

WET SEASON TESTING

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ CRIP 526602
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:
[X] CONSTRUCT NEW SEPTIC SYSTEM(S)
[] REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
[] REPLACE AN EXISTING SEPTIC SYSTEM

- CHECK AS NEEDED:
[X] 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
[X] BUILD ON AN EXISTING PARCEL OF RECORD

- IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?
[] YES
[X] 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) TROY W. TIPTON & THERESA TIPTON

DAYTIME PHONE _____ CELL 301-343-9602 FAX _____

MAILING ADDRESS 2090 ORDWAY DRIVE ELLICOTT CITY MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT TROY & THERESA TIPTON

DAYTIME PHONE 410-531-6884 CELL 301-343-9602 FAX _____

MAILING ADDRESS 2090 ORDWAY DRIVE ELLICOTT CITY MD 21042
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME GREEN HEDGE LOT NO. 5

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 16 GRID 13 PARCEL(S) 314 PROPOSED LOT SIZE 0.98AC

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

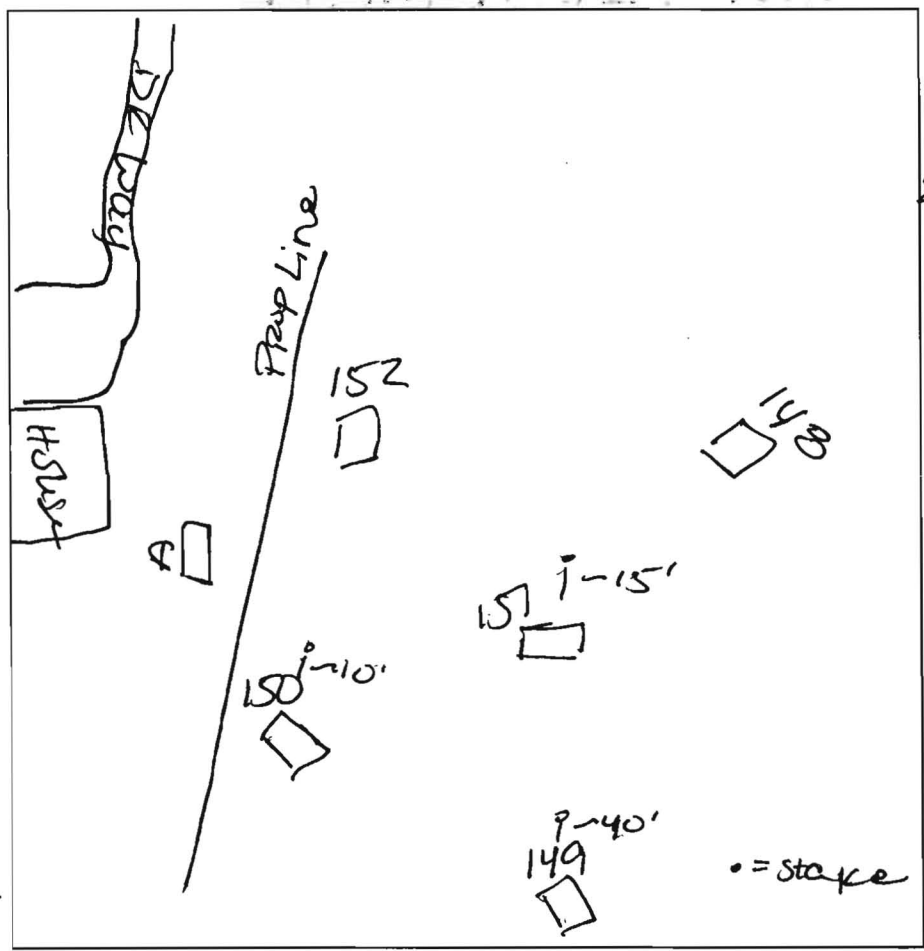
SP S261002

152

150
 1' Bm L
 Bm CL
 quartz gr
 2.5' Pale Rd/Bm
 SIL
 5' Pale Bm
 FSL
 Saprolite
 8' Bm SL
 Saprolite
 13'

149
 1' Bm L
 Pale Bm
 CL
 quartz gr
 5' Pale Rd/Bm
 FSL
 10' Bm SL
 Saprolite
 14'

151
 1' Bm L
 Pale Bm
 CL quartz
 gr
 3' Rd Bm
 SCL quartz
 gr
 5.5' Bm FSL
 8' Yell/Pale Bm
 SL Saprolite
 13'



5" Brn L
 Pale Bm
 CL
 2.5' quartz vein
 4' Pale Bm
 FSL
 Saprolite
 8.5' H2O Seepage
 9'

148
 6" DK Bm L
 Pale Bm
 CL quartz
 gr
 2' Pale Rd/Bm
 gr CL
 3.5' quartz vein
 5' Pale Bm
 dense SL
 9' H2O Seepage
 9.5' Bottom

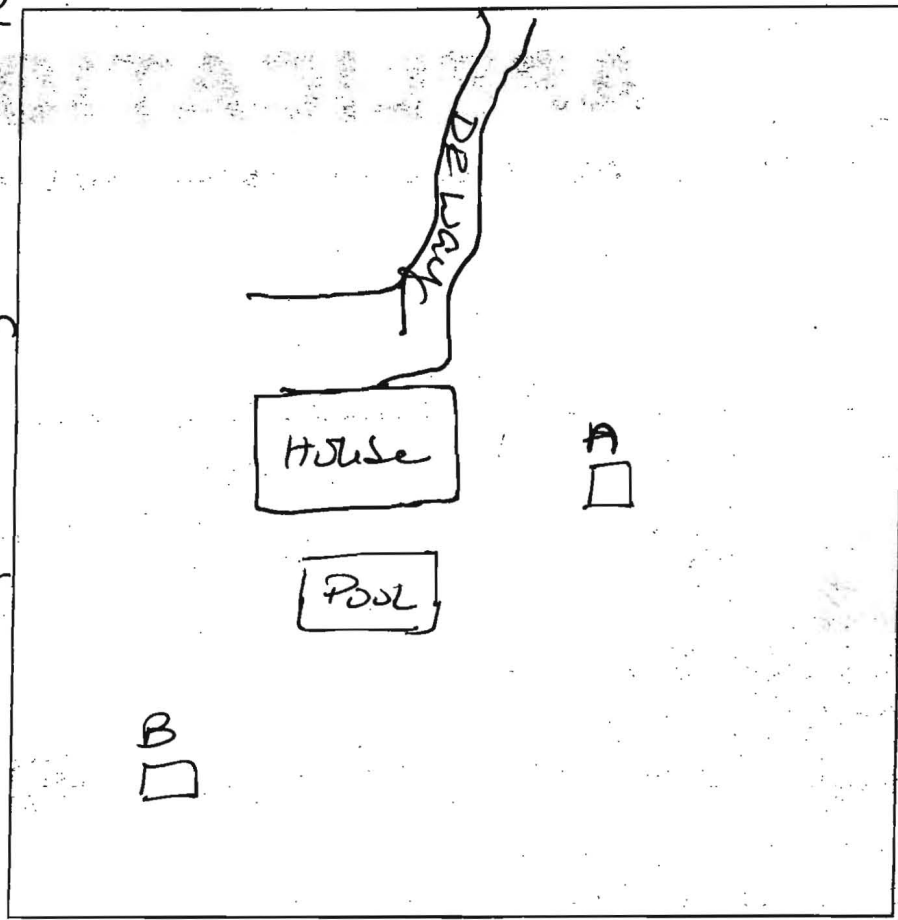
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/19/07	150	6' / 13'	9:25	9:32	9:47	15	P
	149	6.5' / 14'	9:38	9:45	9:57	12	P
	151	6.5' / 15'	10:02	10:05	10:12	7	P
	152	4.5' / 8.5'	10:32	10:36	10:46	10	P
	148	5.5' / 9'	10:45	10:57	—	>30	F

REMARKS Tested during wet season
 SANITARIAN AT BACKHOE Jack Fyock OTHERS Tony Tipton
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BW _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

① S26602

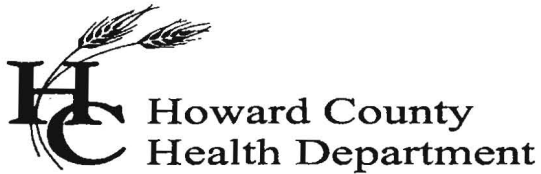
A
 1' Bm L
 Pale Bm
 gr CL
 4' Pale Rd Bm
 FSL
 9' Bm SL
 13' H₂O Seepage
 135'

B
 6" Bm L
 Pale Bm
 SCL gr
 4' Pale Bm/RD
 SL
 Saprolite
 13'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/19/07	A	5.5' 13.5'	10:02	10:05	10:12	7	P
	B	5' 13'	10:23	10:24	10:26	2	P

REMARKS Tested during wet season
 SANITARIAN AT BACKHOE Jack Fyock OTHERS Troy Tipton
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-899-313-6300
website: www.hchealth.org

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

April 23, 2007

Troy Tipton
3587 Conchita Drive
Ellicott City, MD 21042

RE: Percolation Test Results A# 526602
2890 Ordway Drive

Dear Mr. Tipton,

Percolation testing conducted April 19, 2007 on the referenced property indicated both satisfactory and unsatisfactory soil conditions. Limiting factors influencing soil conditions included high water levels and well compacted/dense soil material. Copies of the test results are enclosed.

Further review is contingent upon submission of a Percolation Certification Plan showing the following:

1. Identification of the property, road, street address if applicable, tax map page, parcel number, subdivision name; a purpose statement as appropriate (re-subdivision, SDA adjustment, etc.)
2. Name, address, and telephone number of the owner, developer, and the person preparing the plan.
3. The date the plan was drawn, the plan scale (1:30-1:100), a scaled vicinity map and the A# (the percolation test fee receipt number, referenced above).
4. Health Officer Signature block conditioned with the statement: "Approved for private water and private sewerage systems."
5. Existing and any proposed property lines
6. Except for staked holes not dug, all excavated test holes observed by the approving authority, identified according to the original percolation testing proposal, or, as otherwise identified at the time of testing.
7. Actual surveyed elevation (not based on County aerial topography) of each test hole.
8. Legend symbols to distinguish holes, which passed, failed, or were held for future review. Legend symbols to distinguish between existing holes previously documented and new holes.
9. For lots created after March 1972, proposed minimum 10,000 Sq. Ft. Sewage Disposal Area for each lot and for lots created before March 1972, proposed adequate area for an initial system and two repair systems.
10. Field verified/field run topography at two-foot intervals and statement certifying such.
11. Existing structures, wells, septic systems and sewage easements. List use and intent designated for each (example: remain, remove, or abandon)

12. Three proposed well sites or 1500 square foot well zone with an elliptical radius of 100 feet around the entire set/well zone for each lot.
13. Identification of streams, ponds, floodplains, 25% and greater slopes, soil types and soil type boundaries.
14. Suitable house site (55 feet X 70 Feet) and driveway with building restriction lines as determined by other county agencies.
15. All existing wells, septic systems and sewage disposal easements within 100 feet of property boundaries and a note stating such. The engineer shall use all reasonable efforts to find the location of all surrounding wells and septic systems and a note stating such.
16. All existing and proposed wells that are located within 200 feet down-gradient of existing or proposed septic systems and sewage disposal easements.
17. Professional seal OR the following statement with signature: "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."
18. Include the following statement: "Any changes to a private sewage easement shall require a revised Percolation Certification Plan."
19. Include the MDE sewage easement statement with appropriate shading
20. For proposed subdivisions and retests of lots created after November 1985, certification of compliance with MDE ownership width requirements and the statement that, "The lot(s) shown hereon complies/comply with the minimum ownership width and lot area as required by the Maryland Department of the Environment."

If you have any questions about this matter, please contact me at the above address or by calling 410-313-1775.

Sincerely,



Ashley Trump
Well and Septic Program
Development Coordination Section

Enclosures

cc: file