

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 526210

AGENCY REVIEW: _____ DATE 1/30/07

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 _____ 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) Leudvig & Leonar Sardarian

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Eritzen Rayer

DAYTIME PHONE 410-823-3535 CELL _____ FAX 410-825-5255

MAILING ADDRESS 222 Bayley Avenue Suite B3 Towson MD 21204
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME _____ LOT NO. 2

PROPERTY ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 7 GRID 14 PARCEL(S) 352 PROPOSED LOT SIZE 3±

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

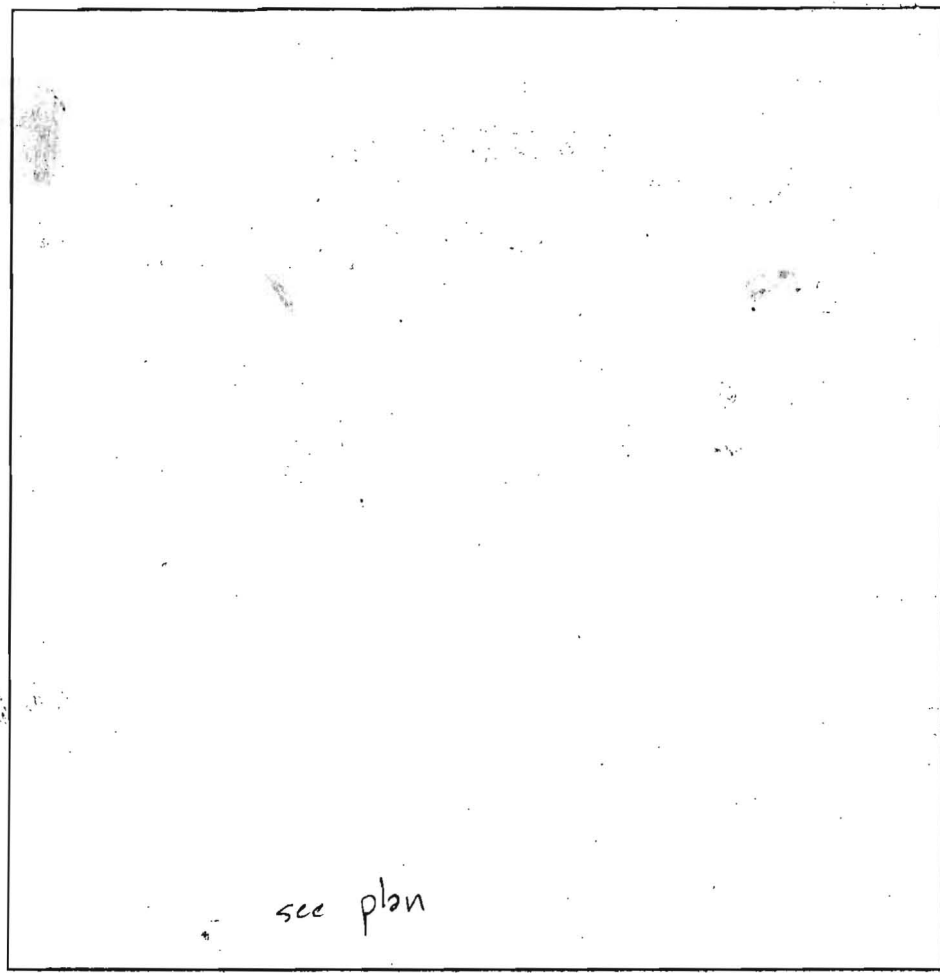
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

526210

AP (A)
 Organic DK Br
 Str. Brown
 Clm - SCL
 U/30%
 cherty shale
 4'
 Yellowish Red
 SCL - Salm
 U/40%
 channery frags
 9'
 Yellowish
 Red Salm
 U/50%
 Floggy
 schist
 11 1/2'

B
 6' 0
 Str Brown
 Clm - SCL
 30% channery
 Yellow - Red
 SCL
 U/45%
 cobbly quartz
 & channery
 schist
 3'
 Same w/
 55-60%
 channery -
 floggy
 mica schist
 6'
 HARD
 9'

E
 46" Organics
 Strong Brown
 SCL - Lm
 3'
 Str Brown &
 DK Red & Yellow
 Salm - Lm
 U/20%
 Hard Saprolite
 & channery schist
 7'
 Same w/
 35% - 40%
 channery
 schist
 & hard
 Saprolite
 5'



(U)
 Organics
 Str Brown
 Clm 25%
 channery
 6"
 4"
 Salm -
 DK Red &
 Yellow
 U/35%-45%
 Strong Saprolite
 w/Quartzite/
 1-15" Gneiss
 boulder
 @ 8'
 10'

C
 Str Brown
 Clm
 w/cherty frags
 2'
 Yellowish Red
 SCL - Lm
 w/30%
 channery
 frags
 6'
 > 50% floggs
 Hard
 Mica Schist
 or phyllite
 schist

K
 Organics
 Str. Brown
 Clm
 6"
 4"
 Compact
 Salm
 DK Red &
 Yellow
 w/35%
 str. Saprolite
 w/floggy
 schist
 9 1/2'

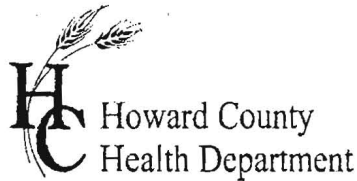
DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2nd INCH	P/F/H	
	A	4' / 11 1/2'	10:05	10:13	10:25	12m	P	
	B	4' / 9'	—————					F
	E	4' / 10'	10:42	10:53	11:08	15m	P	
	D	3' / 10'	11:35	Pulled @ 12:00		< 1"	slow	
	J	4' / 10'	12:58	1:08	1:35	27m	P	
	K	4' / 9 1/2'	1:35	Pulled		slow	F	
	C	4' / 6'	—————					F
	K	5' / 9 1/2'	1:55					
	L	4' / 6'	Hard Rock @ 6'		750' @ 5'		F	

REMARKS _____

SANITARIAN _____ 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

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
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

0
6"
M
Organics
Str. Brown
Clm
chanury

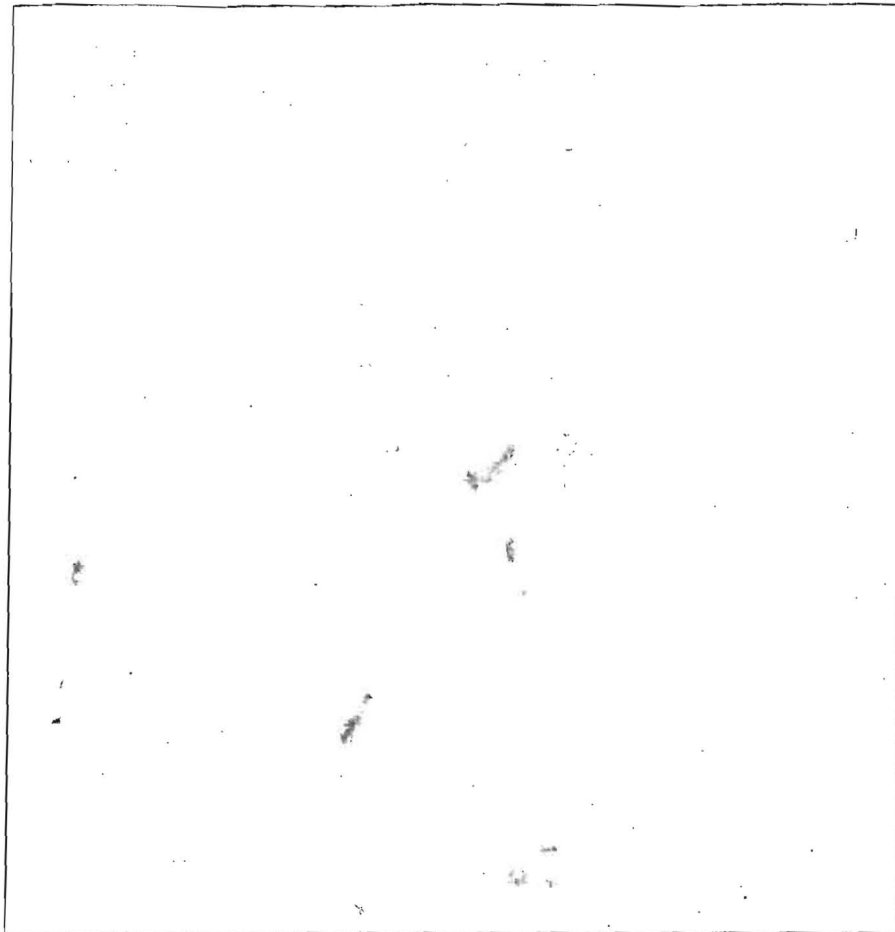
4
Reddish
Yellow -
DK Red
chanury
Lm
35%
chanury
↓

9

N
Organics
Str. Brown
chanury
Clm

Reddish yellow
& DK Red
Lm - Salms
w/ ~40%
chanury
frogs
↓

10



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
	M	4.5/9'	3:00	3:06	3:12	6m	P
	N	4.5/10	3:17	3:28	3:51	23m	P

REMARKS _____

SANITARIAN GAC BACKHOE Jenkins 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

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
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

0
c"
M
Organics
Str. Brwn
Clm
chanery

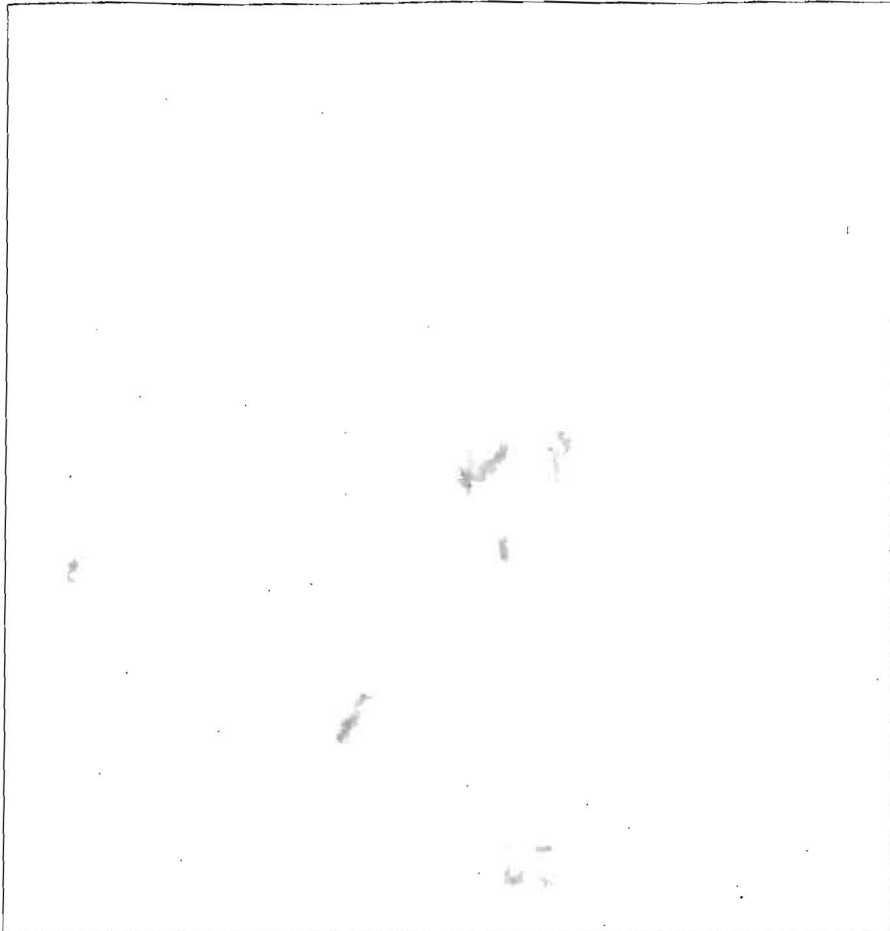
4
Reddish
Yellow -
DK Red
chanery
Lm
35%
chanerys
↓

9

N
Organics
Str. Brwn
Chanery
Clm

Reddish yellow
E DK Red
Lm - Salms
w/ ~40%
chanery
frags
↓

10



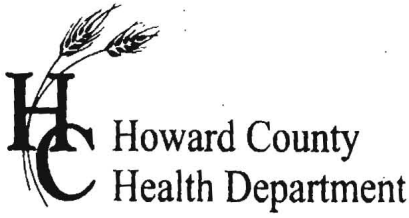
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
	M	4.5/9'	3:00	3:06	3:12	6m	P
	N	4.5/10	3:17	3:28	3:51	23m	P

REMARKS _____

SANITARIAN GAC BACKHOE Jenkins 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

TEST DATE(S) _____ TEST TIME _____ AP 526210

AGENCY REVIEW: _____ DATE 1/30/07

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 _____ 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) Levdiq & Leonar Sardarian

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Fritzen Rayer

DAYTIME PHONE 410-823-3535 CELL _____ FAX 410-825-5215

MAILING ADDRESS 222 Boxley Avenue Suite B3 Towson MD 21204
STREET CITY/TOWN STATE ZIP

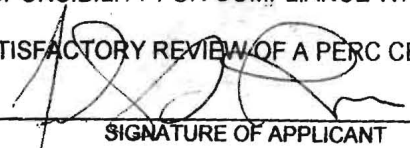
APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. 2

PROPERTY ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 7 GRID 14 PARCEL(S) 352 PROPOSED LOT SIZE 3±

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.

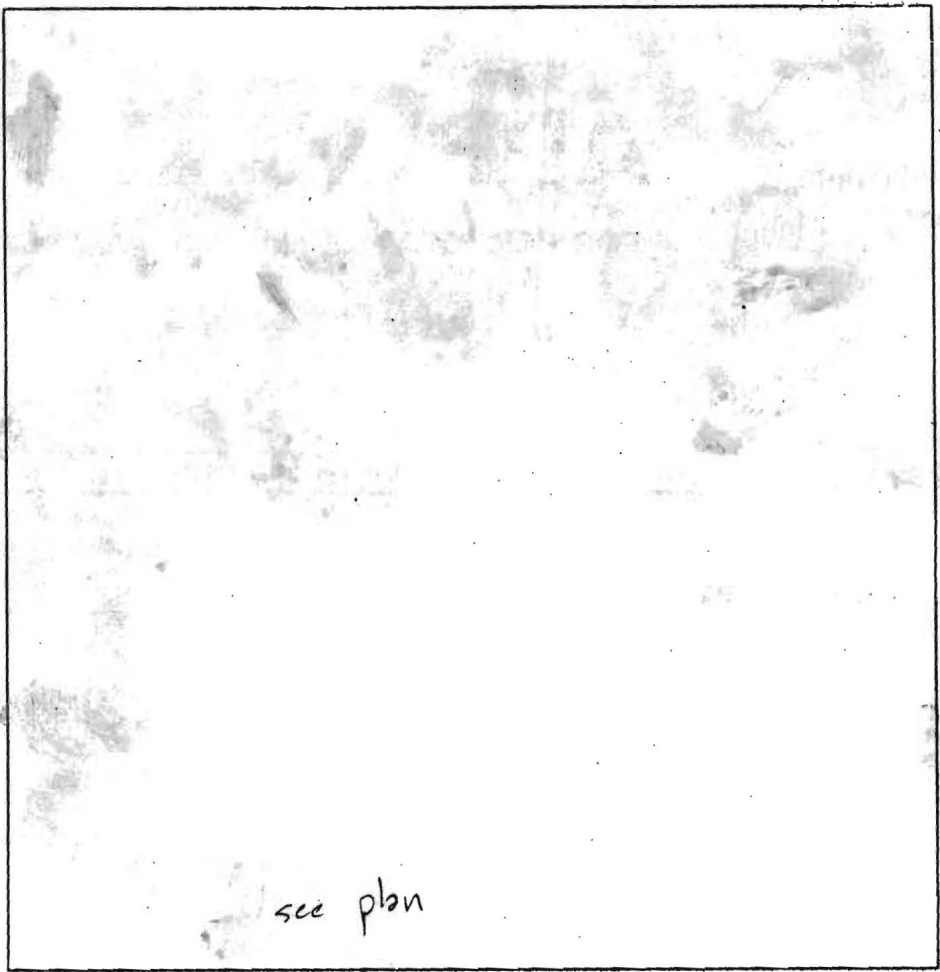

SIGNATURE OF APPLICANT

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

A
 Organic DK Br
 Str. Brown
 Clm - SCL
 w/30%
 cherty shale
 4'
 Yellowish Red
 SCL - Salm
 w/40%
 channery frags
 9'
 Yellowish
 Red Salm
 w/50%
 Floggy
 schist
 11 1/2'

B
 6'
 Str Brown
 Clm - SCL
 30% channery
 3'
 Yellow-Red
 SCL
 w/~45%
 cobbly quartz
 & channery
 schist
 6'
 Same w/
 55-60%
 channery -
 floggy
 mica schist
 9'
 HARD

E
 26"
 Organics
 Strong Brown
 SCL - Lm
 3'
 Str Brown &
 DK Red & Yellow
 Salm - Lm
 w/20%
 Hard Saprolite
 & channery schist
 7'
 Same w/
 35% - 40%
 channery
 schist
 & hard
 Saprolite
 10'



Organics
 Str Brown
 Clm 25%
 channery 6"
 4'
 Salm
 DK Red &
 Yellow
 w/35%-45%
 Strong Sap-
 w/Quartzite/
 1-15" Gneiss
 boulder
 @ 8"
 10'

C
 Str Brown
 Clm
 w/cherty frags 2
 Yellowish Red
 SCL - Lm
 w/30%
 channery
 frags
 > 50% flags 6'
 Hard
 Mica Schist
 or phyllite
 Schist

K
 Organics 6"
 Str. Brown
 Clm
 Compact
 Salm.
 DK Red &
 Yellow
 w/35%
 str. Saprolite
 w/floggy
 Schist
 ↓ 9 1/2'

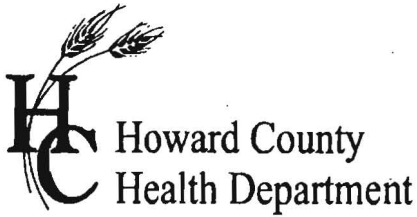
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
	A	4' / 11 1/2'	10:05	10:13	10:25	12m	P
	B	v / 9'					F
	E	4' / 10'	10:42	10:53	11:08	15m	P
	D	3' / 10'	11:35	Pulled @ 12:00		< 1"	Slow
	J	4' / 10'	12:58	1:08	1:35	27m	P
	K	4' / 9 1/2'	1:35	Pulled		Slow	F
	C	v / 6'					F
	K	5' / 9 1/2'	1:55				
	L	v / 6'	Hard Rock @ 6'		250' @ 51'		F

REMARKS _____

SANITARIAN GAC BACKHOE Jenkins OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 526210
 AGENCY REVIEW: _____ DATE 1/30/07

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 _____ 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) Leudvig & Leonar Sardarian

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Fritzen Rayer

DAYTIME PHONE 410-823-3535 CELL _____ FAX 410-825-5215

MAILING ADDRESS 222 Bailey Avenue Suite B3 Towson MD 21204
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME _____ LOT NO. 1

PROPERTY ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 7 GRID 14 PARCEL(S) 352 PROPOSED LOT SIZE 3±

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

A/P

⑥

1' Str. Brn Clm

Red Yellow Channery Clm

3' Yellow Red S&Cl or Channery Clm

5' Reddish Yellow VFSL

7' Yellow VFSolm w/ ~20% channery frags & VWSapr

12'

⑦

1 1/2' Str. Brn Clm

Yellow Red Clm-S&Cl

5' Yellow/Red Silm(s)

6' Floggy Phyllite Schist & channery Strona Saprates ~60% or more

9'

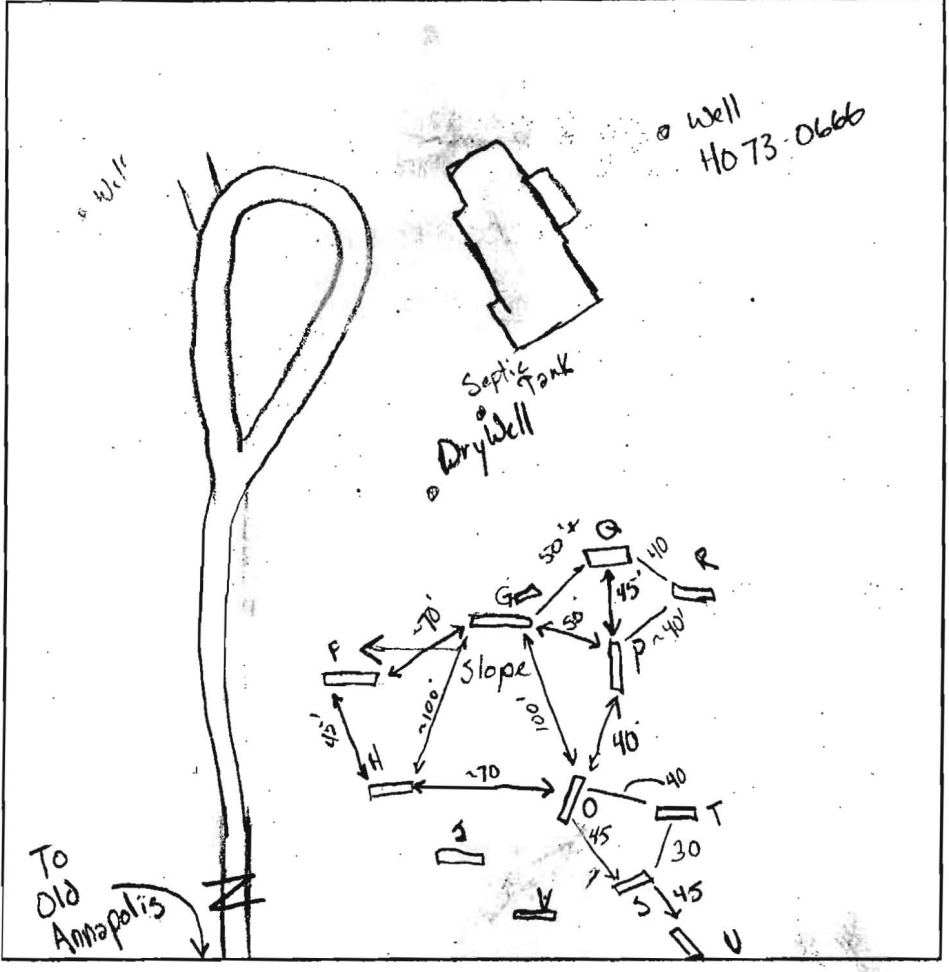
⑧

1' Str. Brn Clm

Channery Yellow Red S&Cl

4' Yellow & DK Red Silm channery w/ floggy R@ 6' >50%

7'



J/Q

1' Str. Brn Clm

Yellow Red Clm-S&Cl

2' Yellow Channery Silm-VFSL w/ floggy R ~35%

4' Red Yellow Channery Silm w/ 56% floggy R

7' Hard

⑩

3' Yellow/Red Clm

Yellow Red-Yellow VFSL Silm

20% Med. Sapr.

11'

P

2' Str. Brn Clm

Yellow Red Clm w/ channery @ 4' ~20%

6' Yellow Red Clm-S&Cl w/ ~50% Hard floggy Sapr. including 20% Phyllite Schist.

9 1/2'

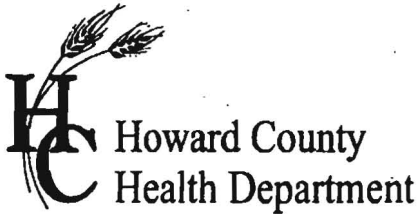
DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2nd INCH	P/F/H
3/28/07	G	4 1/2 / 12'	10:08	10:15	10:28	13m	P
	F	V / 9'	See Profile				F
	H	V / 7'	See Profile				F
	J	V / 7'	See profile				F
	O	4 1/2 / 11	11:08	11:20	11:30	10m	P
	P	7' / 9 1/2	00:00 M	04:00 M	13:00 M	7+M	(H) P
		shallow 4' / 9 1/2	01:20 M	11:00 M	34:00 M	23m	P
	Q	V / 6 1/2	See J profile		G 1/2 bottom		F

REMARKS Shallow system only - ex Drywell - likely in R@ >50%

SANITARIAN GAC BACKHOE Ricky (Jenkins Bros) OTHERS Chas. Jenkins, John (Sweeney)

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

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



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 526210

AGENCY REVIEW: _____ DATE 1/30/07

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 _____ 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) Leudvig & Leonar Sardarian

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Fritzen Rayer

DAYTIME PHONE 410-823-3535 CELL _____ FAX 410-825-5255

MAILING ADDRESS 222 Bailey Avenue Suite B3 Towson MD 21204
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME _____ LOT NO. 1

PROPERTY ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 7 GRID 14 PARCEL(S) 352 PROPOSED LOT SIZE 3±

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.

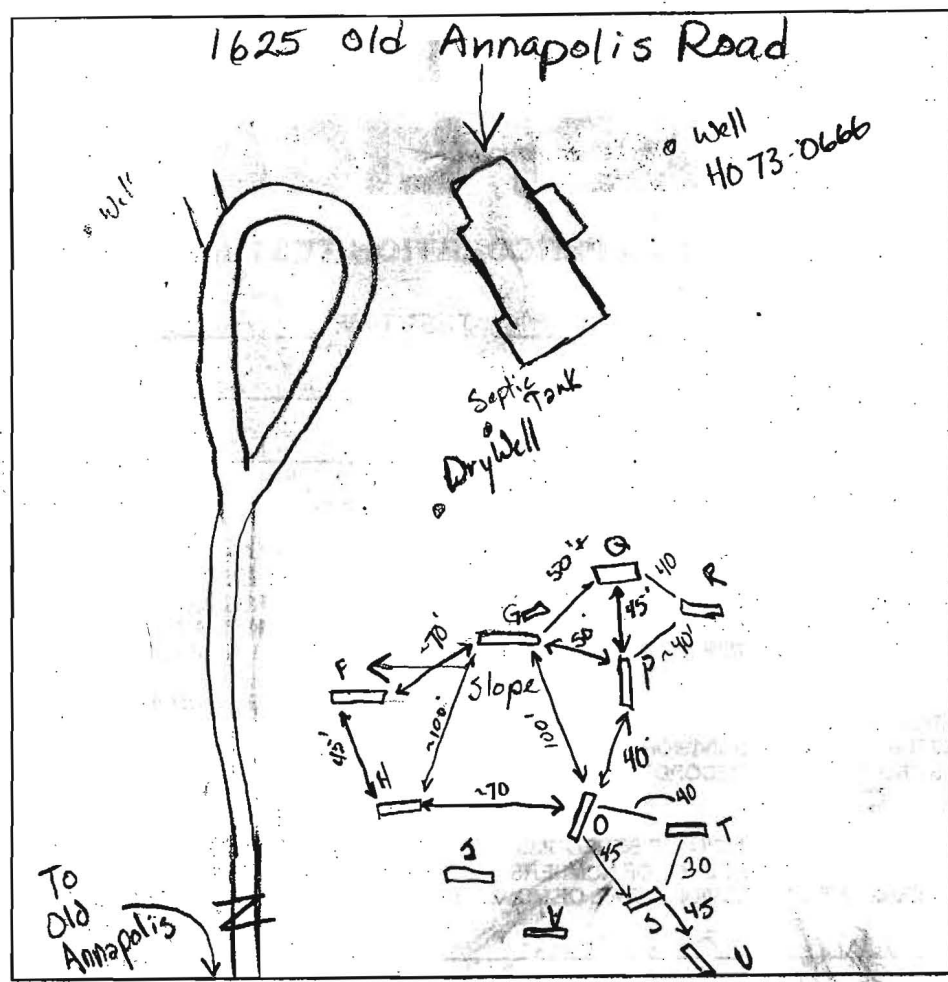
SIGNATURE OF APPLICANT

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-
 1' Str. Brn Clm
 Red Yellow Channery Clm
 3' Yellow Red SsCl or Channery Clm
 5' Reddish Yellow VFSL
 7' Yellow VF Salm w/ ~20% channery floggy & VWSapr.

(F)
 1 1/2' Str. Brn Clm
 Yellow Red Clm-SsCl
 5' Yellow/Red Silm (s)
 6' Floggy Phyllite Schist & channery Strongly Saprotic ~60% or more

(H)
 1' Str. Brn Clm
 Channery Yellow/Red SsCl
 4' Yellow & DK Red Silm channery w/ floggy Rx @ 6' > 50%
 7'



J/Q
 1' Str. Brn Clm
 Yellow Red Clm-SsCl
 2' Yellow Channery Silm-VFSL w/ floggy Rx ~25%
 4' Red Yellow Channery Silm w/ 56% floggy Rx
 7' Hard

O
 3' Yellow/Red Clm
 Yellow Red Yellow VFSL Silm
 (20% Med. Saprotic)
 11'

P
 2' Str. Brn Clm
 Yellow Red Clm w/ channery @ 4' ~20%
 6' Yellow Red Clm-SsCl w/ ~50% Hard floggy Saprotic including 20% Phyllite Schist.
 9 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/28/07	G	4 1/2 / 12'	10:08	10:15	10:28	13m	P
	F	v / 9'	See Profile				F
	H	v / 7'	See Profile				F
	J	v / 7'	See profile				F
	O	4 1/2 / 11'	11:08	11:20	11:30	10m	P
	P	7' / 9 1/2'	00:00 M	04:00 M	13:00 M	7+M	(H) P
		shallow 4' / 9 1/2'	01:20 M	11:00 M	34:00 M	23m	P
	Q	v / 6 1/2'	See	J profile	G 1/2 bottom		F

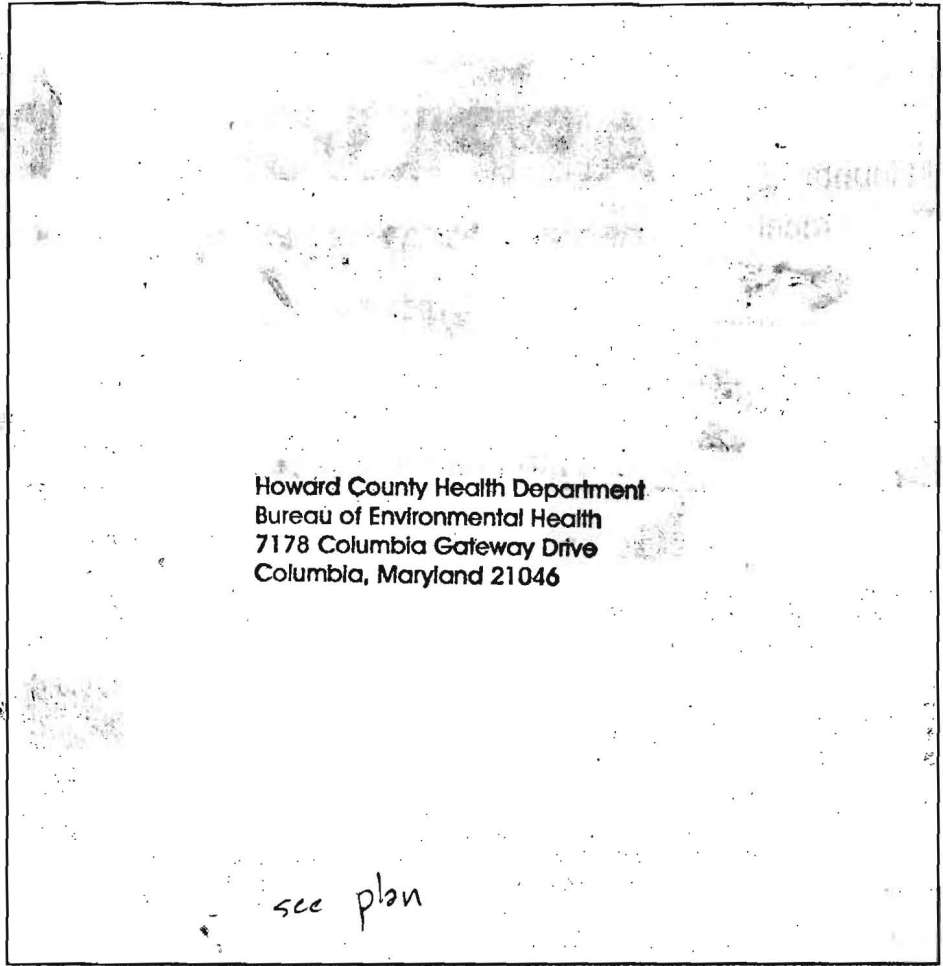
REMARKS Shallow system only - ex Drywell - likely in Rx > 50%
 SANITARIAN GAC BACKHOE Ricky (Jenkins Bros) OTHERS Charles Jenkins, John (Surveyor)
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

AP 526210

6" **A**
 Organic DK Br
 Str. Brown
 Clm - SCL
 w/30%
 cherty shale
 4'
 Yellowish Red
 SCL - Salm
 w/40%
 channery frags
 9'
 Yellowish
 Red Salm
 w/50%
 Floggy
 schist
 11 1/2'

B
 6" 0
 Str Brown
 Clm - SCL
 36% channery
 Yellow Red
 SCL
 w/45%
 cobbly quartz
 & channery
 schist
 3'
 Same w/
 55-60%
 channery -
 floggy
 mica schist
 6'
 HARD
 9'

E
 46" Organics
 Strong Brown
 SCL - Lm
 3'
 Str Brown &
 DK Red & Yellow
 Salm - Lm
 w/20%
 Hard Sapro-
 lite & channery
 schist
 7'
 Same w/
 35% - 40%
 channery
 schist
 & hard
 Sapro-
 lite
 10'



D
 Organics
 Str Brown
 Clm 25%
 channery
 6"
 4'
 Salm
 DK Red &
 Yellow
 w/35%-45%
 strong Sapr-
 lite
 w/Quartzite/
 15" Gneiss
 boulder
 @ 8'
 10'

C
 Str Brown
 Clm
 w/cherty frags
 2'
 Yellowish Red
 SCL - Lm
 w/36%
 channery
 frags
 6'
 Hard
 Mica Schist
 or phyllite
 schist

K
 Organics
 Str. Brown
 Clm
 6"
 4'
 Compact
 Salm.
 DK Red &
 Yellow
 w/35%
 str. Sapro-
 lite
 w/floggy
 schist
 9 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
	A	4' / 11 1/2'	10:05	10:13	10:25	12m	P
	B	4' / 9"					F
	E	4' / 10'	10:42	10:53	11:08	15m	P
	D	3' / 10'	11:35	Pulled @ 12:00		21"	slow
	J	4' / 10'	12:58	1:08	1:35	27m	P
	K	4' / 9 1/2'	1:35	Pulled		slow	F
	C	4' / 6'					F
	K	5' / 9 1/2'	1:55				
	L	4' / 6'	Hard Rock @ 51				F

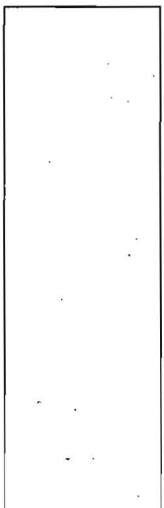
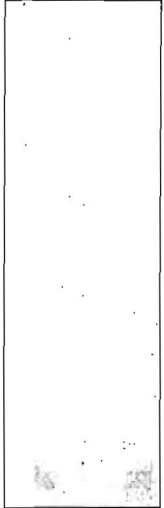
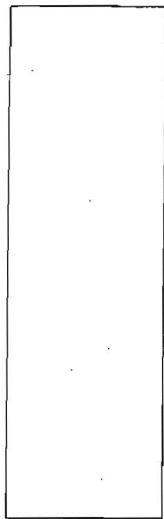
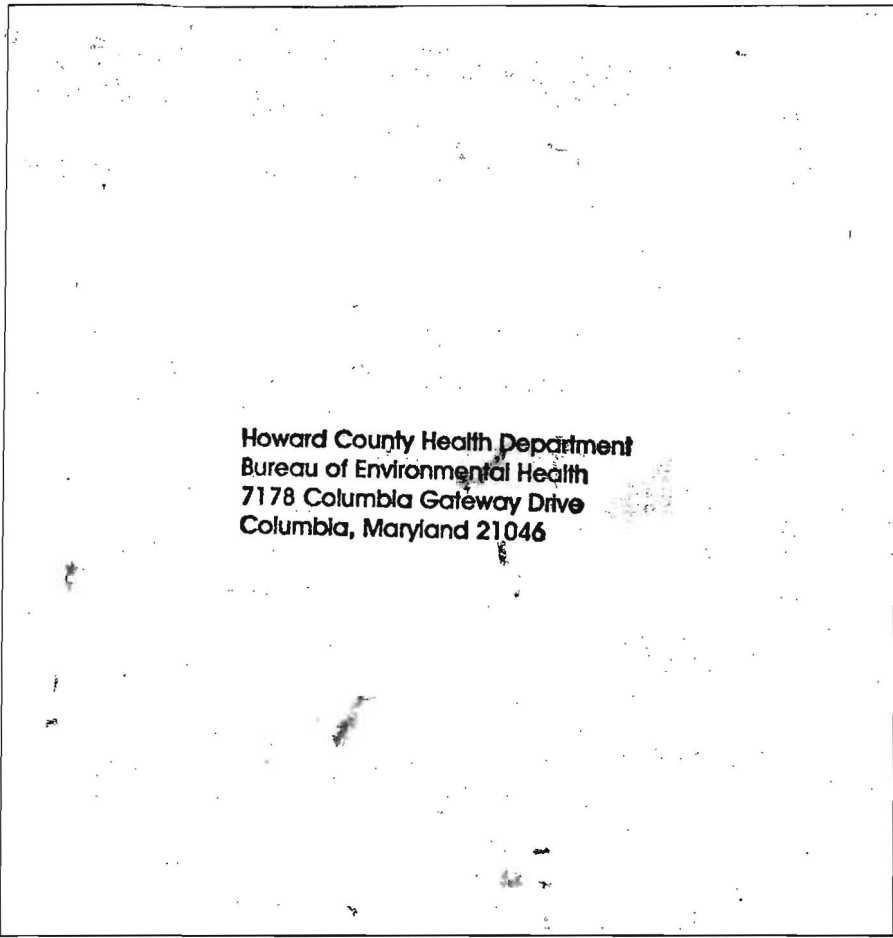
REMARKS _____
 SANITARIAN GAC BACKHOE Jenkins OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

A/P

0
6"
M
Organics
Str. Brown
Clm
chanury

4"
Reddish
Yellow -
DK Red
chanury
Lm
35%
chanury

9



N
Organics
Str. Brown
chanury
Clm

Reddish yellow
& DK Red
Lm - 50%
w/ 40%
chanury
frogs

10

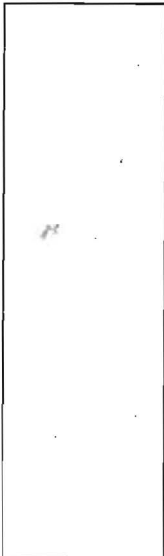
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
	M	4.5/9'	3:00	3:06	3:12	6m	P
	N	4.5/10'	3:17	3:28	3:51	13m	P

REMARKS _____

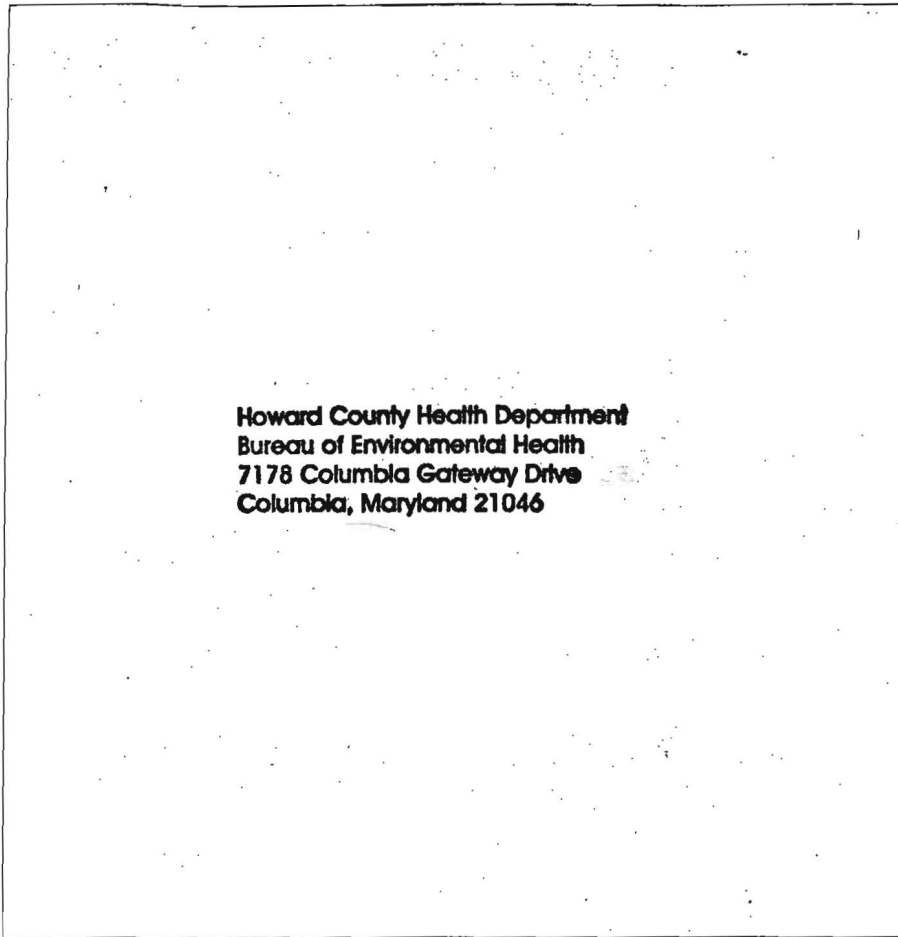
SANITARIAN GAC BACKHOE Jenkins OTHERS _____

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

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



A/P



R
 Str. Brn Clm
 1 Yellow Red Clm w/charners ~30% @ 4
 6 Yellow/DK Red 1M. Red w/charners ~45% incl. 35% med-str S-prolites
 8 50% + w/depth
 10

U
 Str. Brn Clm
 1 Yellow Red Clm
 4 Yellow Red Solm. chary w/ 35% Rx
 45% @ 9
 10

S
 Str. Brn Clm
 2 Red Yellow Clm
 4 Yellow Solm 30% med-weak S-prolites
 11

V
 Str. Brn Clm
 2 Yellow Red Clm
 4 Yellow-E Red VFS E 20% very weak S-prolites
 10

DATE	TEST #	DEPTH	START	BREAK	STOP	TIME OF	P/F/H
			stopwatch	1" DROP	2" DROP	2ND INCH	
3/28/07	R	7' / 10'	0	6:00	11:30	5mT	(H) F
		shallow 4 1/2' / 10'	6:00	Pulled	33m	< 1"	27mF
	S	4' / 11'	OK	Same as 0	ost. 10m		P
	T	4' / 10'	1:58	2:05	2:15	10m	P
	U	3 1/2' / 9 1/2'	2:19	2:49	Pulled slow		F
		4' / 9 1/2'	2:50		Pulled slow		F
	V	4' / 10'	See Profile			Est 10m	P

T
 Str. Brn Clm
 1 Yellow Red Clm
 3 Red Yellow Solm
 8 20% Str. Sapr
 10

REMARKS _____
 SANITARIAN **GAC** BACKHOE **Jenkins** 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

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) Leudvig E. Leonard Spalderson

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 1625 Old Annapolis Rd Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Fritzen Royer (Spellman, Larsen & Associates)

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 222 Bosley Ave. Suite B3 Towson MD 21204
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
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

R

1 Str. Brn Clm

Yellow Red Clm
w/channeers
~30% @ 4

6 Yellow/DK IM Red
w/channeers
~45% incl.
35% med-str
S-prolites

8 50%+
> w/depth

10

S

2' Str. Brn Clm

Red Yellow Clm

4' Yellow Salm
30% med-weak
S-prolites

11

T

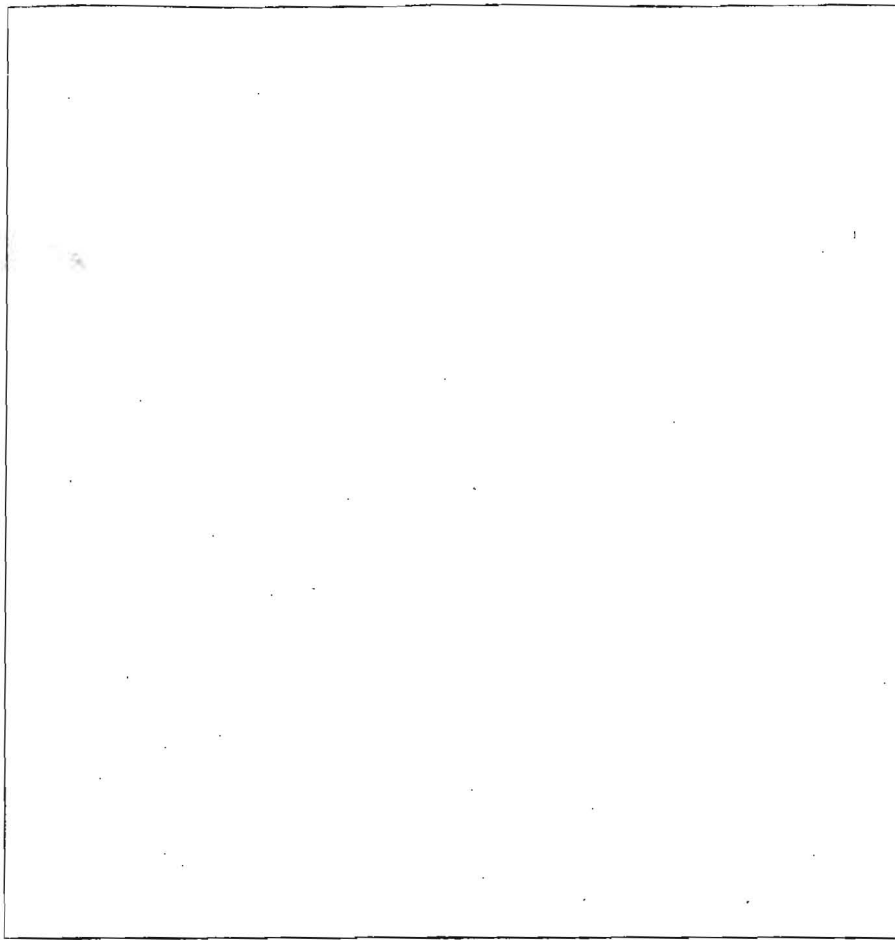
1 Str. Brn Clm

Yellow Red Clm

3 Red Yellow Silm

8 20% Str. Sape

10



U

1 Str. Brn Clm

Yellow Red Clm

4 Yellow Red Salm
Salm channeery w/
35% Rx

45% @ 9

10

V

2 Str. Brn Clm

Yellow Red Clm

4 Yellow-E Red VFS
~20%
very weak
S-prolites

10

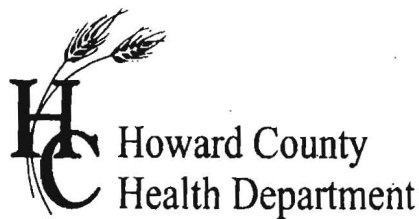
DATE	TEST #	DEPTH	START	BREAK	STOP	TIME OF	P/F/H
			stopwatch	1" DROP	2" DROP	2ND INCH	
3/28/07	R	7' 10'	0	6:00	11:30	5m + (M)	F
	shallow	4 1/2 / 10	6:00	Pulled	33	m 4"	27m F
	S	4' / 11	OK	Same as 0	0	est. 10m	P
	T	4' / 10	1:58	2:05	2:15	10m	P
	U	3 1/2 / 9 1/2	2:19	2:49		Pulled slow	F
		4' / 9 1/2	2:50			Pulled slow	F
	V	4' / 10'	See Profile			Est 10m	P

REMARKS _____

SANITARIAN GAC BACKHOE Jenkins 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

TEST DATE(S) _____ TEST TIME _____ AP 526210

AGENCY REVIEW: _____ DATE 1/30/07

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 _____ 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) Leudig & Leonar Sardarian

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Fritzen Rayer

DAYTIME PHONE 410-823-3535 CELL _____ FAX 410-825-5215

MAILING ADDRESS 222 Bayley Avenue Suite B3 Towson MD 21204
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. 1

PROPERTY ADDRESS 1625 Old Annapolis Road Woodbine MD 21797
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 7 GRID 14 PARCEL(S) 352 PROPOSED LOT SIZE 3±

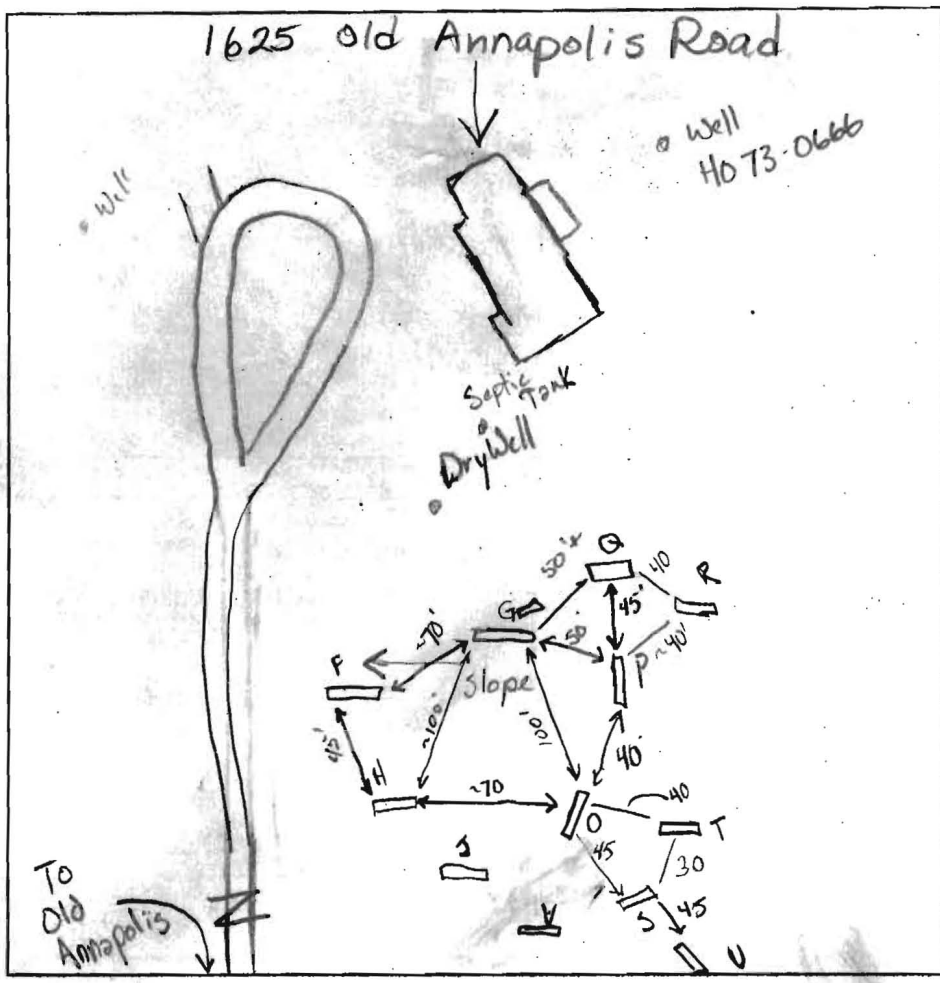
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

[Signature]
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

1625 Old Annapolis Road

Well
HO 73-0666



AP
③
1' Str. Brn Clm
Red Yellow
Channery Clm
3' Yellow Red
SsCl or
Channery
Clm
5' Reddish Yellow
VFSL
7' Yellow
VFSslm
w/ ~20%
channery
frag &
VWSopr.
12'

④
1 1/2' Str. Brn
Clm
Yellow Red
Clm-SsCl
5' Yellow/Red
Silm (s)
6' Floggy
Phyllite
Schist &
channery
stroma
soprites
~60% or
more
9'

⑤
1' Str. Brn
Clm
Channery
Yellow Red
SsCl
4' Yellow &
DK Red
Silm
channery
w/ floggy
R@ 6'
> 50%
7'

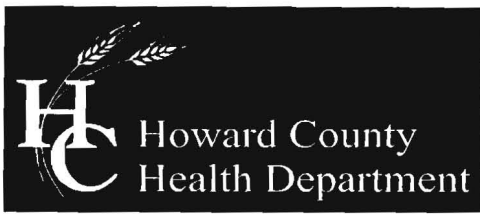
J/C
1' Str. Brn
Clm
Yellow Red
Clm-SsCl
2' Yellow Channery
Silm-VFSL
w/ floggy R
~35%
4' Red Yellow
Channery Silm
w 75%
floggy R
7' Hard

⑥
3' Yellow/Red
Clm
Yellow Red-
Yellow
VFSL Silm
20%
Med.
Sopr.
11'

P
2' Str. Brn
Clm
Yellow Red
Clm
w/ channery
@ 4' ~20%
6' Yellow Red
Clm-SsCl
w/ ~50%
Hard floggy Sop.
including ~20%
Phyllite schist.
9 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/28/07	G	4 1/2 / 12'	10:08	10:15	10:28	13m	P
	F	v / 9'	See Profile				F
	H	v / 7'	See Profile				F
	J	v / 7'	See profile				F
	O	4 1/2 / 11	11:08	11:20	11:30	10m	P
	P	7' / 9 1/2	00:00 M	04:00 M	13:00 M	7+M	P (H)
	shallow	4' / 9 1/2	01:20 M	11:00 M	34:00 M	23m	P
	Q	v / 6 1/2	See J profile				F

REMARKS Shallow system only - ex. Drywell - likely in R@ > 50%.
 SANITARIAN GAC BACKHOE Ricky (Jenkins Bros) OTHERS Charles Jenkins, John (Survey)
 TEST HOLES USED IN SDA _____ 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

5/31/2007

To: Fritzen Royer
222 Bosley Ave.
Suite B3
Towson, MD 21204

From: Gabe Creighton
Well and Septic Program

Re: Percolation Certification Plan A526210
Sardarian Property
1625 Old Annapolis Rd.
Proposed Lots 1 and 2

Mr. Royer,

This office has received and reviewed your proposed percolation certification plan for the above referenced property. Comments listed below will need to be addressed in subsequent submittals prior to approval.

- The Sewage Disposal Areas as proposed infringe on numerous occasions into the 25' radius from failed percolation tests. This separation is especially crucial on this property, where poor soils and unsuitable rock content was encountered in most if not all of the failing percolation tests. I noticed that these proposed areas are over-sized by as much as several thousand square feet beyond what is required. On lots with questionable soils, it is much more favorable to have a SDA which is at or very near the 10,000 sq. ft. requirement and encompassing good soils, than an area that is vastly oversized and encompasses several thousand extra sq. ft. of poor soils. I am enclosing markups of your most recent proposal showing configurations that I would find favorable for these lots. These configurations, though smaller than your proposals, encompass the areas which are most suitable for sewage disposal among the areas tested.
- Strike the test lettered 'I' and the accompanying symbol from the plan. It was not tested.
- Adjust or add to note #3 to state that there are no wells within 200' downhill of the sewage disposal areas.
- Adjust the order of the General Notes to move note #6 to accompany note #1.

If you have questions or concerns regarding these comments, or need to contact me, I can be reached at (410) 313-2775.

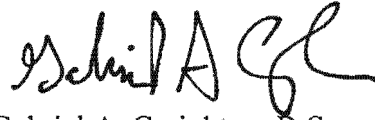
Date: 5/31/2007

Comment Letter to: Spellman, Larsen & Associates

From: Gabe Creighton

Page: 2

Respectfully,

A handwritten signature in black ink, appearing to read "Gabe A. Creighton". The signature is fluid and cursive, with the first name "Gabe" and the last name "Creighton" clearly legible.

Gabriel A. Creighton, R.S.
Development Coordination Section
Well and Septic Program

Enclosures

cc: File



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

Fax

To: Mike Jenkins From: Brian Baker
Fax: (410) 552-1100 Pages: 5 Total
Phone: _____ Date: 4/10/08
Re: Old Annapolis Rd. CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

- Copies of Perc Test Notes From
1625 Old Annapolis Road
- These Notes Are From the Test Holes
That Your Company Dug in March of 2007
Hope This Helps You
B. Baker, R.S.



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

4/6/2007
~~3/13/2007~~

To: Fritzen Royer
222 Bosley Ave.
Suite B3
Towson, MD 21204

From: Gabe Creighton
Well and Septic Program

Re: Percolation Testing A526210
Sardarian Property
1625 Old Annapolis Rd.
Proposed Lots 1 and 2

Mr. Royer,

Percolation testing conducted 3/23/2007 and 3/29/2007 on the above referenced property found soils suitable for onsite sewage disposal systems with limiting factors. Limiting factors encountered on the site included shallow depth to unacceptable rock content and deep clay layers. Further review of the project is contingent upon submittal by a professionally licensed surveyor or engineer of a Percolation Certification Plan as required by Howard County Code Subtitle 3.8.

Enclosed for your reference is a summary of these regulations, a copy of the test notes, and a chart of applicable setbacks for residential development.

Upon receipt of the Percolation Certification Plan, this office will review the plan to ensure the application of state and local codes and regulations. If the plan is not acceptable, comments to be addressed in a subsequent revision to the plan will be sent to the plan preparer. The Percolation Certification Plan may be approved once all items have been included and any issues have been resolved. An approved Percolation Certification Plan will be required prior to approval of subdivision plans.

If you have any questions regarding this process, at this time or in the future, please do not hesitate to contact me directly at (410) 313-2775.

Respectfully,

A handwritten signature in black ink that reads 'Gabriel A. Creighton'.

Gabriel A. Creighton, R.S.
Development Coordination Section
Well and Septic Program

Enclosures
cc: File



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) Ludvig E. Leonov Sverdlov

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 1625 Old Annapolis Rd Woodbine MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT Fritzen Royer (Spellman, Larsen & Associates)

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 222 Bosley Ave. Suite B3 Towson MD 21204
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
 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

R

1 Str. Brn Clm

Yellow Red Clm
w/channers
~30% @ 4

6 Yellow/DK
1M. Red

w/channers
~45% incl.
35% med-str
s-prolites

8 50% +
> w/depth

10

S

2' Str. Brn Clm

Red Yellow Clm

4' Yellow Silm

30% med-weak
s-prolites

11

T

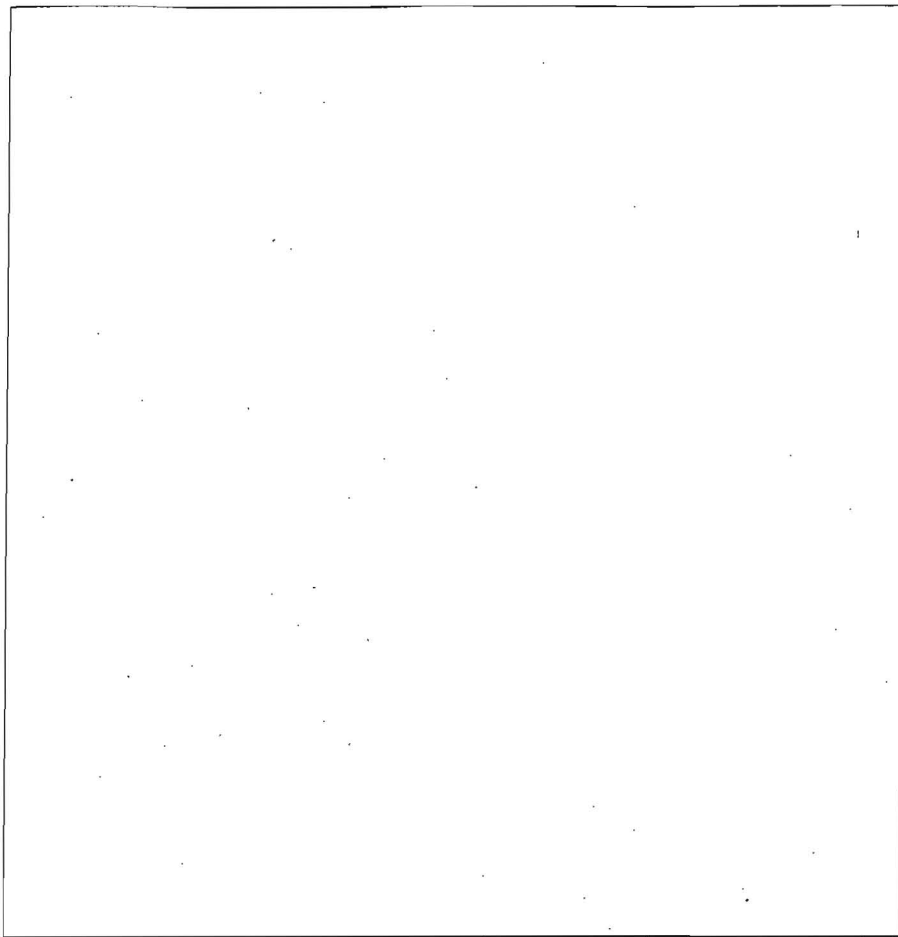
1 Str. Brn Clm

Yellow Red Clm

3 Red Yellow Silm

8 20% Str. Sapr

10



U

1 Str. Brn Clm

Yellow Red Clm

4 Yellow Red Silm
Salm
channery w/
35% Rx

45% @ 9

10

V

2 Str. Brn Clm

Yellow Red Clm

4 Yellow-E Red VFS
E 20%
Very weak
s-prolites

10

DATE	TEST #	DEPTH	START	BREAK	STOP	TIME OF	P/F/H
			Stop watch	1" DROP	2" DROP	2ND INCH	
3/28/07	R	7'10"	0	6:00	11:30	5m +	(H) F
	shallow	4 1/2' / 10	6:00	Pulled	33m	< 1"	27m F
	S	4' / 11	ok	Same	as 0	ost. 10m	P
	T	4' / 10	1:58	2:05	2:15	10m	P
	U	3 1/2' / 9 1/2'	2:19	2:49	Pulled Slow		F
		4' / 9 1/2'	2:50	Pulled slow			F
	V	4' / 10'	See Profile -		Est 10m		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 _____

GENERAL NOTES

1. THE EXISTING TOPOGRAPHY IS BASED ON HOWARD COUNTY GIS TOPOGRAPHY.
2. THERE ARE NO STREAMS ON OR WITHIN THE VICINITY OF THE SUBJECT SITE.
3. THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FT OF THE SUBJECT SITE - Nowells within 200' downhill of SDA's
4. THE SUBJECT PROPERTY DOES NOT LIE WITHIN A FLOOD PLAIN.
5. ANY CHANGES TO PRIVATE SEWAGE BASINMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION.
6. THE EXISTING SITE TOPOGRAPHY IS FIELD SURVEYED AND VERIFIED.
7. EXISTING ELEVATIONS OF PERCOLATION TEST HOLES ARE FIELD SURVEYED AND VERIFIED.
8. THE EXISTING WELL AND SEPTIC SYSTEMS ARE TO REMAIN. *Septic system will require upgrade prior to final ??*
9. ALL WELLS ARE TO BE DRILLED PRIOR TO FINAL PLAN APPROVAL. IT IS THE DEVELOPER'S RESPONSIBILITY TO SCHEDULE WELL DRILLING PRIOR TO FINAL PLAN SUBMISSION. IT WILL NOT BE CONSIDERED GOVERNMENT DELAY IF THE WELL DRILLING HOLDS UP THE HEALTH DEPARTMENT SIGNATURE OF THE PLAN.

LOT 1	
TEST HOLE	ELEVATION
F	754.1
G	753.9
H	755.1
I	753.6
J	756.2
O	757.1
P	757.9
Q	756.8
R	757.1
S	758.4
T	757.3
U	758.9
V	757.8

LOT 2	
TEST HOLE	ELEVATION
A	730.3
B	730.7
C	735.8
D	733.9
E	736.9
K	739.8
L	740.1
M	739.4
N	734.2

THE PURPOSE OF THIS PLAN IS TO SUBDIVIDE THE SUBJECT PROPERTY OF 6.87± ACRES INTO TWO LOTS.

LEGEND

- SOILS BOUNDARY
- PERCOLATION TEST HOLES
- PASSED PERCOLATION HOLES
- FAILED PERCOLATION HOLES
- EXIST. CONTOURS

OWNER INFORMATION

LEONIG SARDARIAN
LEONAR SARDARIAN J/T
1625 OLD ANNAPOLIS ROAD
WOOD BINE MD 21797-8207

NO.	DATE	REVISIONS DESCRIPTION

SPELLMAN, LARSON & ASSOCIATES, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
SUITE 406, JEFFERSON BLDG., TOWSON, MD 21284
PHONE: 823-3535

PLAT TO ACCOMPANY
PERCOLATION CERTIFICATION.

1625 OLD ANNAPOLIS ROAD
SARDARIAN PROPERTY

4TH ELECTION DISTRICT HOWARD CO, MD

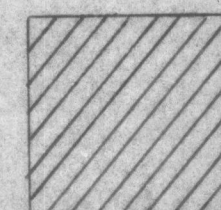
SCALE 1" = 50' DES. BY: DRN. BY: SHT. OF

CERTIFICATION

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



DOWIN J. KIRBY JR. PLM 5401



THIS AREA DESIGNATES A PRIVATE SEWAGE BASINMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS BASINMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE BASINMENT. RECORDATION OF A REVISED SEWAGE BASINMENT SHALL NOT BE NECESSARY.

THE LOT(S) SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE DEPARTMENT OF ENVIRONMENT.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

HOWARD COUNTY HEALTH OFFICER DATE

A520210

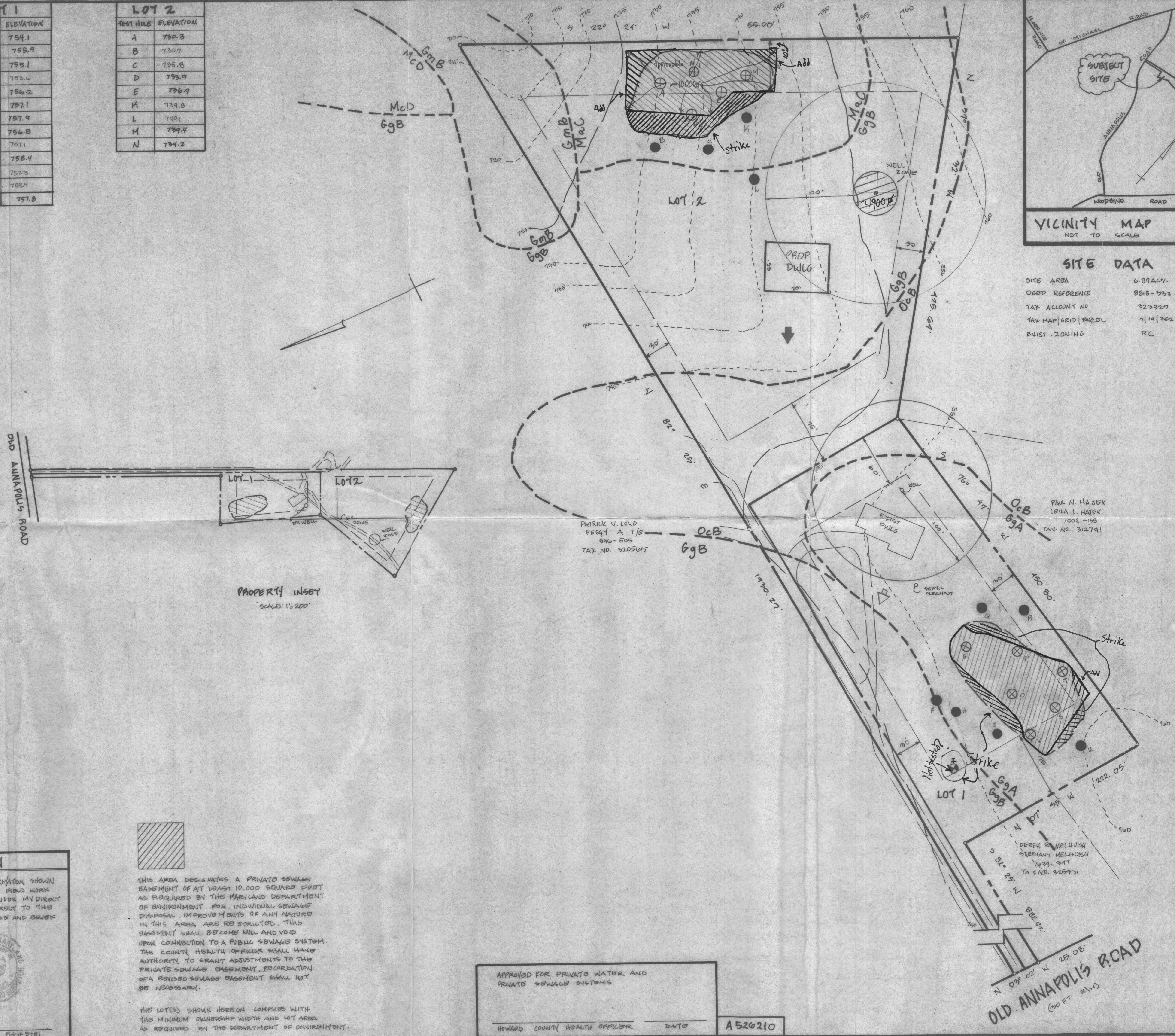
VICINITY MAP
NOT TO SCALE

SITE DATA

SITE AREA 6.87 AC±
DEED REFERENCE 8818-532
TAX ACCOUNT NO 323327
TAX MAP GRID/PARCEL 11141302
E451 ZONING RC

PAUL N. HAJEK
LEILA L. HAJEK
1002-150
TAX NO. 312791

DEREK MELHUSH
STEPHAN MELHUSH
7631-947
TAX AND. 325771



GENERAL NOTES

1. THE EXISTING TOPOGRAPHY IS BASED ON HOWARD COUNTY GIS TOPOGRAPHY.
2. THERE ARE NO STREAMS OR OR WITHIN THE VICINITY OF THE SUBJECT SITE.
3. THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FT OF THE SUBJECT SITE. A 2' NO 200' DOWNHILL AT PROPOSED SDA'S.
4. THE SUBJECT PROPERTY DOES NOT LIE WITHIN A FLOOD PLAIN.
5. ANY CHANGES TO PRIVATE SEWAGE BASINMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION.
6. THE EXISTING SITE TOPOGRAPHY IS FIELD SURVEYED AND VERIFIED.
7. EXISTING ELEVATIONS OF PERCOLATION TEST HOLES ARE FIELD SURVEYED AND VERIFIED.
8. THE EXISTING WELL AND SEPTIC SYSTEM ON LOT 1 ARE TO REMAIN. *Septic System will require upgrade prior to final plat.
9. ALL WELLS ARE TO BE DRILLED PRIOR TO FINAL PLAT APPROVAL. IT IS THE DEVELOPER'S RESPONSIBILITY TO SCHEDULE 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 PLAT.

THE PURPOSE OF THIS PLAT IS TO SUBDIVIDE THE SUBJECT PROPERTY OF 6.87 ACRES INTO TWO LOTS.

LOT 1	
TEST HOLE	ELEVATION
F	754.1
G	755.9
H	755.1
I	753.6
J	756.2
O	757.1
P	757.9
Q	756.8
R	757.1
S	758.4
T	757.3
U	759.9
V	757.8

LOT 2	
TEST HOLE	ELEVATION
A	730.3
B	732.7
C	735.8
D	733.9
E	736.9
K	739.8
L	740.1
M	739.4
N	734.2

LEGEND

- SOILS BOUNDARY -----
- PERCOLATION TEST HOLES ⊕
- PASSED PERCOLATION HOLES ⊕
- FAILED PERCOLATION HOLES ●
- EXIST CONTOURS - - - - -

OWNER INFORMATION

LEONIG SARDARIAN
 LEONAR SARDARIAN J/T
 1625 OLD ANNAPOLIS ROAD
 WOOD BINE MD 21797-8207

SPELLMAN, LARSON & ASSOCIATES, INC.

CIVIL ENGINEERS AND LAND SURVEYORS
 SUITE 406, JEFFERSON BLDG., TOWSON, MD 21284
 PHONE: 823-3535

PLAT TO ACCOMPANY PERCOLATION CERTIFICATION

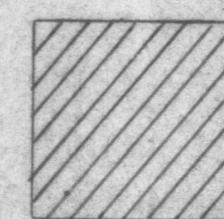
1625 OLD ANNAPOLIS ROAD
 SARDARIAN PROPERTY

CERTIFICATION

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



EDWIN E. KIRBY JR. PL# 8481



THIS AREA DESIGNATES A PRIVATE SEWAGE BASINMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS BASINMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE BASINMENT RECORDATION OF A REVISED SEWAGE BASINMENT SHALL NOT BE NECESSARY.

THE LOT(S) SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE DEPARTMENT OF ENVIRONMENT.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

HOWARD COUNTY HEALTH OFFICER

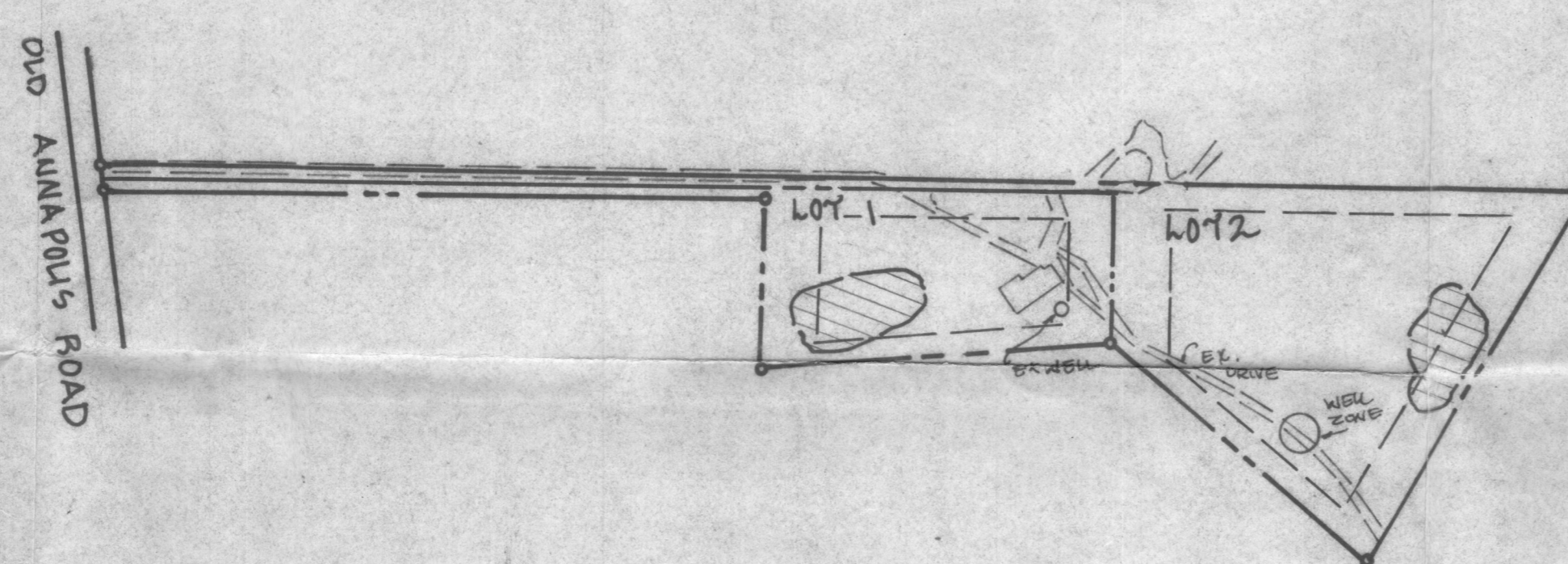
DATE

A520210

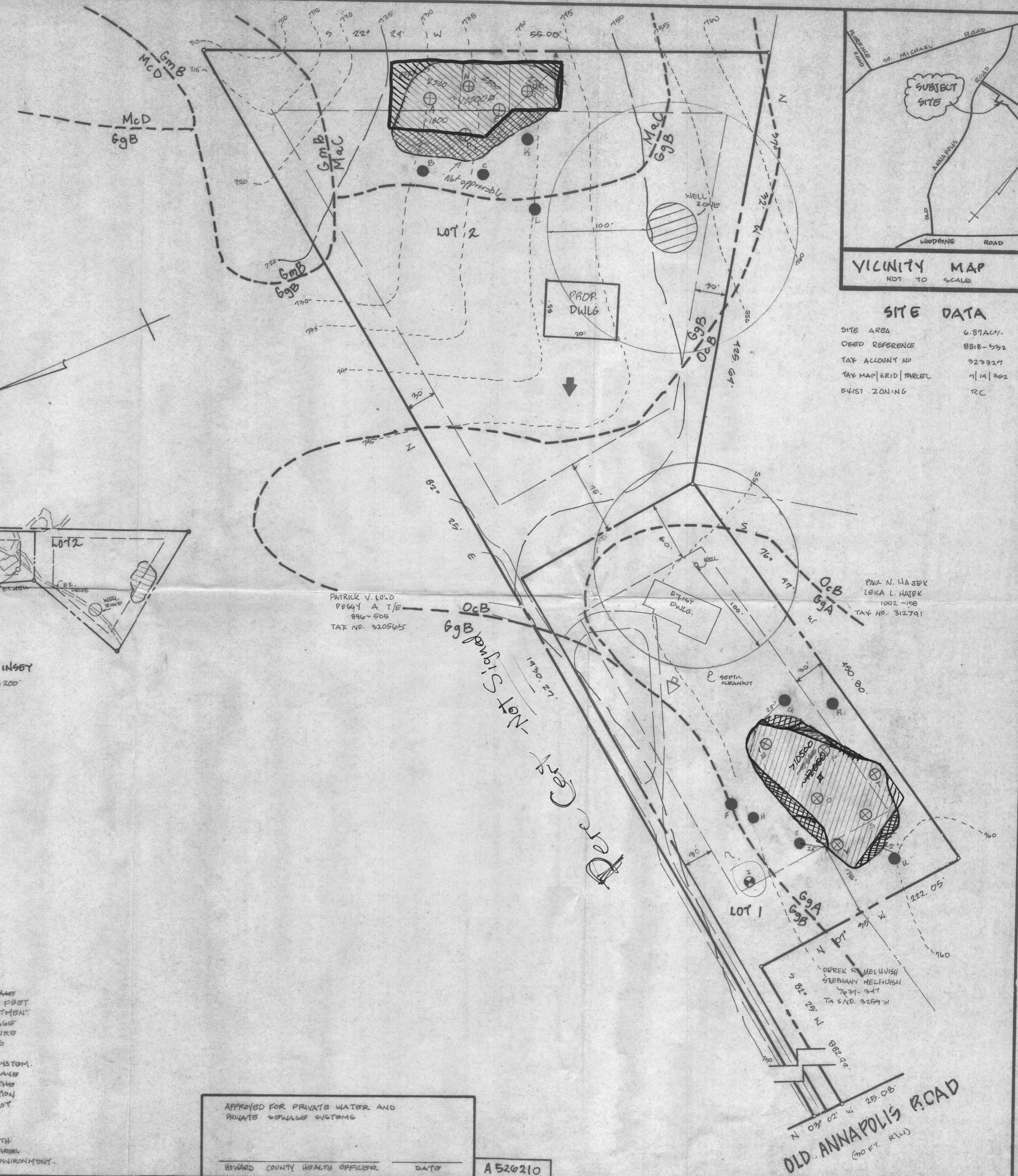
VICINITY MAP
NOT TO SCALE

SITE DATA

SITE AREA	6.87 ACRES
DEED REFERENCE	8818-532
TAX ACCOUNT NO	323327
TAX MAP GRID/PARCEL	7141302
BLDG. ZONING	RC



PROPERTY INSET
SCALE: 1"=200'

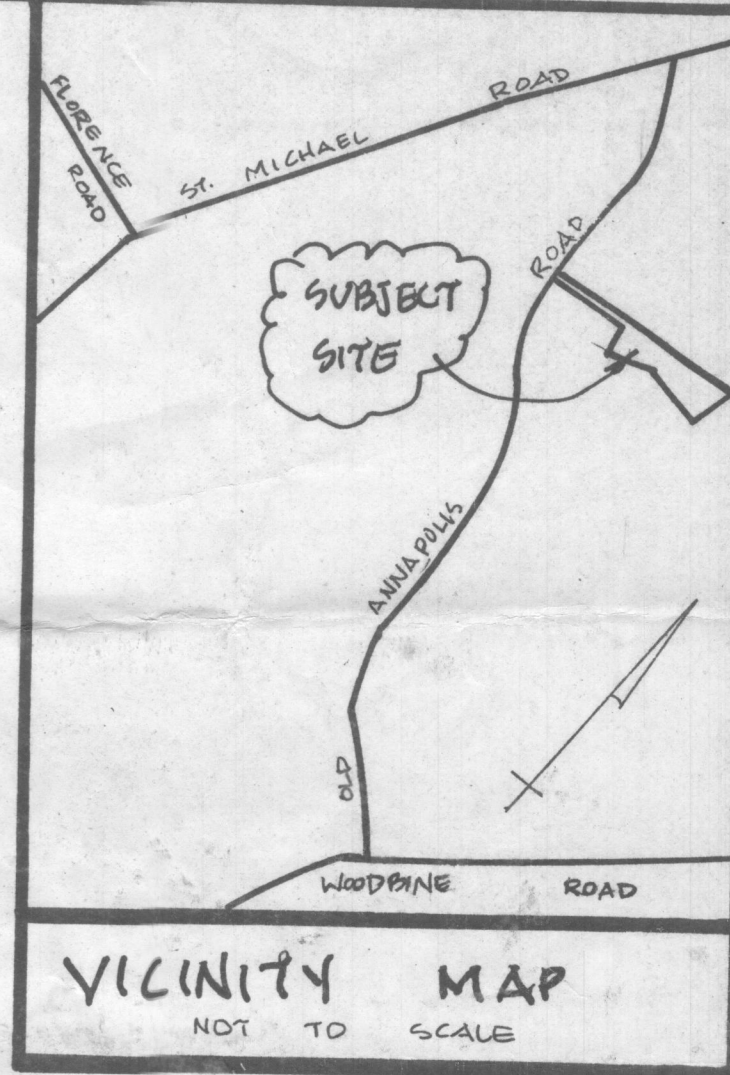


OLD ANNAPOLIS ROAD
 (90 FT. R/W)

GENERAL NOTES

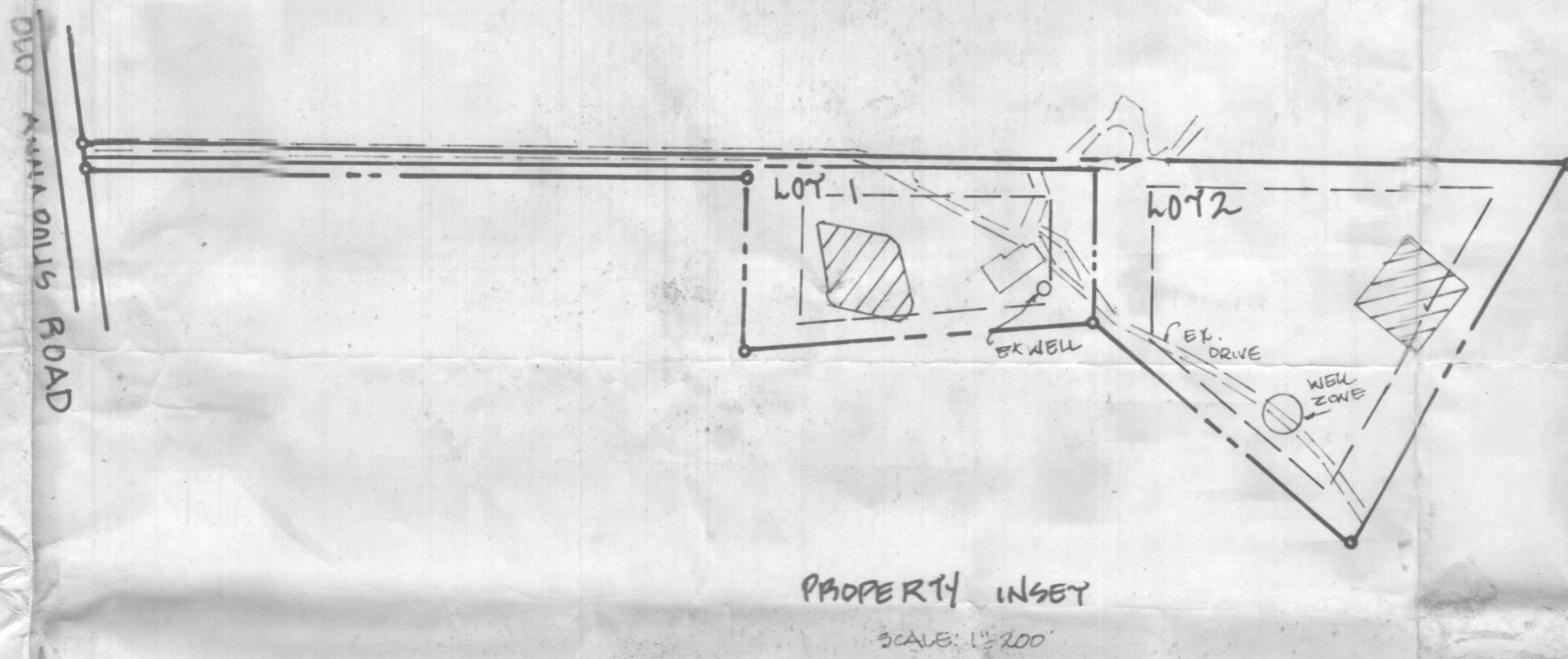
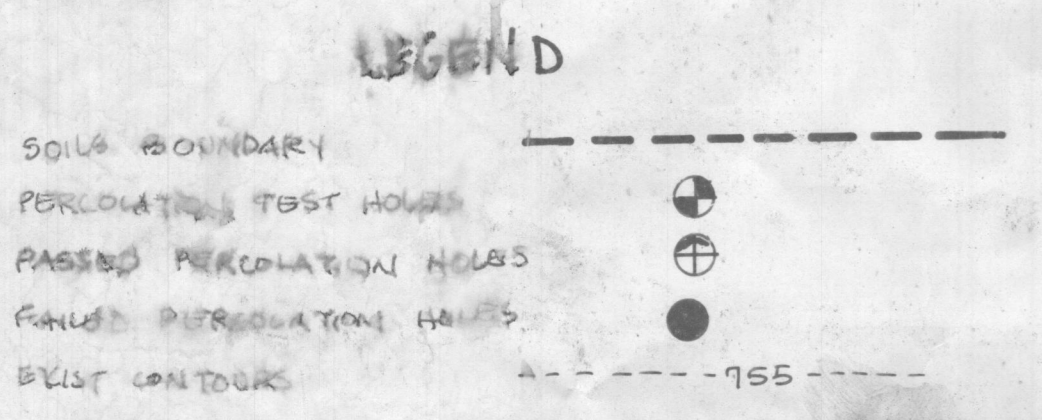
1. THE EXISTING TOPOGRAPHY IS BASED ON HOWARD COUNTY GIS TOPOGRAPHY.
2. THERE ARE NO STREAMS ON OR WITHIN THE VICINITY OF THE SUBJECT SITE.
3. THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FT OF THE SUBJECT SITE.
4. THE SUBJECT PROPERTY DOES NOT LIE WITHIN A FLOOD PLAIN.

TABLE FOR PERC CERT PLAN				
LOT NO	SQA TOTAL AREA	AVG PERC TIME	SQUARE FEET PER BEDROOM	NUMBER BEDROOMS



SITE DATA

SITE AREA	6.87 ACY.
DEED REFERENCE	8818-522
TAX ACCOUNT NO	223327
TAX MAP GRID/PARCEL	1119/352
EXIST. ZONING	RC



OWNER INFORMATION
 LEONIG SARDARIAN
 LEONAR SARDARIAN J/T
 1625 OLD ANNAPOLIS ROAD
 WOODBINE MD 21797-8207

REVISIONS	
NO.	DESCRIPTION

SPELLMAN, LARSON & ASSOCIATES, INC.
 CIVIL ENGINEERS AND LAND SURVEYORS
 SUITE 406, JEFFERSON BLDG., TOWSON, MD 21204
 PHONE: 823-3535

PLAT TO ACCOMPANY PERCOLATION TEST APPLICATION
 1625 OLD ANNAPOLIS ROAD
 SARDARIAN PROPERTY

4th ELECTION DISTRICT HOWARD CO, MD
 SCALE 1"=50' DES. BY: [Signature] SHT. OF []
 DATE: JAN 28, 2007 DRN. BY: [Signature]

CERTIFICATION

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

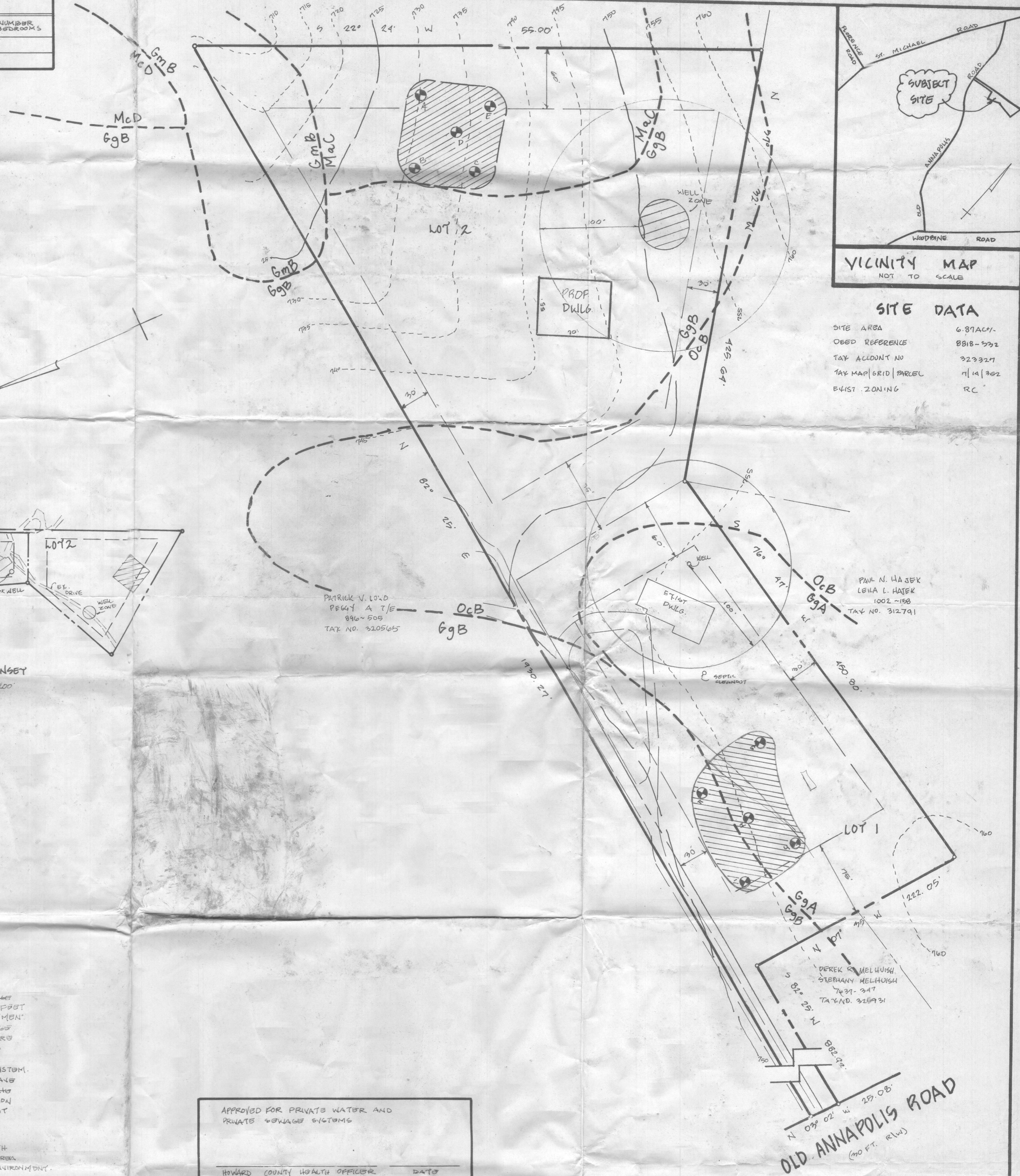
[Signature]

THIS AREA DESIGNATES A PRIVATE SEWAGE BASINEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS BASINEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE BASINEMENT. RECONSTRUCTION OF A REVISED SEWAGE BASINEMENT SHALL NOT BE NECESSARY.

THE LOT(S) SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE DEPARTMENT OF ENVIRONMENT.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

HOWARD COUNTY HEALTH OFFICER _____ DATE _____



GENERAL NOTES

1. THE EXISTING TOPOGRAPHY IS BASED ON HOWARD COUNTY GIS TOPOGRAPHY.
2. THERE ARE NO STREAMS ON OR WITHIN THE VICINITY OF THE SUBJECT SITE.
3. THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FT OF THE SUBJECT SITE.
4. THE SUBJECT PROPERTY DOES NOT LIE WITHIN A FLOOD PLAIN.

TABLE FOR PERC CERT PLAN

LOT NO	SQA TOTAL AREA	AVG PERC TIME	SQUARE FEET PER BEDROOM	NUMBER BEDROOMS

VICINITY MAP
NOT TO SCALE

SITE DATA

SITE AREA	6.87 AC.
DEED REFERENCE	8818-532
TAX ACCOUNT NO.	323327
TAX MAP GRID/PARCEL	719130
EXIST ZONING	RC

LEGEND

- SOILS BOUNDARY
- PERCOLATION TEST HOLES
- PASSED PERCOLATION HOLES
- FAILED PERCOLATION HOLES
- EXIST CONTOURS

OLD ANNAPOLIS ROAD

PROPERTY INSET
SCALE: 1"=200'

OWNER INFORMATION

LEONIG SARDARIAN
LEONAR SARDARIAN J/T
1625 OLD ANNAPOLIS ROAD
WOODBINE MD 21797-8207

NO.	DATE	REVISIONS DESCRIPTION

SPELLMAN, LARSON & ASSOCIATES, INC.

CIVIL ENGINEERS AND LAND SURVEYORS
SUITE 406, JEFFERSON BLDG., TOWSON, MD 21204
PHONE: 823-3535

PLAT TO ACCOMPANY
PERCOLATION TEST APPLICATION

1625 OLD ANNAPOLIS ROAD

SARDARIAN PROPERTY

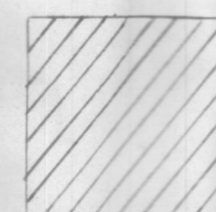
4TH ELECTION DISTRICT HOWARD CO, MD

SCALE 1"=50' DES. BY: SHT. OF: DATE: JAN 23, 2007 DFN BY: PLS 5481

CERTIFICATION

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Signature]
DOWEN J. KIRBY SR. PLS 5481



THIS AREA DESIGNATES A PRIVATE SEWAGE BASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS BASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE BASEMENT. RECORDATION OF A REVISED SEWAGE BASEMENT SHALL NOT BE NECESSARY.

THE LOT(S) SHOWN HEREON COMPLES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE DEPARTMENT OF ENVIRONMENT.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

HOWARD COUNTY HEALTH OFFICER DATE