



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.

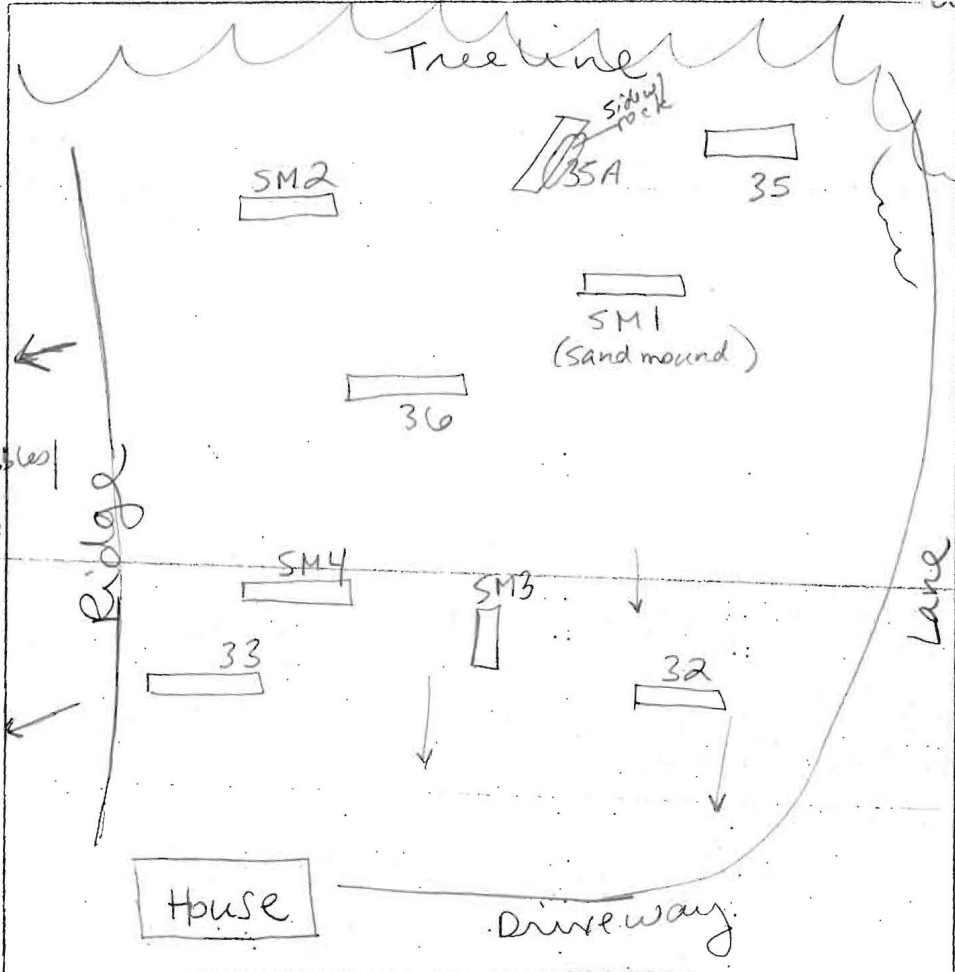
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

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

AP. 35A
brown L
10"
Orange brown hl gr
3'6"
orange brown cl (scl)
4'5"
6'
orange brown SL gr w/ sbk
25% rock cobbles / stony gneiss
7'2" HB

32
brown L
9"
yellow brown hl.
1'8"
red brown scl sbk. cw
As a whole, 40% rock cobbles / stony c
6'9" HB

33
brown L gr
1'
yellow brown L cw
2'5"
orange brown scl cw
5'
orange brown SL gr
25% cobbles / stony
7'4" HB



Montello Rd
35
brown L
10"
orange brown scl cw
14"
rock starts
35-40% cobbles / stony gneiss
2'3"
orange brown SL gr
4'2" HB

36
brown L
10"
orange brown scl
3'8"
orange brown SL gr / sbk
15% cobbles / stony c
6'11" HB

DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2nd INCH	P/F/H
6-22-05	32	6'9"		Hard bottom			VF
	33	7'9"		Hard bottom			VF
	35	4'2"		Hard bottom			VF
	35A	7'2"		Hard bottom			VF
	36	6'11"		Hard bottom			VF

REMARKS Holes dug per plan - '34' was not dug due to conditions
Sand mounds were field located
SANITARIAN SF BACKHOE Chuck Zopp OTHERS
TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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- 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

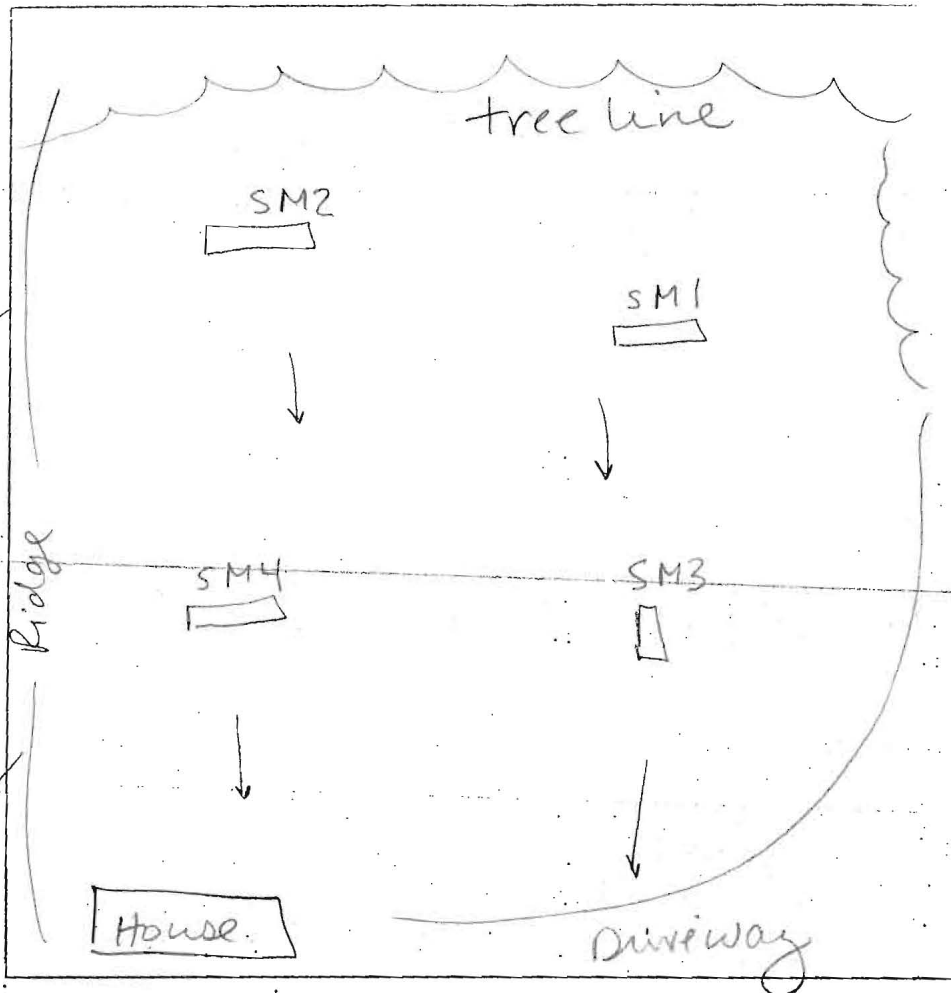
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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TEST RESULTS WILL BE MAILED TO APPLICANT.

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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



SM1
brown
L (gr)
13"
orange brown
scl
sbk

SM3
brown
L (gr)
18"
yellow brown
scl cw
bk-sbk

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
6-22-05	SM1	19"	9:30 9:45	9 10/16 7 13/16	35/16 23/16		P
			10:00 10:15	6 4/16 5 3/16	> 23/16 > 19/16		
			10:30 10:45	4 3/16 3 6/16	> 16/16 > 13/16		
	SM3	21"	11:13	10 16/16	15/16		P
			11:28 11:43	10 1/16 9 10/16	> 7/16		
			11:58 12:13	9 6/16 9 2/16	> 4/16 > 4/16		
			12:28 12:33	8 15/16 8 13/16	> 3/16 > 2/16		
			12:38 12:43	8 12/16 8 10/16	> 1/16 > 2/16		

15min

$\Delta = \frac{1}{2}$ in 5min
for last 15min measurement

REMARKS Holes field located

SANITARIAN SF BACKHOE Chuck Zepp OTHERS _____

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

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

21"



Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____

TEST TIME _____

AVP 522519

AGENCY REVIEW: _____

DATE 6/7/05

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CHECK ONE:

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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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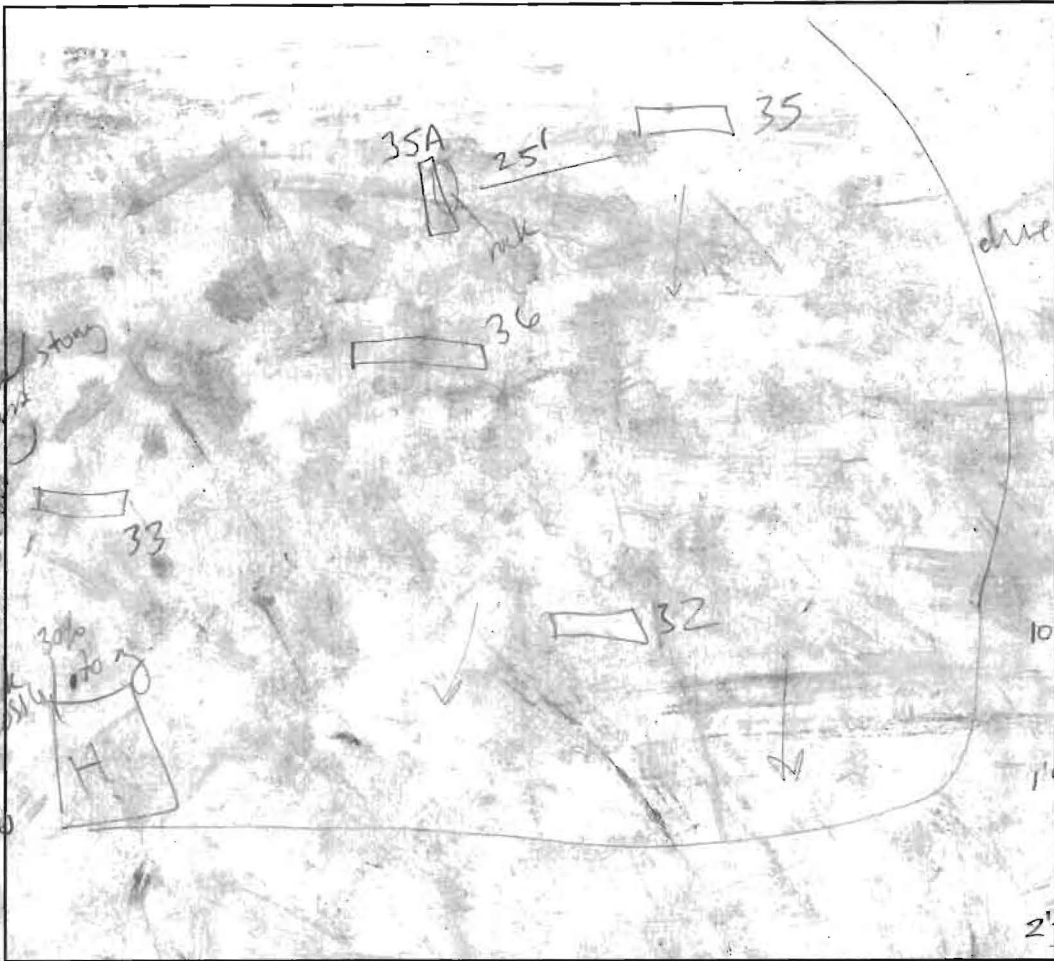
PROPERTY OWNER(S)	Tom and JoAnn Brown			
DAYTIME PHONE	410-489-4971	CELL		FAX
MAILING ADDRESS	14600 Monticello Drive	Cooksville	MD	20765
	STREET	CITY/TOWN	STATE	ZIP
APPLICANT	Chuck Zepp			
DAYTIME PHONE	410-984-4851	CELL	410-984-4851	FAX 410-489-4754
MAILING ADDRESS	3060 Washington Road	Glenwood	MD	21738
	STREET	CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE	<input checked="" type="checkbox"/> DEVELOPER	<input type="checkbox"/> BUILDER	<input type="checkbox"/> BUYER	<input type="checkbox"/> RELATIVE/FRIEND
			<input type="checkbox"/> REALTOR	<input type="checkbox"/> CONSULTANT
PROPERTY LOCATION				LOT NO. 9C
SUBDIVISION NAME				
PROPERTY ADDRESS	14600 Monticello Drive	Cooksville		
	STREET	TOWN/POST OFFICE		
TAX MAP PAGE(S)	8	GRID	PARCEL(S) 271	PROPOSED LOT SIZE 1.4549 ac

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TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P
 35A
 10" Brown L
 orange brown nl gr
 3/6" orange brown cl
 4 5/8" ←
 6' orange brown sl 25% cobbles & stones
 HB
 7 1/2" 32 ←
 brown L
 9" yellow brown nl
 1'8" red brown scl sbk cw
 4' - rock starts
 ↓
 Stony 9/10
 6'9" HB
 33
 brown L gr
 1' yellow brown cw L
 2'5" orange brown scl cw
 5' orange brown sl gr cobbles / stony
 HB
 7'9" HB



34

35
 10" brown L
 orange brown scl cw
 1'4" rock starts
 9/35-40
 2'5" orange brown sl
 HB

36
 10" brown L
 orange brown scl
 3'8" rock starts
 15% cobbles stony
 orange brown sl gr/sbk
 HB

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
6-22-05	32	6'9"			rock at 4'		VF
	33	7'9"					
	34		NOT	Dug			
	35	4'2"					
	36	6'11"					
	35A	7'2"					

REMARKS: Holes dug per plan rock = gneiss
 SANITARIAN _____ BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

Holtman
 9/10 pie 1005 must accommodate min 2 complete systems (200/100?)



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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

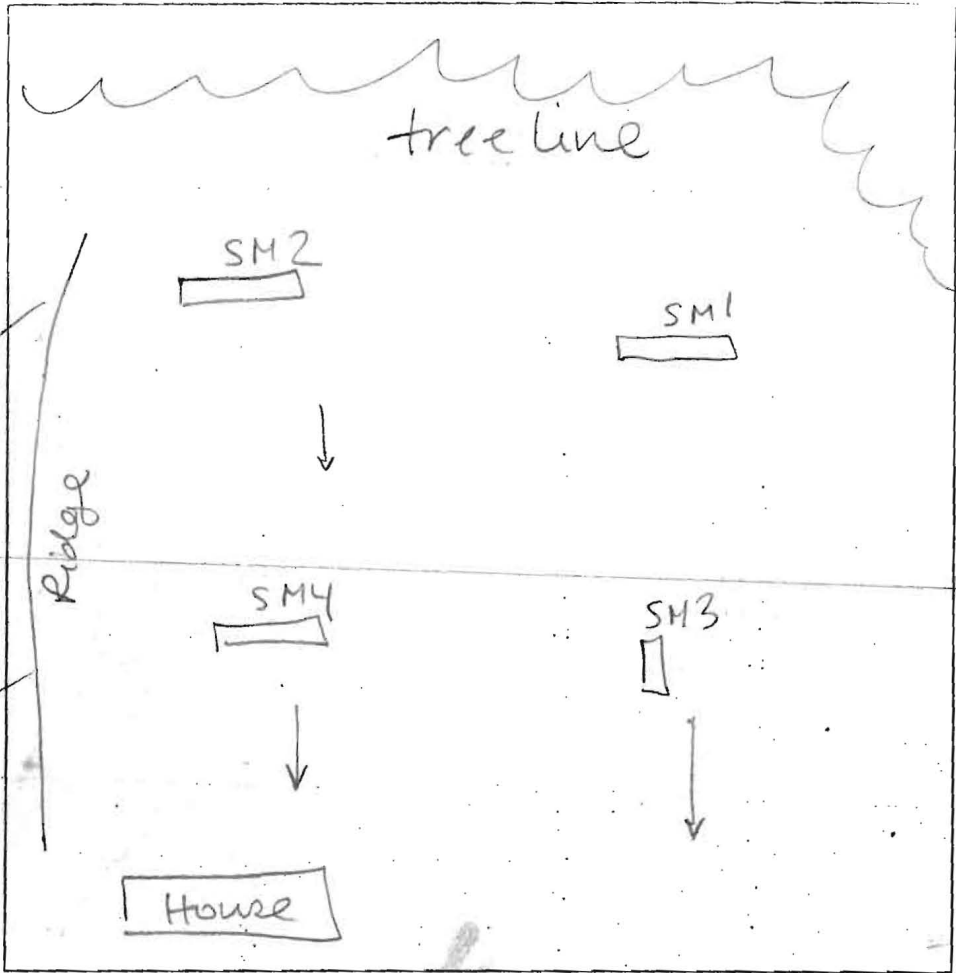
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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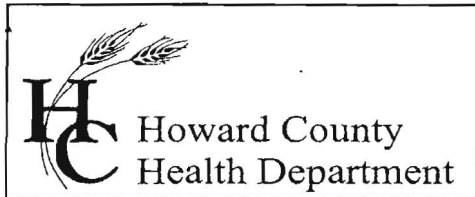
8"
SM2
brown
L (gr)
Orange brown
scl
sbk

9"
SM4
yellow brown
L gr
Orange brown
scl
sbk

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	PI/FH
	SM2	19" / 9:36	10:14/16	18/16			P
		9:51 10:16	9:14/16 9:3/16	11/16			
		10:31 10:46	8:4/16 8:9/16	5/16 5/16			
		11:01					
	SM4	19" / 11:05	10:14/16	11/16			P
		11:20 11:35	9:15/16 9:8/16	7/16			
		11:50 12:05	9:3/16 8:10/16	5/16 3/16			
		12:20 12:35	8:12/16 8:10/16	4/16 2/16			
		12:40 12:45	8:9/16 8:8/16	1/16 1/16			

REMARKS Hole field located
 SANITARIAN SF BACKHOE Chuck Zepp OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

19"



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 24, 2005

Tom and JoAnn Brown
14600 Monticello Dr.
Cooksville, MD 20765

RE: PERCOLATION TEST RESULTS – A522519
Tax Map 8, Parcel 271
Lot 9C – 14600 Monticello Dr.

Dear Mr. and Mrs. Brown:

Percolation testing was to be conducted June 22, 2005 on the referenced property. Due to unsatisfactory soil conditions of the holes evaluated, rock was found at shallow depths no deeper than 7'9" below grade, sand mound testing was instead conducted. Sand mound testing was successful and 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 and 2 sand mound systems on contour
- 3) One 1500 ft² well box or 3 wells 50' apart
- 4) Locations of any other relevant features such as streams, swales, existing structures, and slopes greater than 12%
- 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 1 foot, field-matched contour
- 7) 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,

Sara Fegel
Water and Septic Program
Development Coordination Section

SF
Enclosures
Cc: Chuck Zepp

File

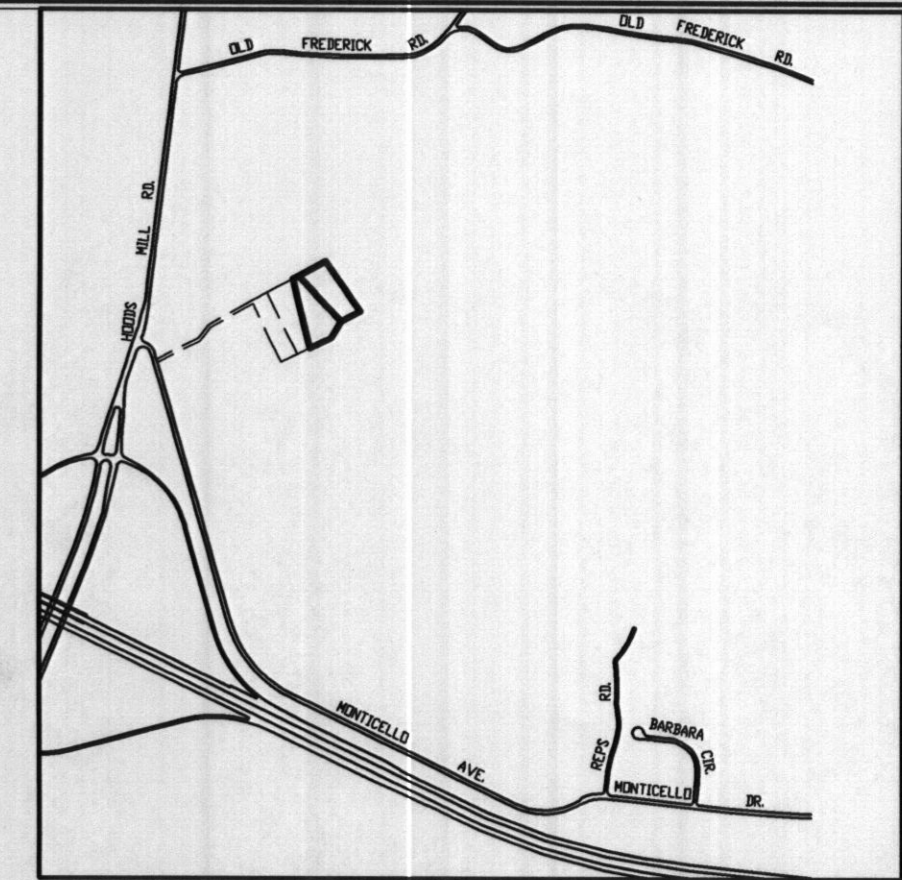
LEGEND

- EXISTING 1' CONTOURS
- - - EXISTING 10' CONTOURS
- EXISTING TREE LINE
- GLB2 MLC2 SOIL LINES AND TYPES
- DENOTES PROPOSED WELL
- DENOTES FAILED PERC SUBSURFACE SYSTEM
- DENOTES PASSED PERC FOR MOUND SYSTEM
- DENOTES PROPOSED HOUSE
- DENOTES 12% AND GREATER SLOPE
- DENOTES 1500 Sq.Ft. ALTERNATE WELL SITE
- DENOTES 10,000 SEPTIC EASEMENT AREA

SOILS LEGEND

SOIL	NAME	CLASS
** Ba	Baile silt loam	D
CgB2	Chester gravelly silt loam, 3 to 8 percent slopes, moderately eroded	B
ChB2	Chester silt loam, 3 to 8 percent slopes, moderately eroded	B
MnD	Manor very stony loam, 3 to 25 percent slopes	B

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



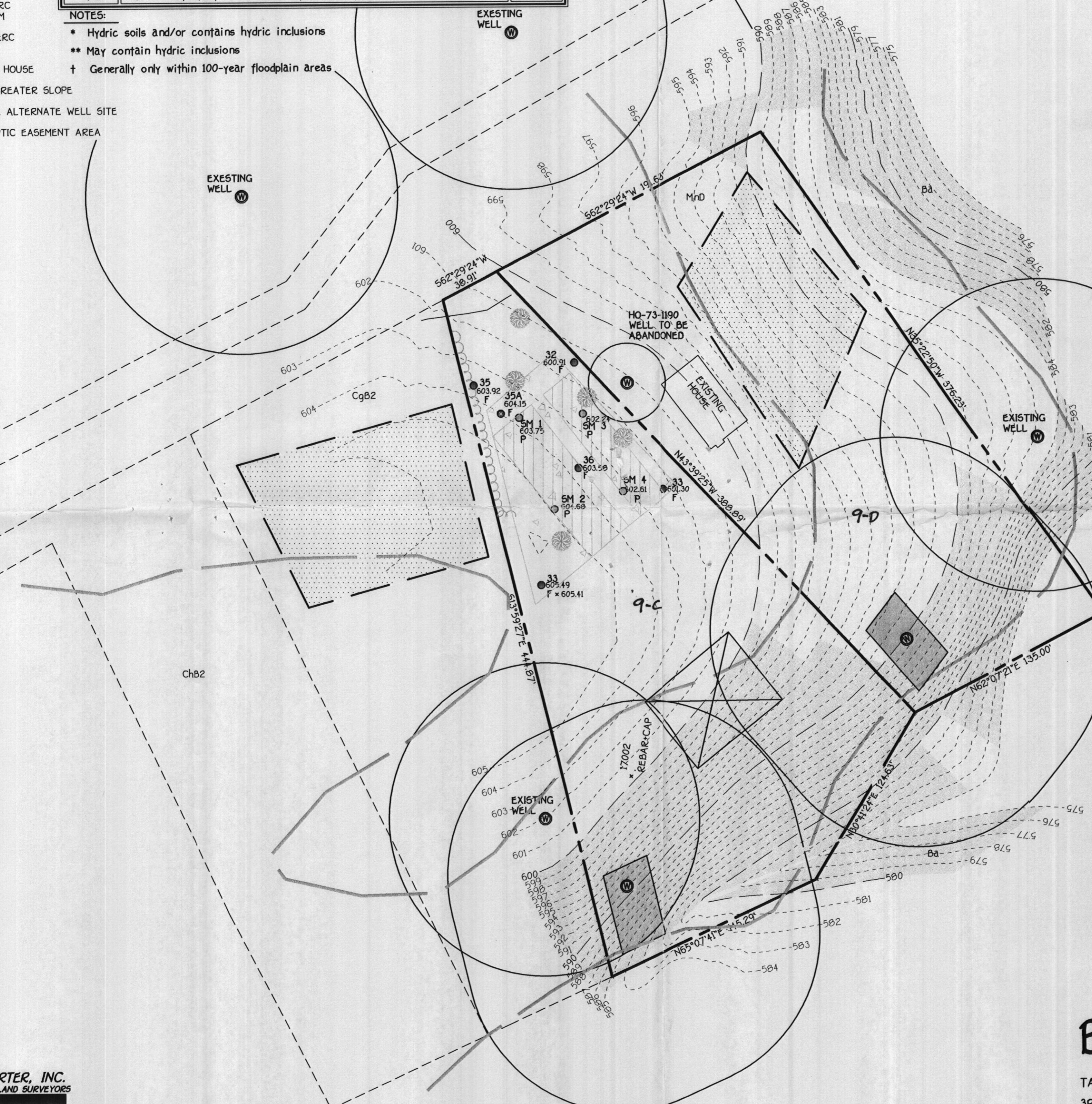
VICINITY MAP
SCALE : 1" = 1200'

GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT FOR INSTALLATION OF SAND MOUNDS 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. ADJUSTMENTS TO SEPTIC EASEMENT AREA IS NOT PERMITTED WITHOUT ADDITIONAL TESTING.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
4. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
5. ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
6. ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT RECORDATION. IT IS THE DEVELOPER'S RESPONSIBILITY TO SCHEDULE THE WELL DRILLING PRIOR TO FINAL PLAT SUBMISSION. IT WILL NOT BE CONSIDERED "GOVERNMENT DELAY" IF THE WELL DRILLING HOLDS-UP THE HEALTH DEPARTMENT SIGNATURE OF THE RECORD PLAT. WELL ON LOT 9-D TO BE DRILLED AND APPROVED BY HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO BOTH ABANDONMENT OF EXISTING WELL ON LOT 9-D AND INSTALLATION OF NEW SAND MOUND SYSTEM ON LOT 9-C.
7. TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY GIS TOPOGRAPHY AT 5' CONTOUR INTERVAL INTERPOLATED FOR 1' CONTOUR INTERVAL AND SUPPLEMENTED WITH FIELD RUN TOPO BY FISHER, COLLINS AND CARTER INC. ON SEPTEMBER 14, 2005.
8. BOUNDARY OUTLINE BASED ON AVAILABLE DEED OF RECORD WITHOUT THE BENEFIT OF A FIELD SURVEY AT THIS TIME.
9. DEED REFERENCE LIBER 3078 FOLIO 613

Monticello Drive

Match Line "AA"



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, Professional Land Surveyor No. 10692

Date: 10/13/05

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

Signature of County Health Officer: Penny E. Borinstein MD

DATE: 10/19/05

PERC CERTIFICATION PLAT
BROWN PROPERTY

TAX MAP • B
3RD ELECTION DISTRICT
SCALE: 1" = 50'

PARCEL: 326 & 271
HOWARD COUNTY, MARYLAND
DATE: SEPTEMBER 21, 2005
REVISION DATE: OCTOBER 13, 2005

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855