



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

AGENCY REVIEW: \_\_\_\_\_ DATE \_\_\_\_\_

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) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

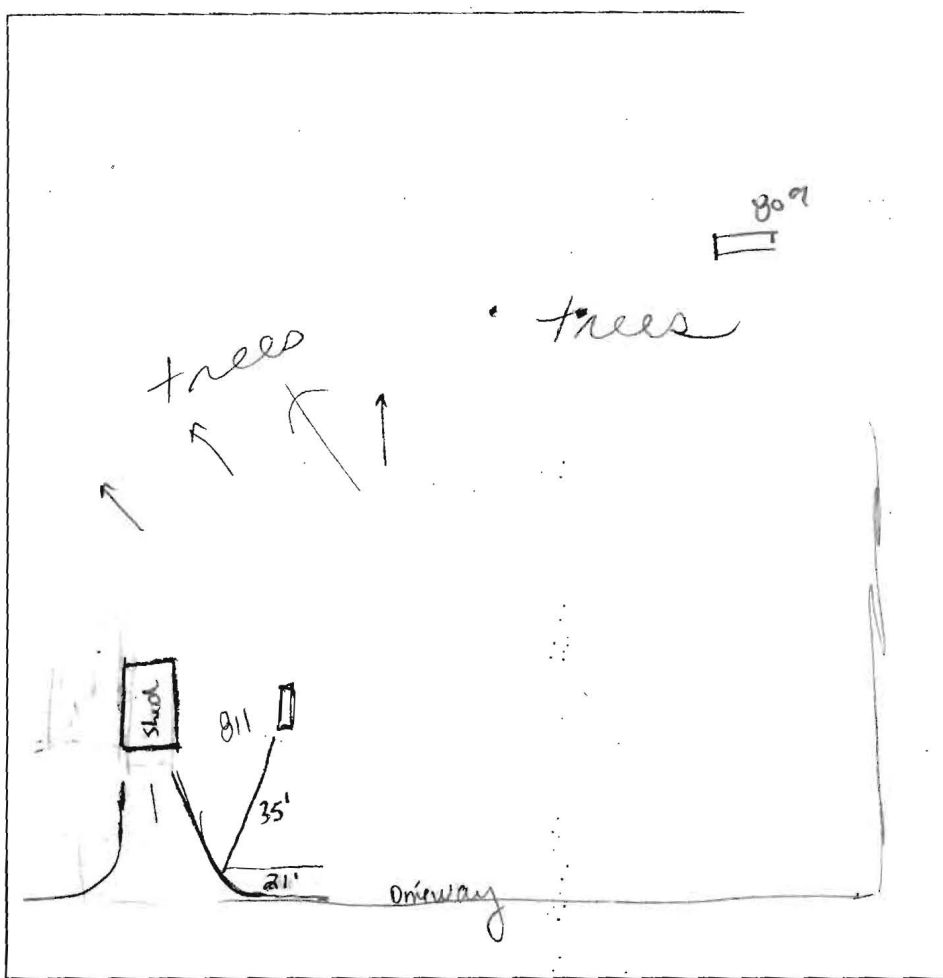
TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

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.

\_\_\_\_\_  
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



809  
 1 gray brown  
 L abk  
 1 gray brown  
 SCL abk  
 2.5 brown  
 SL  
 Crumbly  
 ±15%  
 rock  
 coarse cherty  
 HB  
 9.5

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/26	809	5.5 / 9.5	12:04	12:10	12:17	7	P
	811	6 / 9	12:34	12:55		21	F

811  
 1 brown  
 L  
 1 SL dark brown  
 gr  
 4 yellow brown  
 SCL  
 5 gray brown  
 SL  
 gr  
 highly  
 compacted  
 decomposing rock  
 cherty ±10-15%  
 HB  
 9

REMARKS visual located hole 809 dug to plan  
 SANITARIAN KB/SF BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

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- BUILD ON AN EXISTING LOT IN A SUBDIVISION
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IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

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- RESIDENTIAL WITH \_\_\_\_\_ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
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PROPERTY OWNER(S) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

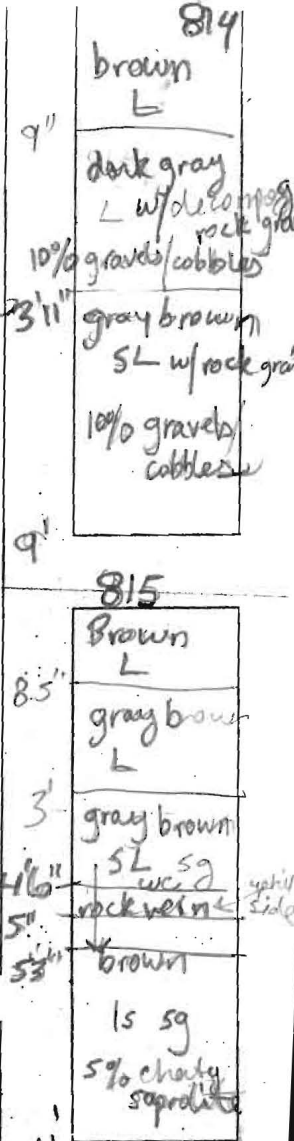
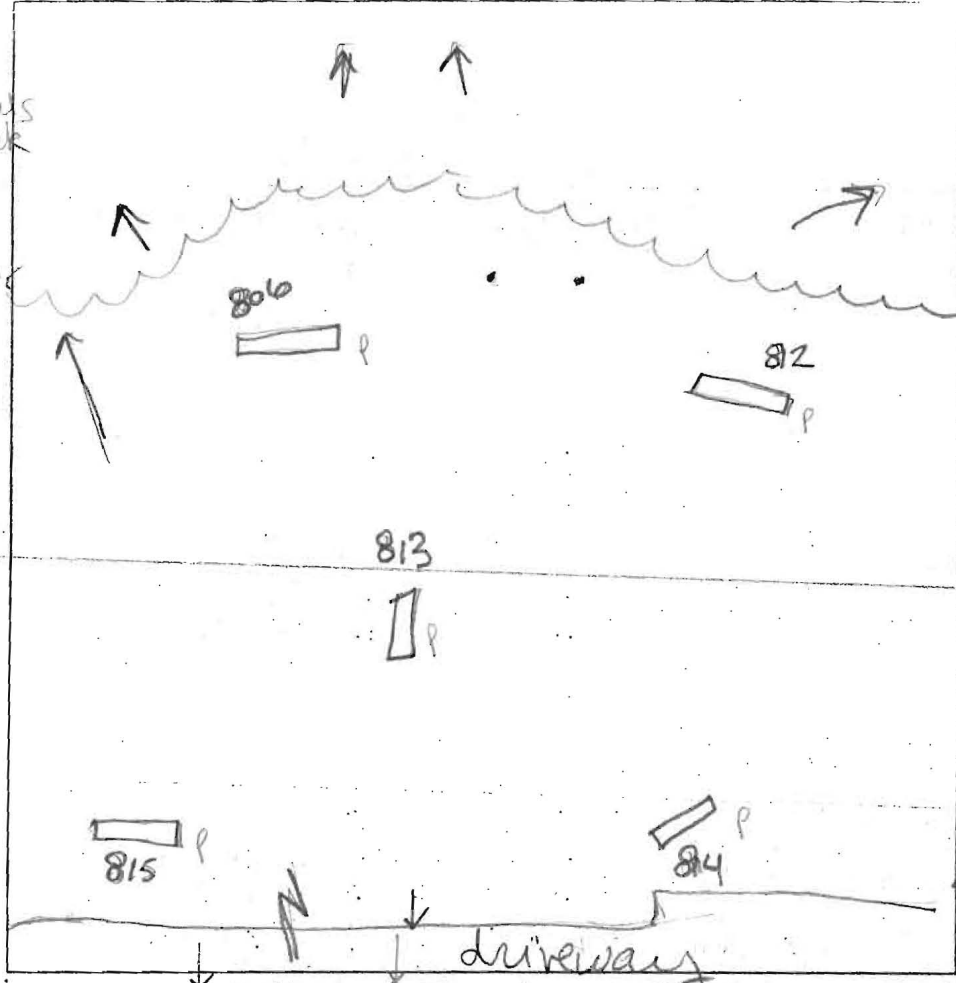
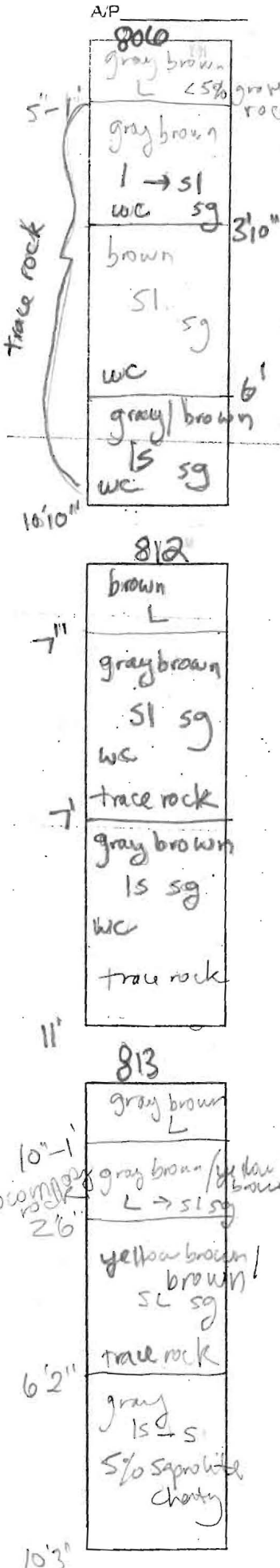
PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

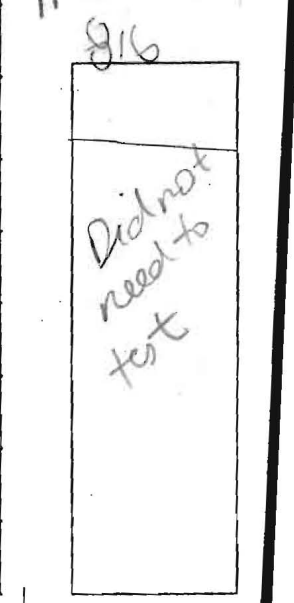
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TEST RESULTS WILL BE MAILED TO APPLICANT. \_\_\_\_\_  
SIGNATURE OF APPLICANT

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
6-7-05	812	3'10" / 11"	9:21 <sup>35</sup>		too slow		
	806	4'11" / 10'10"	9:30 / 10:18 <sup>59</sup>		10:21 <sup>59</sup> / 10:27 <sup>59</sup>	5 <sup>19</sup>	P
	813	3' / 10'3"	9:44 <sup>36</sup>		too slow		
	812	4' / -	9:49 <sup>55</sup>	9:55 <sup>11</sup>	10:02 <sup>5</sup>	6 <sup>9</sup>	P
	815	3'10" / 11"	10:23 <sup>23</sup>	10:30 <sup>38</sup>	10:39 <sup>41</sup>	8 <sup>24</sup>	P
	814	3'5" / 9'	10:31 <sup>27</sup>	10:35 <sup>11</sup>	10:46 <sup>08</sup>	10 <sup>03</sup>	P
	813	4' / -	10:14 <sup>02</sup>	10:15 <sup>31</sup>	10:18 <sup>01</sup>	2 <sup>30</sup>	P



REMARKS Holes dug per plan  
 SANITARIAN SF/KB BACKHOE K+K OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 6.3 SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_



Howard County Health Department

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 521570

AGENCY REVIEW: \_\_\_\_\_

DATE 11/10/04

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:

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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 5 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) WILLIAM MORRIS & COLLEEN CAVANAUGH PALLOZZI

DAYTIME PHONE: 410-653-4567 CELL 410-365-6901 FAX \_\_\_\_\_

MAILING ADDRESS 4309 COLLEGE AVE ELLCOTT CITY MD 21043  
STREET CITY/TOWN STATE ZIP

APPLICANT WILLIAM M. PALLOZZI

DAYTIME PHONE 410-379-1330 CELL 410-365-6901 FAX \_\_\_\_\_

MAILING ADDRESS 4309 COLLEGE AVE ELLCOTT CITY MD 21043  
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME PROPERTY OF ROY O PETERSON LOT NO. 2

PROPERTY ADDRESS 4309 COLLEGE AVE ELLCOTT CITY  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 25 GRID 21 PARCEL(S) 305 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.

*William Morris Pallozzi*  
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



Howard County Health Department

801 A  
 2 gray brown L sbk  
 SL gr  
 gray brown  
 6.6 perched H<sub>2</sub>O  
 yellow brown  
 CL  
 mottling  
 f2  
 8.5 brown  
 LS gr  
 15

trace rock

801  
 2 gray brown roots L sbk  
 gray brown  
 SL gr  
 6.5 yellow brown  
 CL  
 CW  
 8.5 dark brown  
 SL gr  
 ↓  
 LS gr  
 12.5

trace rock

802  
 1 gray brown L sbk  
 gray brown  
 SL gr  
 5 yellow brown  
 CL  
 blk CW  
 9 dark brown  
 SL ↓  
 LS  
 12.5

trace rock

810  
 1 brown  
 L  
 brown/gray  
 SL  
 74.5%  
 stony to  
 boulders  
 rock  
 10 HB

807  
 1 dark brown  
 L sbk  
 yellow brown  
 SL gr  
 2 yellow brown  
 SCL  
 gray blue/brown  
 SL  
 ↓ gr  
 LS  
 10  
 decomposing rock  
 90% - 95%  
 decomposing rock

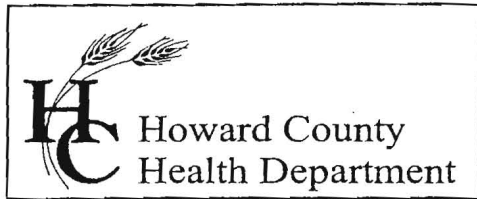
808  
 2 gray brown  
 L sbk  
 yellow brown  
 CL

4 gray brown  
 SL gr

11.5 decomposing rock  
 cherty/coarse  
 cherty  
 ± 15-20%  
 flags

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/25	801	15	—	—	—	perched H <sub>2</sub> O	F
	801 A	8	9:50	10:10	20 min	—	F
	802	12.5	—	—	—	visual deep clay	F
	810	10	—	—	—	74.5% rock HB	F
	807	5	11:40	11:16	11:26	10	P
	808	6	11:38	11:54	20 min	—	F

REMARKS 810A pulled uphill 50 ft from 801. Holes dug to plan  
 SANITARIAN KB/SF BACKHÖE OTHERS  
 TEST HOLES USED IN SDA AVG. PERC TIME SQ. FT/BR  
 TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE SW



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

June 7, 2005

William and Colleen Pallozzi  
4309 College Ave  
Ellicott City, MD 21043

RE: PERCOLATION TEST RESULTS – A521570  
Tax Map 25, Parcel 305  
Property of Roy O Peterson – Lot2

Dear Mr. and Mrs. Pallozzi:

Percolation testing conducted June 7, 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.

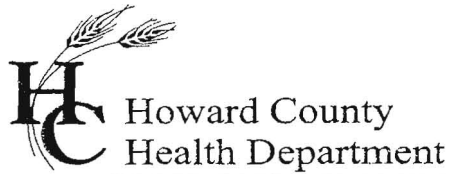
Sincerely,

Kevin J. Bell  
Sara Fegel  
Water and Septic Program  
Development Coordination Section

KJB/SF

Enclosures

Cc: Fisher, Collins, & Carter, Inc.  
File



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

April 25, 2005

William and Colleen Pallozzi  
4309 College Ave  
Ellicott City, MD 21043

RE: PERCOLATION TEST RESULTS – A521570  
Tax Map 25, Parcel 305  
Property of Roy O Peterson – Lot2

Dear Mr. and Mrs. Pallozzi:

Percolation testing conducted April 25, 2005 on the referenced property indicated unsatisfactory soil conditions. Limiting conditions included deep impermeable soils and impervious rock. 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
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KJB/SF

Enclosures

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File

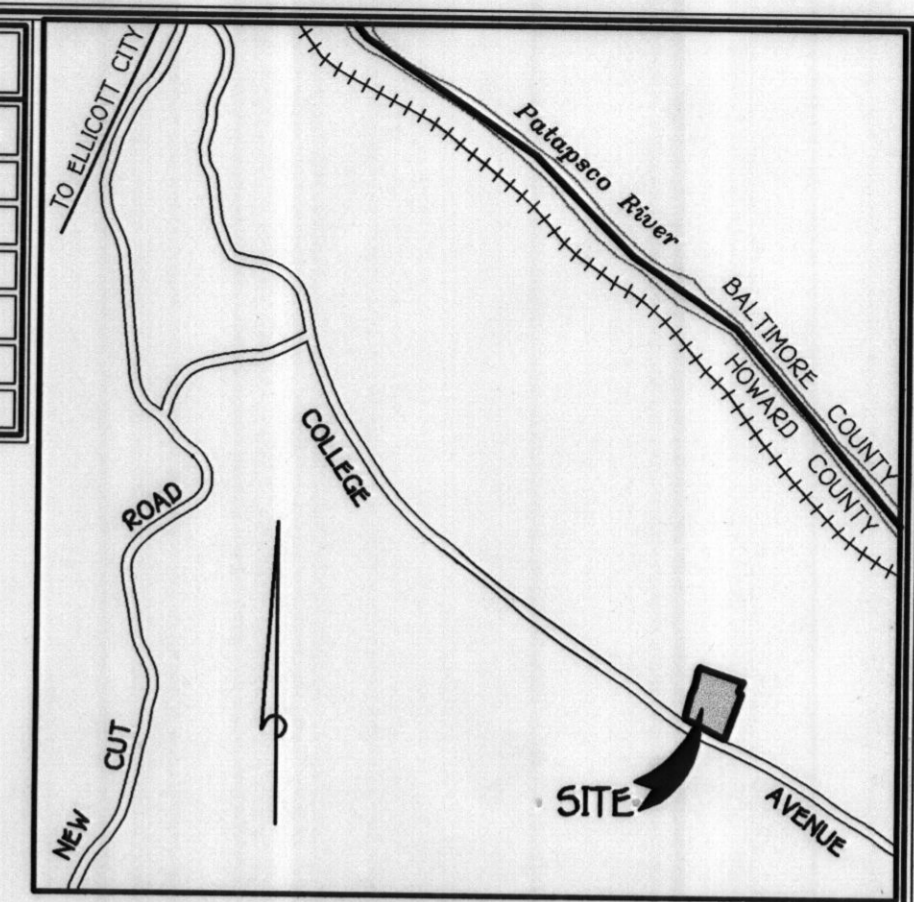
**LEGEND**

- EXISTING 2' CONTOURS
- - - EXISTING 10' CONTOURS
- EXISTING TREE LINE
- GLB2  
MLC2 SOIL LINES AND TYPES
- ⊙ DENOTES PROPOSED WELL
- ⊙ DENOTES FAILED PERC
- ⊙ DENOTES PASSED PERC
- ⊠ DENOTES PROPOSED HOUSE
- DENOTES 25% AND GREATER SLOPE
- DENOTES 1500 Sq.Ft. ALTERNATE WELL SITE

**SOILS LEGEND**

SOIL	NAME	CLASS
LeC2	Legore silt loam, 0 to 15 percent slopes, moderately eroded	C
MeF	Montalto and Relay very stony silt loams, 25 to 60 percent slopes	B
MrE	Montalto and Relay soils, 15 to 45 percent slopes	B
MsD	Montalto and Relay very stony silt loams, 3 to 25 percent slopes	B
ReC2	Relay silt loam, 3 to 15 percent slopes, moderately eroded	B
** WaB	Watchung silt loam, 3 to 0 percent slopes	D

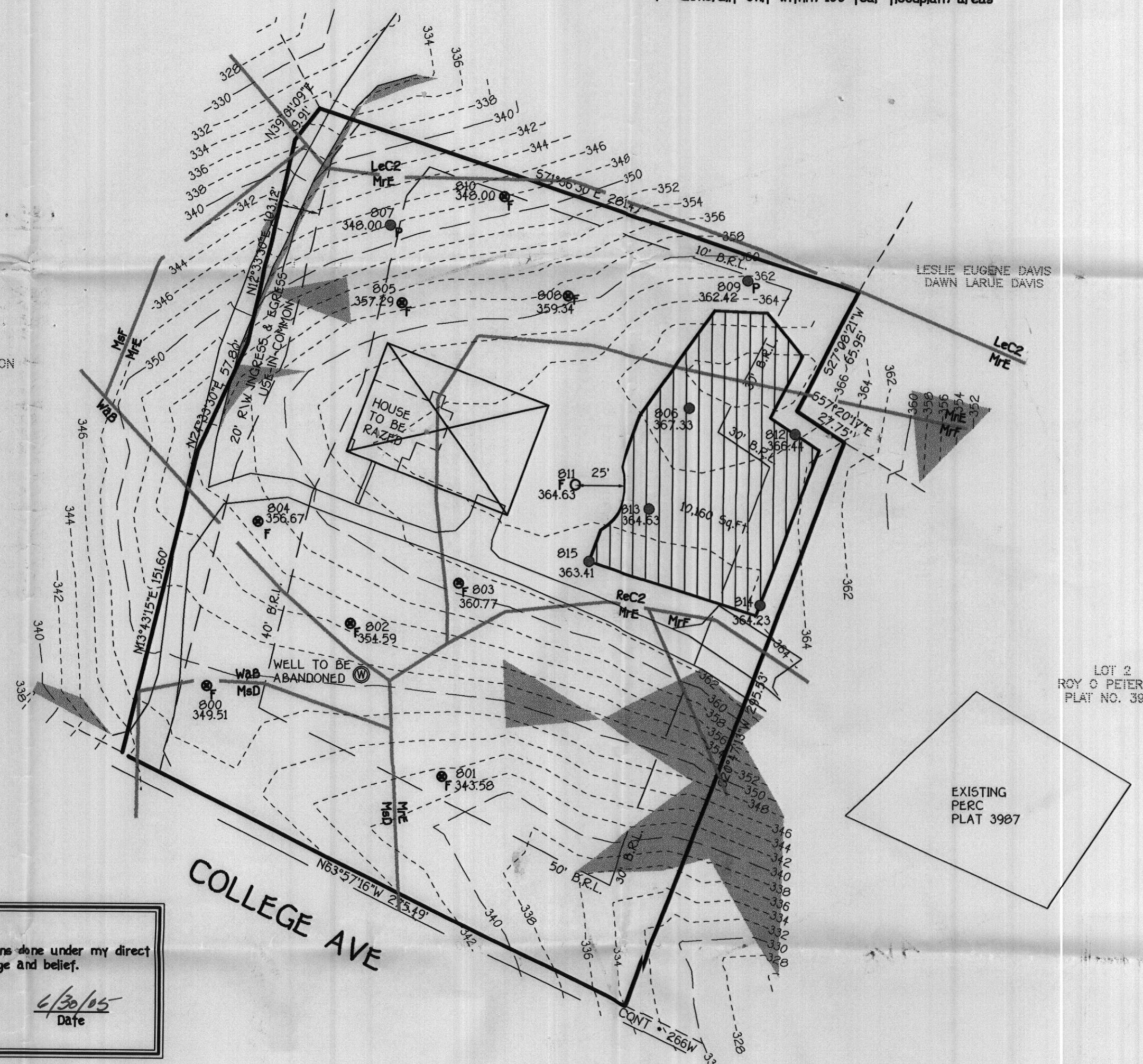
- NOTES:**
- \* Hydric soils and/or contains hydric inclusions
  - \*\* May contain hydric inclusions
  - † Generally only within 100-year floodplain areas



**VICINITY MAP**  
SCALE : 1" = 1200'

**GENERAL NOTES:**

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. 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 SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
4. ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
5. TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY G15 TOPOGRAPHY AT 5' CONTOUR INTERVAL INTERPOLATED FOR 2' CONTOUR INTERVAL.
6. BOUNDARY OUTLINE BASED ON AVAILABLE DEED OF RECORD WITHOUT THE BENEFIT OF A FIELD SURVEY AT THIS TIME.
7. THERE ARE NO EXISTING WELLS OR SEPTIC WITHIN 200 FEET OF THE BOUNDARY.
8. FUTURE HOUSE WILL BE CONNECTED TO PUBLIC WATER.



AUTUMN RIVER CORPORATION  
PLAT NO. 15795

LESLIE EUGENE DAVIS  
DAWN LARUE DAVIS

LOT 2  
ROY O PETERSON  
PLAT NO. 3987

EXISTING  
PERC  
PLAT 3987

**PERC CERTIFICATION**

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

Signature of Professional Land Surveyor: *Terrell A. Fisher*  
Terrell A. Fisher, Professional Land Surveyor No. 10692

Date: 6/30/05

APPROVED FOR PUBLIC WATER AND PRIVATE SEWERAGE SYSTEMS,  
HOWARD COUNTY HEALTH DEPARTMENT.

Signature of County Health Officer: *Robert W. Wells*  
COUNTY HEALTH OFFICER

Date: 7/5/05

PERC CERTIFICATION PLAN  
LOT 2  
**ROY O. PETERSON**

TAX MAP 25 ZONED: R-ED PARCEL: 100  
SECOND ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"=50' DATE: JUNE 21, 2005

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
410) 461 - 2955

**OWNER**  
WILLIAM MORRIS PALLOZZI  
COLLEEN CAVANAUGH PALLOZZI  
4309 COLLEGE AVE  
ELLCOTT CITY 21043

RECEIVED  
JUL 10 2005  
HEALTH DEPARTMENT