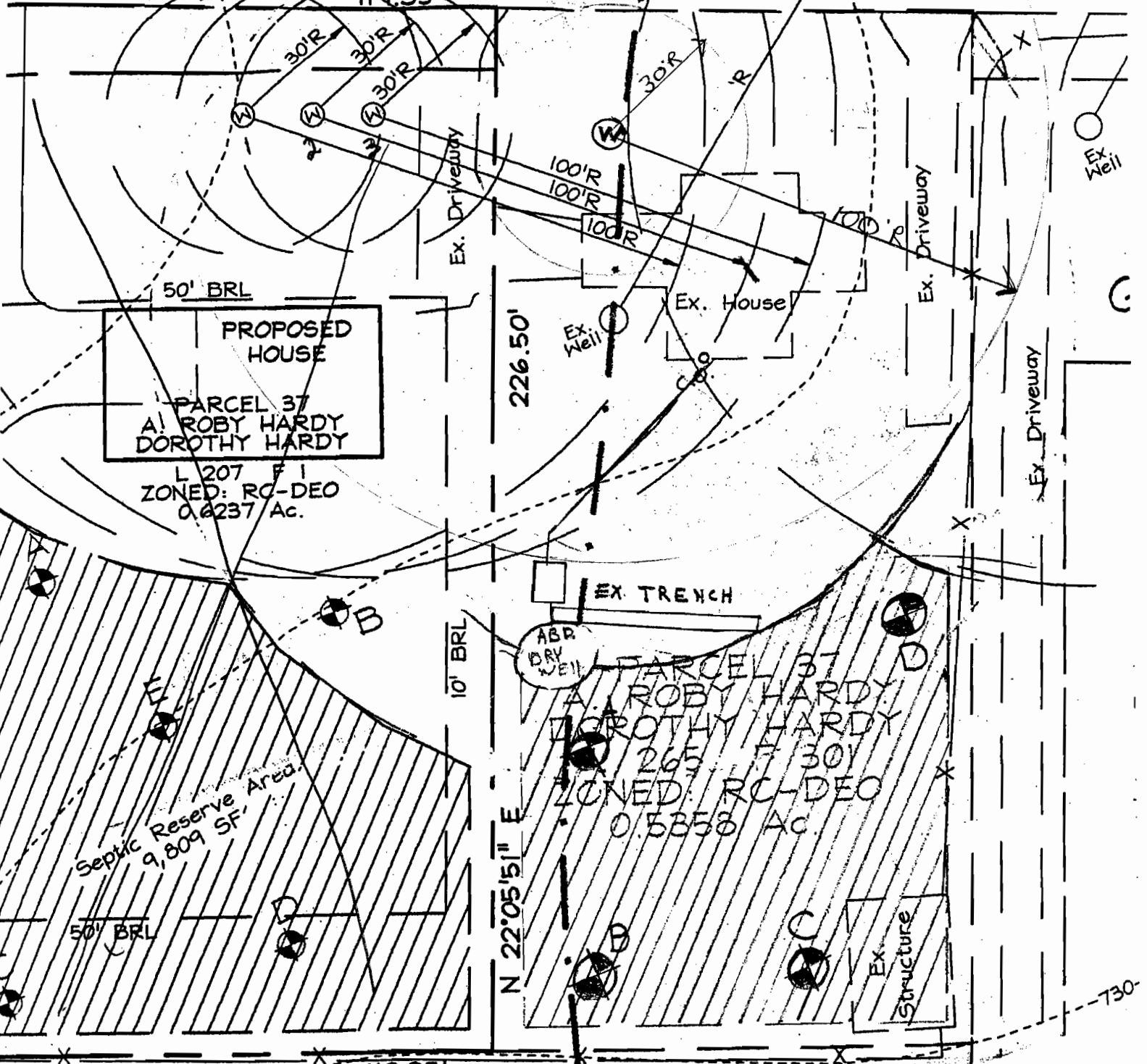
FSH Associates
 Engineers Planners Surveyors
 8318 Forrest Street Elkton City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

HARDY ROAD

(LOCAL ROAD)

S 67°44'42" E

119.35'



PROPOSED HOUSE
PARCEL 37
A. ROBY HARDY
DOROTHY HARDY
L 207 F 1
ZONED: RC-DEO
0.2237 Ac.

EX. TRENCH
ABR DRY WELL
PARCEL 31
A. ROBY HARDY
DOROTHY HARDY
265
301
ZONED: RC-DEO
0.5358 Ac.
EX. STRUCTURE

Peric Cert.
Robert Weber
7/25/05
Signature: (KTB)

SPRING HOLLOW
PARCEL A
PLAT #

17197 Hardy Rd.
Mt. Airy MD.
Curtis Cumberland
Cell 301 252-1122