



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 520780

AGENCY REVIEW: _____

DATE 7/15/04

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) Francis Lee Donaldson / Doris Slage Donaldson

DAYTIME PHONE NA CELL 410 493-5384 FAX NA

MAILING ADDRESS 2239 Duvall Rd Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Curtis Cumberland

DAYTIME PHONE 301-252-1122 CELL SAME FAX _____

MAILING ADDRESS 16455 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 _____ LOT NO. _____

PROPERTY ADDRESS 2261 Duvall Rd _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 13 GRID _____ PARCEL(S) 103 PROPOSED LOT SIZE 2.4

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 PERMITS CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

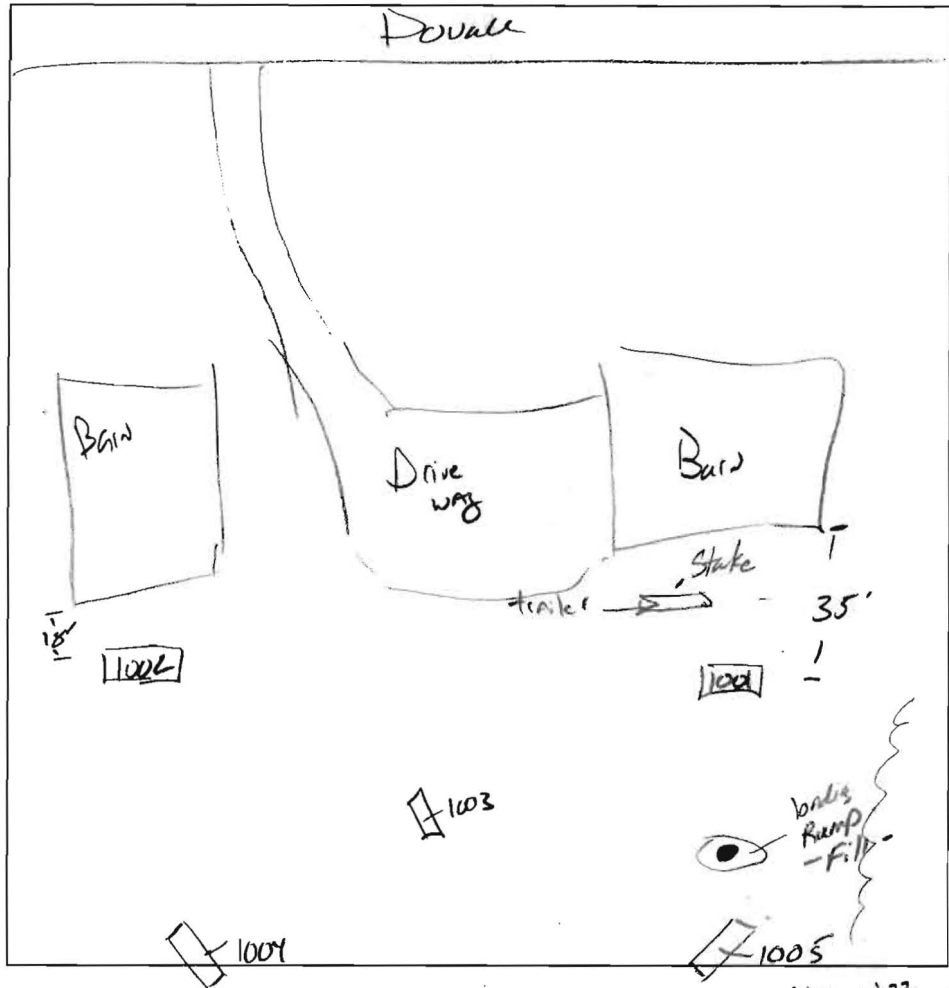
Curtis Cumberland
SIGNATURE OF APPLICANT

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

AVP
1002
Brown Fill 1/2-1'
Brown/Yellow L 4'
Yellow/Brown micaeous Sil w/ 10-15% mica schist 14'

1001
Brown L 1'
Yellow/Brown micaeous Sil 3'
Yellow/Brown micaeous Sil w/ 10% mica schist 10'
Yellow/Brown Sil - trace Rock 13 1/2'

1005
Brown L 1'
Yellow/Brown micaeous Sil 4'
Yellow/Brown micaeous Sil w/ 15% mica schist 10'
Brown/Yellow Sil - trace Rock 12 1/2'



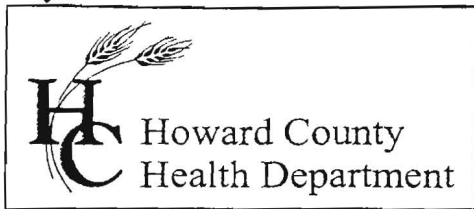
1004
Brown L 1'
Orange/Red Yellow micaeous Sil 1'
Yellow/Brown Orange micaeous Sil w/ 15% mica schist 14'
Yellow/Brown Sil w/ trace Rock 14'

1003
Brown L 1'
Orange/Red Brown micaeous Sil 3'
Yellow/Brown Orange micaeous Sil 8'
Brown/Yellow micaeous Sil - trace Rock 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H	Real time
8/3/04	1002	5' / 14'	2:41	2:44	2:48	4min	P	5 1/2 min
	1001	5' / 13 1/2'	2:51	2:53	2:55	2min	P	2 1/2 min
	1005	5' / 12 1/2'	2:57	3:01	3:06	5min	P	6 1/2 min
	1004	4 1/2' / 14'	3:09	3:12	3:15	3min	P	4 min
	1003	4'	Visual				F	

REMARKS - Dig through mound to see no Rock - fill only 1-1/2' deep
 SANITARIAN K. Bell BACKHOE Chuck Zepp OTHERS Curtis Cumberland
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

- Pool Basin - Distance to SDA



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

August 4, 2004

Curtis Cumberland
16455 A.E. Mullinix Rd.
Woodbine, MD 21797

RE: PERCOLATION TEST RESULTS
Tax Map 13, Parcels 103
New Septic Easement

Mr. Cumberland:

Percolation testing conducted August 3, 2004 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) Suitable house locations
- 3) The existing sewage disposal area on the property
- 4) Locations of any other relevant features such as streams, swales, or existing structures
- 5) A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
- 6) A note indicating that depicted topography reflects field-matched information
- 7) A health officer signature block stating "approved for private water and private sewer systems"
- 8) A MDE sewage disposal area statement is required

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

KB

Enclosures

cc: Chuck Zepp

File

DONAUSSON'S