

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 527908

AGENCY REVIEW: _____

DATE 11/16/07

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 3 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) Linda Bedsall

DAYTIME PHONE 410 442-1528 CELL _____ FAX _____

MAILING ADDRESS 2105 Mount View Rd Marriottsville Md 21104
STREET CITY/TOWN STATE ZIP

APPLICANT Charles M Jenkins Jenkins Bros. Septic Svc Inc

DAYTIME PHONE 410 781 7133 CELL 410 971 8104 FAX 410 552-1100

MAILING ADDRESS 7670 Smiths Private Rd Sykesville Md 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 2105 Mount View Rd Marriottsville, Md. 21104
STREET TOWN/POST OFFICE

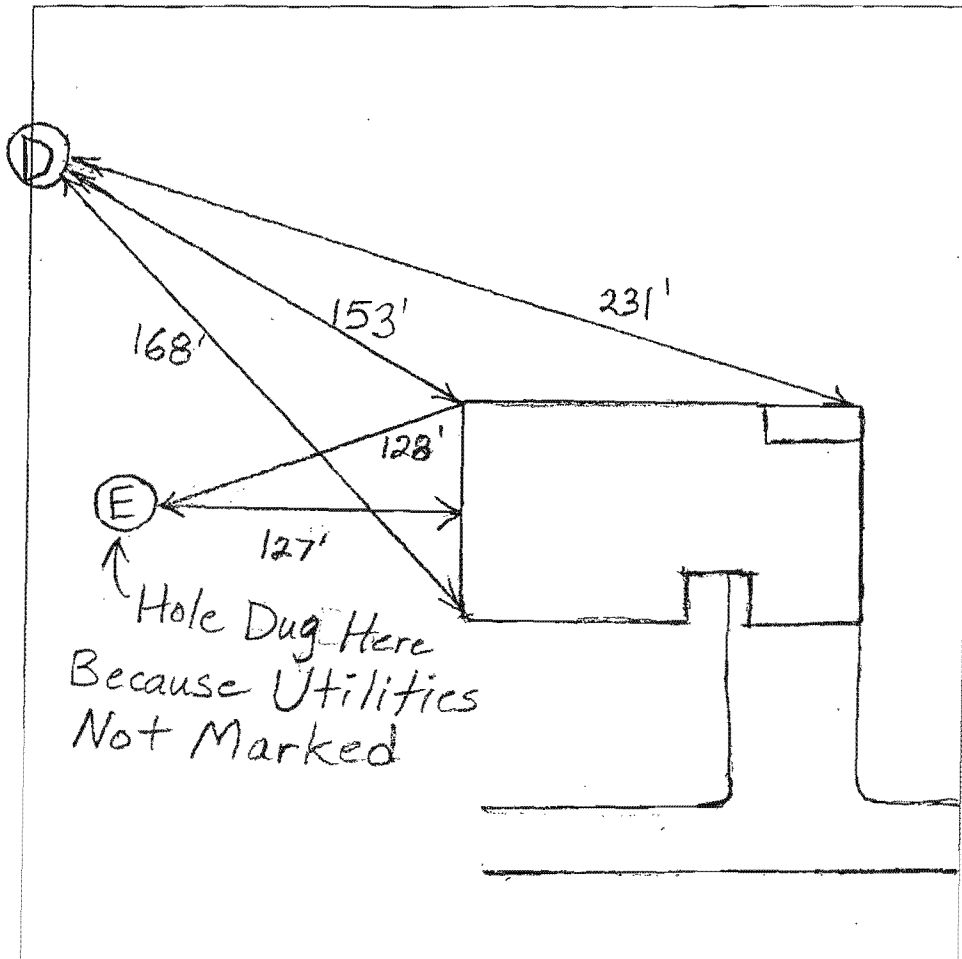
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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.

Charles M Jenkins
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

REMARKS _____

SANITARIAN _____ BACKHOE _____ 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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AP (A)

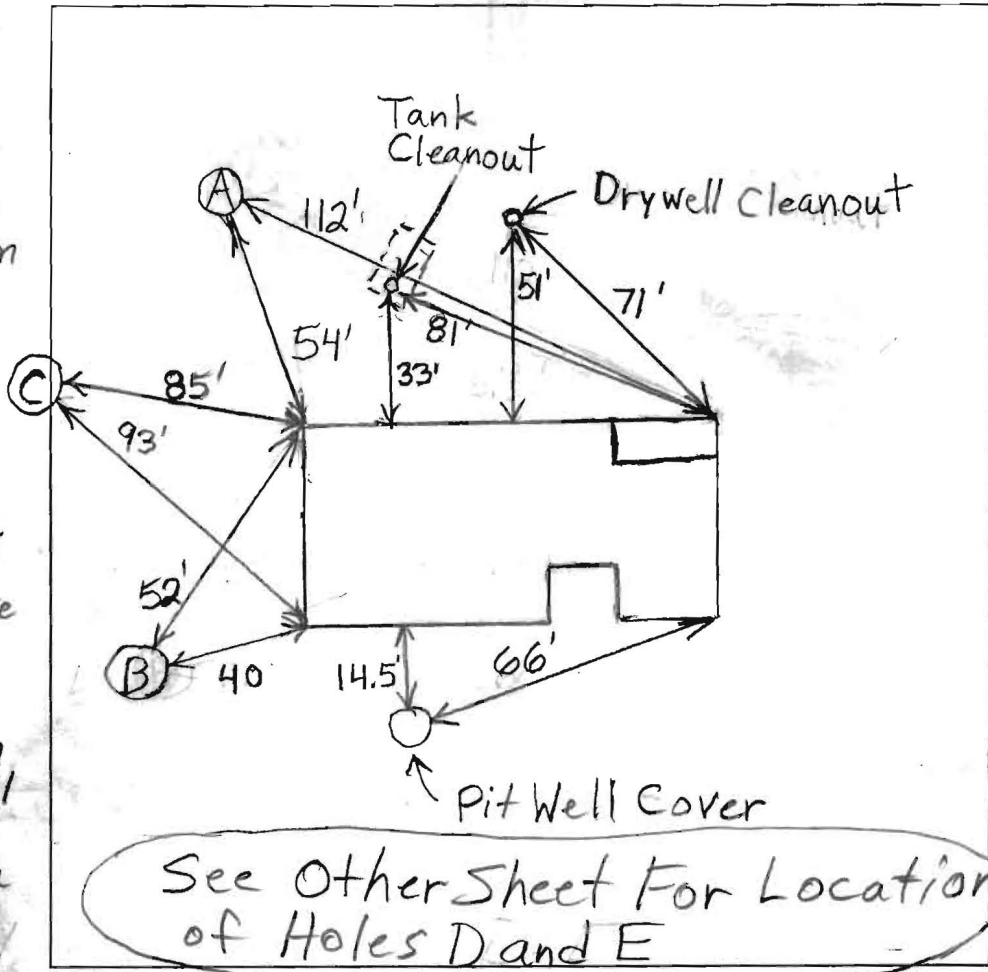
2.5'-3' Br Si Cl Loam
 Dense Red Sa Cl Loam - Loam ~10% Rock
 2.5'-7' Reddish Beige Loamy Sa 10-15% Saprolite
 15'

(B)

Br Cl Loam and Topsoil
 1.5' Red Br Sa Cl Loam ~5% Rock
 6' Red Br Fine Loamy Sa 15% Rock + Saprolite
 12.5' ~25% Rock + Saprolite
 14.5'

(C)

Br Si Cl Loam and Topsoil
 4' Dense Or Br Sa Loam
 6' Red and Beige Fine Loamy Sa 30-35% Rock and Saprolite
 11' ~40% Decayed Rock and Saprolite
 14.5'

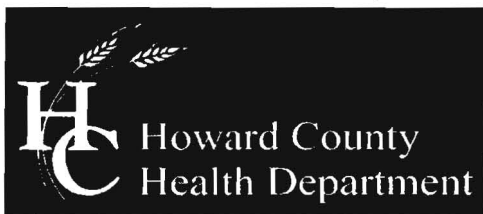


See Other Sheet For Location of Holes D and E

(D) Or Br Si Cl Loam and Topsoil
 2' Red Br Sa Cl Loam
 3'-3.5' Red and Beige Sa Loam
 4' Red and Beige Very Fine Sa Loam 5-15% Rock
 15'
 (E) Red Br Sa Cl Loam and Topsoil
 3.5' Reddish Br and Beige Fine Loamy Sa 10-15% Rock and Saprolite
 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/22/07	A	7.5' / 15' V	11:10:20	11:18:30	11:30	11 1/2	P
12/12/07	B	14.5' V					P
	C	6' / 14.5' V	12:50:30	12:55:30	12:57:40	7	P
	D	5' / 15' V	1:28:20	1:29:30	1:33	3 1/2	P
	E	4.5' / 15' V	2:06:20	2:10:40	2:17:10	6 1/2	P

REMARKS Water Poured In Bottom of A, B, C, D + E → Hole D
 SANITARIAN B. Baker BACKHOE Jenkins OTHERS Drained Fairly Fast
 TEST HOLES USED IN SDA All AVG. PERC TIME SQ. FT/BR
 TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE SW



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 18, 2007

Linda Bedsaul
2105 Mount View Rd
Marriottsville, MD 21104

RE: Percolation Test Results – A527908
2105 Mount View Rd

Dear Mrs. Bedsaul,

Percolation testing conducted on November 28 and December 12, 2007 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

Further review is contingent upon submission of a percolation certification plan showing the following:

- 1) Actual locations of all excavated test holes
- 2) Existing house and proposed addition location
- 3) Existing property lines
- 4) The existing well must be properly abandoned by a licensed well driller
- 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 stating all existing and proposed wells, septic systems and sewage disposal systems located within 200 feet down gradient of existing or proposed septic systems and sewage disposal easements.
- 7) Topography needs to be shown at 2 foot contour intervals and a note certifying topography was field run and verified and reflects field-matched information *from HE GIS*
- 8) A MDE sewage disposal area statement is required
- 9) MDE minimum lot width statement
- 10) Include the statement, "Any changes to a private sewage easement shall require a revised percolation certification plan"
- 11) Identification of streams, ponds, wetlands, floodplains, slopes >25%, soil types and soil type boundaries
- 12) Legend symbols to distinguish between new holes, any existing holes previously documented (by the HCHD), passed holes, failed holes, and any holes held for future review
- 13) Existing structures, wells, septic easements and other septic system components such as tanks, dry wells and distribution boxes. Description of use and intent designated for each item, e.g. 'to remain' or 'remove.'
- 14) A health officer signature block stating "approved for private water and private sewer systems."
- 15) Include the date the lot was recorded
- 23) Professional seal or signed statement that "I certify that the information shown heron is based on field work performed by me or under my direct supervision, and is correct, to the best of my knowledge and belief."
- 24) Identification of the property, road, street address if applicable, tax map page, parcel



* For building permit applications

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AP 527929 (4903)

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PROPERTY OWNER(S) LINDA M BEDSAUL

DAYTIME PHONE 410 423 6858 ~~work Home~~ CELL 410 442 1528 ~~work~~ FAX 410 423 7209

MAILING ADDRESS 2105 MT VIEW RD MARRIOTTSVILLE MD 21104
STREET CITY/TOWN STATE ZIP

APPLICANT SAME

DAYTIME PHONE _____ CELL _____ FAX _____

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

11/30/07

* disconnected from
* pit well house

Spoke to owner will come in
a pay \$176 for perc test.

Perc test to be scheduled
@ time of repair. Also needs
a perc cert. plan prior to
approval of BP.

Adding a sunroom and bedroom
extension

add	3 BR
additional	3 Baths
<hr/>	
total	6 rooms
378	sqm'

Need perc cert?
perc tests? ^{need repair}
* pump

266 ft² = extension*
* verify square footage