

APPLICATION

A 26267

Pres-

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 6-28-77

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER George B. McFarland

ADDRESS RESERVOIR RD FULTON MD PHONE 725-3914

PROPERTY LOCATION: Old lot 2 & old lot 3 combined to make lot new 2

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION RESERVOIR RD FULTON MD,

SIZE OF LOT 2 ACRE TYPE BLDG. 3 bay
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE

SIGNATURE OF APPLICANT George B. McFarland

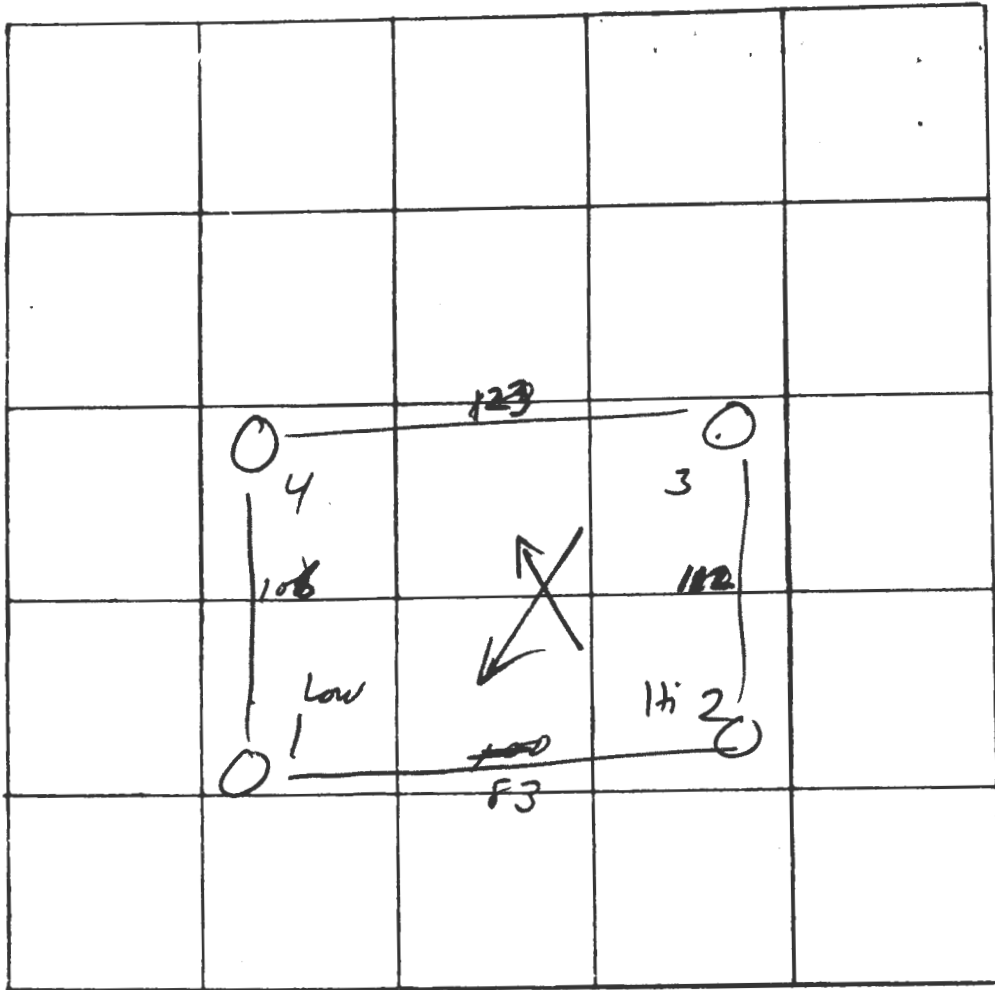
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

← Reservoir Rd →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
27 July 77	1	12	10 39	10 40	10 40	10 42	2
	1A	3	10 48	10 51	10 51	11 06	15
	2	4	10 54	11 02	11 02	11 18	
	2A	12 1/2	"	"	"	"	
	3	12 1/2	vis				
	4	3	11 26	11 28	11 28	11 30	3
	4A	12	11 28	11 30	11 30	11 32	2

REMARKS _____

TYPE OF SOIL sandy loam

TESTED BY [Signature] ALSO PRESENT: Sirk

1/22/01

Confirmation test hole requested - but not required. *AM*

L.C. GAYER, JR.
691/362

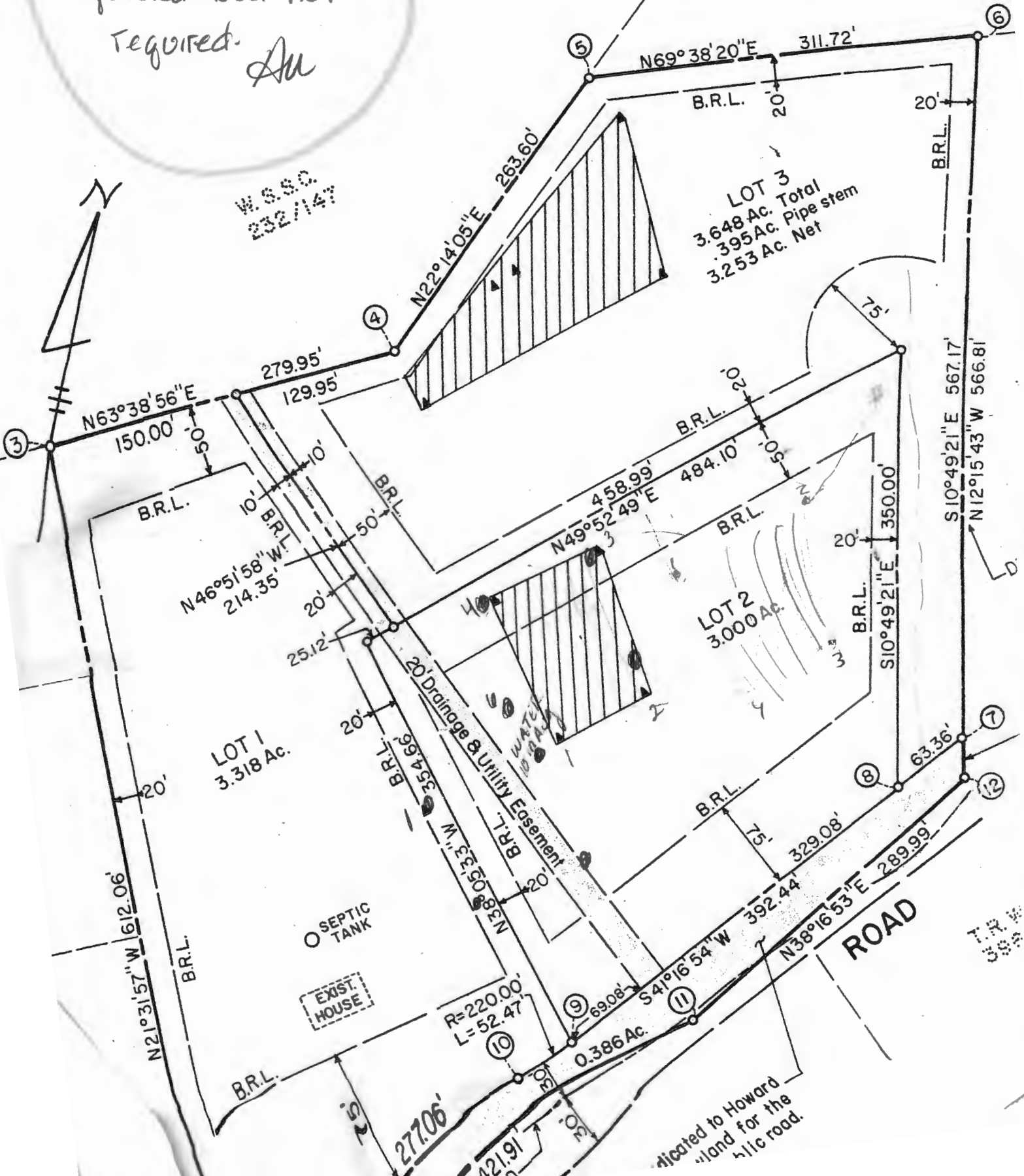
W.S.S.C.
232/147

LOT 3
3.648 Ac. Total
.395 Ac. Pipe stem
3.253 Ac. Net

LOT 1
3.318 Ac.

LOT 2
3.000 Ac.

0.386 Ac.



dedicated to Howard
land for the
h/lc road.

T.P. #
389

APPLICATION

A 26266

Prel.

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 6-28-77

specs on separate sheet

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER GEORGE B MCFARLAND

ADDRESS RESERVOIR RD FULTON MD PHONE 725-3914

PROPERTY LOCATION: Old Lot 2 & Lot 3
SUBDIVISION combined to make LOT NO. 2 *Lot new 2*

ROAD AND DESCRIPTION RESERVOIR RD FULTON MD

SIZE OF LOT 2 ACRES TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Geo B McFarland

APPROVED BY Raymond Hodges FOR Raymond DATE 1/15/77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

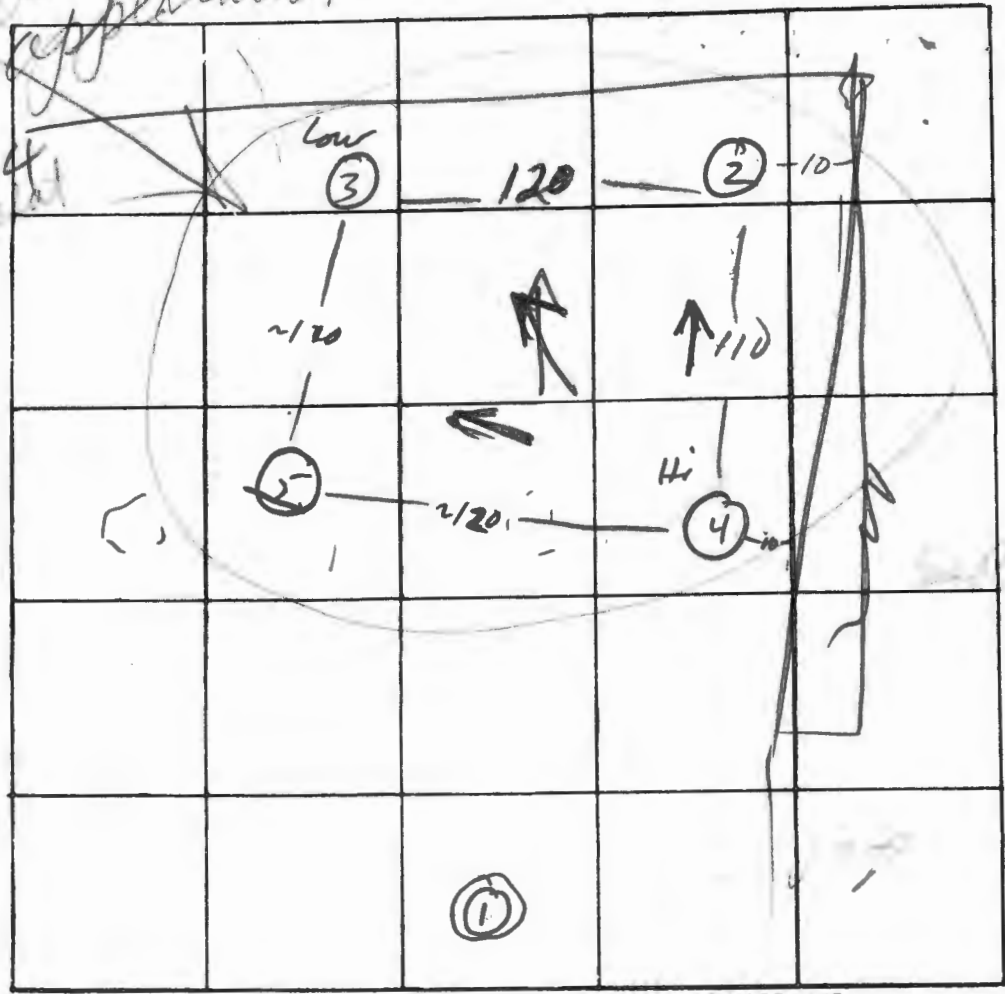
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/8/77 This lot to be
combined with lot 2 etc

THIS IS NOT A PERMIT

Holler
Should
on perc
further
on

application



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/27/77	①	water @	~ 6"				
7/28	2	3/12	215	216	216	218 219	2 3
	3	3/12	315 314	317 318	317 318	327 329	10 11
	4	3/12 1/2	230	234	234	242 244	8 10
	⑤	25	v's		(rocky)		
8/30/77	6D	11	200	205	205	212	7
	6S	3	202	203	203	200	3
	7S	3	232	236	236	245	9
	7D	10	234	239	239	246	7

REMARKS: Held in Review with DM Combustion
 TYPE OF SOIL: sandy loam Lot 3 & Lot 2
 TESTED BY: M ALSO PRESENT: Trish OK

5836	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER <i>HO-73-2601</i>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)	OWNER <u>W. Towson & Co</u> COL 18 LAST NAME FIRST NAME COL. 34
	STREET OR RFD <u>1120 W. Towson Rd</u> COL 36 COL. 55
	POST OFFICE _____ COL 57 COL. 76

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE <u>11/1/78</u>	LICENSE NUMBER <u>41</u> 77 80	
FIRST NAME _____	DRILLER _____	LAST NAME _____
SIGNATURE <u>[Signature]</u>		

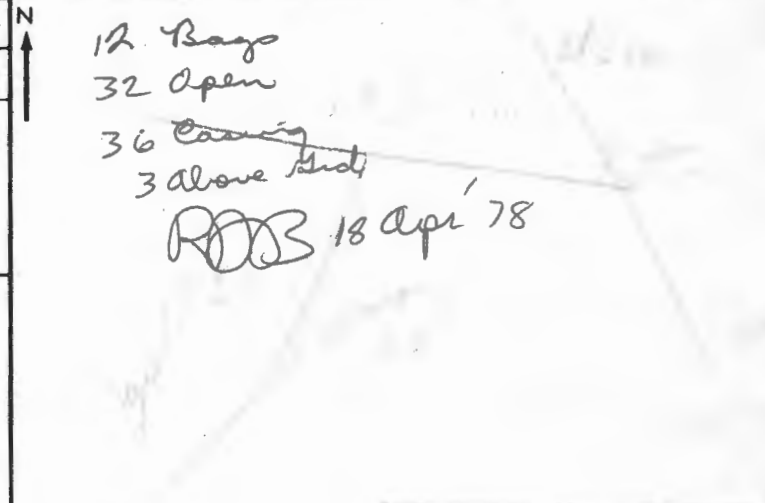
B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY <u>8</u>	(DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION <u>23</u>	42
SECTION <u>44</u>	48 50
NEAREST TOWN _____	52 54
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>2</u>	73 76 77 78 MI

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>8</u>	12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>14</u>	20
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> M MUNICIPAL WATER SUPPLY	
<input type="checkbox"/> P PRIVATE WATER COMPANY	
<input type="checkbox"/> T TEST	
} MUST HAVE STATE HEALTH DEPT. APPROVAL	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6	
<input type="checkbox"/> N NORTH <input type="checkbox"/> E EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input type="checkbox"/> S SOUTH <input type="checkbox"/> W WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST	
NEAR ROAD WHAT <u>1120 W. Towson Rd</u>	11 NORTH SOUTH EAST WEST 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	32 32 32 32 FT
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>34</u>	37 38 39 MI

APPROXIMATE DEPTH OF WELL <u>24</u> FEET	28
APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN	
30-37 <input type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT
OTHER (DESCRIBE) _____	

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER <u>54</u>	ENGINEER REVIEW DISTRICT NO. <u>63</u>
FORCE <u>67</u>	WRITE INITIALS IN BOX <u>[Initials]</u>
CONDITIONS <u>[Initials]</u>	A E N S G W Q C L U

B 4	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6	
STATE HEALTH (CIRCLE BOX) <u>5</u>	COUNTY NAME _____ COUNTY NO. _____
DATE <u>11/1/78</u>	APPROVED BY <u>[Signature]</u>
NORTH COORDINATE _____	50 51 52 53 54 55
EAST COORDINATE _____	57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) _____	65 66 67 68

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

2/8/94

Spoke w/ ~~the~~ prospective
buyer:

- Told him we would
request an additional
test to confirm the
regional perc tests.

- Contact CRAIG WILLIAMS
to schedule perc test
date after filling out
application.

- No fee will be charged
by us for the retest.

ALM

0343
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)
 DATE WELL COMPLETED 4/13/18

DEPTH OF WELL 100
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-73-2661
 DRILLERS IDENTIFICATION NO. TH

OWNER McFarland, George
 LAST NAME FIRST NAME
 STREET OR RFD RESERVOIR ROAD POST OFFICE FAIRMONT, MD.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	3	
Shaly	3	30	
SANDSTONE	20	70	
MICA	40	50	
SANDSTONE	45	50	
MICA	50	180	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
 YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT BENTONITE CLAY

NO. OF BAGS 14 NO. OF POUNDS 140

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 35 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 36

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
1 <u>25</u>	2 <u>100</u>
3	
4	
5	
6	
7	
8	
9	
10	
11	
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41	
42	
43	
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48	
49	
50	
51	

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 56 (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR

W Q OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 35 (NEAREST FOOT)
 WHEN PUMPING 100 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

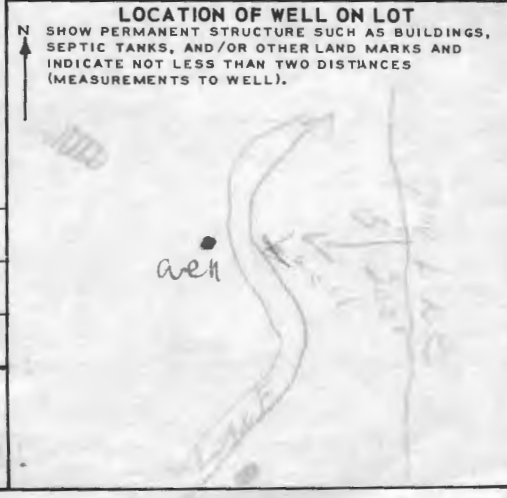
PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 - 38
 PUMP HORSE POWER 37 - 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 - 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW }



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME L.F. EASTENDYK

DATE 4/13/18



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

June 18, 2001

Raj Sharma
8658 Reservoir Road
Fulton, MD 20759

RE: Percolation test results: A 26266

Purpose: Existing Lot of Record (Confirmation of existing septic reserve area)
Property ID: McFarland Property, Lot - 2
Reservoir Road

Dear Mr. Sharma:

This is in response to your questions regarding the status of the above referenced lot.

Effective October 17, 1971, the above referenced property had an approved Percolation Certification Plan. The purpose of this plan is to indicate an area of 10,000 square feet on the lot which is suitable to dispose of sewage in a sanitary manner and that meets all applicable standards set forth in the Code of Maryland Regulations (COMAR sections 26.04.02 and 26.04.03).

From preliminary file review and actual field observations, it appears that most if not all of the approved sewage disposal area is in a very questionable location and does not meet COMAR standards. The approved area appears to be on or very near slopes exceeding 25% and in a deep drainage ravine in which soils are more than likely to be saturated most of the year. Therefore, please be advised that the originally approved sewage disposal area is not suitable for the installation of a conventional trench septic system. It is acknowledged that the Health Department can not rescind the buildable status of this lot; however, we can require the installation of an innovative or alternative septic system in the existing approved area. This will involve considerable evaluation and cost and may not be possible given the slope and certain limitations of backhoe machines.

The evaluation conducted on April 16, 2001 on the above referenced property indicated that there is an area on the lot of suitable soils which can be approved for a conventional trench septic system. It is necessary however to submit a revised percolation certification plan which must be approved before a building permit utilizing a conventional trench septic system can be obtained.

Respectfully,

Steven R. Krieg
Steven R. Krieg

Registered Environmental Sanitarian

cc: Margaret McFarland

File ✓

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
(410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

May 11, 2001

Margaret M. McFarland
8548 Reservoir Road
Fulton, MD 20759-9625

RE: Percolation test results A 26266
Proposed Use: Existing Lot of Record (Confirmation of existing septic reserve area)
Property ID: McFarland Property, Lot - 2
Reservoir Road

Dear Mrs. McFarland:

Percolation testing conducted Monday, April 16, 2001 on the above referenced property yielded limited satisfactory soil conditions.

Further review and official approval is contingent upon submission of a perc certification plat by a professional engineer with holes field located by a licensed surveyor. This plan must include the following:

- actual locations and elevations of all excavated test holes along with a revised sewerage easement of 10,000 square feet in area
- a suitable house location and the location of the existing drilled well
- locations of any existing structures on the property
- locations of any streams, drainage swales, or springs on the property
- field matched contour lines at 2-foot intervals
- locations of any wells or septic systems on adjacent properties within 100 feet of the property boundaries
- **shaded areas that indicate slopes that are greater than 25%**

The plat should be submitted within sixty (60) days to allow field verification if necessary. Please find copies of the percolation test notes enclosed. If you have any questions regarding this matter, please contact me at the address below or by calling (410) 313-2640. Thank you in advance for your time and cooperation.

Respectfully,

Steven R. Krieg, Registered Environmental Sanitarian.
Well and Septic Program

cc: file ✓



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

March 28, 2001

Ms. Margaret McFarland
8548 reservoir Road
Fulton, Maryland 20759-9625

RE: **Percolation Test Date**
Application: A26266
Proposal: Confirmation of existing septic reserve area
Property ID: McFarland Property, Lot #2
Reservoir Road

Dear Ms. McFarland:

"Wet season" percolation testing has been tentatively scheduled for the above referenced property for **Monday, April 16, 2001 at 10:00 a.m.**

Please be advised that while percolation test dates have been assigned for spring wet season, 2001, due to severely depressed groundwater levels, you may wish to postpone percolation testing until a bonafide spring wet season – see attached for further explanation. Upon receipt of this letter, please contact this office at (410) 313-2640 to accept or decline the assigned percolation test date(s).

You shall be responsible for having a contractor on site to excavate the percolation test holes (to a **minimum depth of 14 feet**) as proposed and as required by the Health Department representative at the time of testing.

In the event of uncertain weather (i.e., precipitation or extremes of temperature), please contact this office prior to 9:00 a.m. on the test date to determine whether or not percolation testing can be performed on that date. If it is not feasible to perform the test, a new test date shall be assigned.

Percolation test results may be expected by mail two to three weeks after the completion of the percolation testing. Thank you in advance for your cooperation in this matter.

Sincerely,

Donna K. Clark, R.S.
Water and Sewerage Program
DKC

cc: file



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

February 26, 2001

Ms. Margaret McFarland
8548 Reservoir Road
Fulton, Maryland 20759

RE: **Percolation Test Application**
Proposal: Confirmation of existing septic reserve area
Property ID: McFarland Property, Lot #2
Reservoir Road

Dear Ms. McFarland:

This office has recently received the above referenced percolation test application for confirmation of the existing septic reserve area, as recommended by this office.

Based upon previous testing conducted July, 1977, it shall be necessary to conduct this confirmation testing during the spring wet season, 2001, which is the time of highest yearly groundwater levels.

Once the start of the wet season is determined, then you shall receive notification of your assigned percolation test date by mail.

Thank you in advance for your time and attention regarding this matter. If you have any questions, please contact me at the address below or by calling (410) 313-2640.

Sincerely,

Donna K. Clark, R.S.
Water and sewerage program

DKC

Cc: file

APPLICATION

PERCOLATION TESTING

A no fee

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*Information of
no test*

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER MARGARET M. MCFARLAND

ADDRESS 8548 RESERVOIR RD FULTON, MD 20759-4000 PHONE 301-725-4549

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ~~BEAUFORT PARK~~ MCFARLAND ~~EST~~ LOT NO. # 2

ROAD AND DESCRIPTION RESERVOIR RD

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3 A. TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Margaret McFarland
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

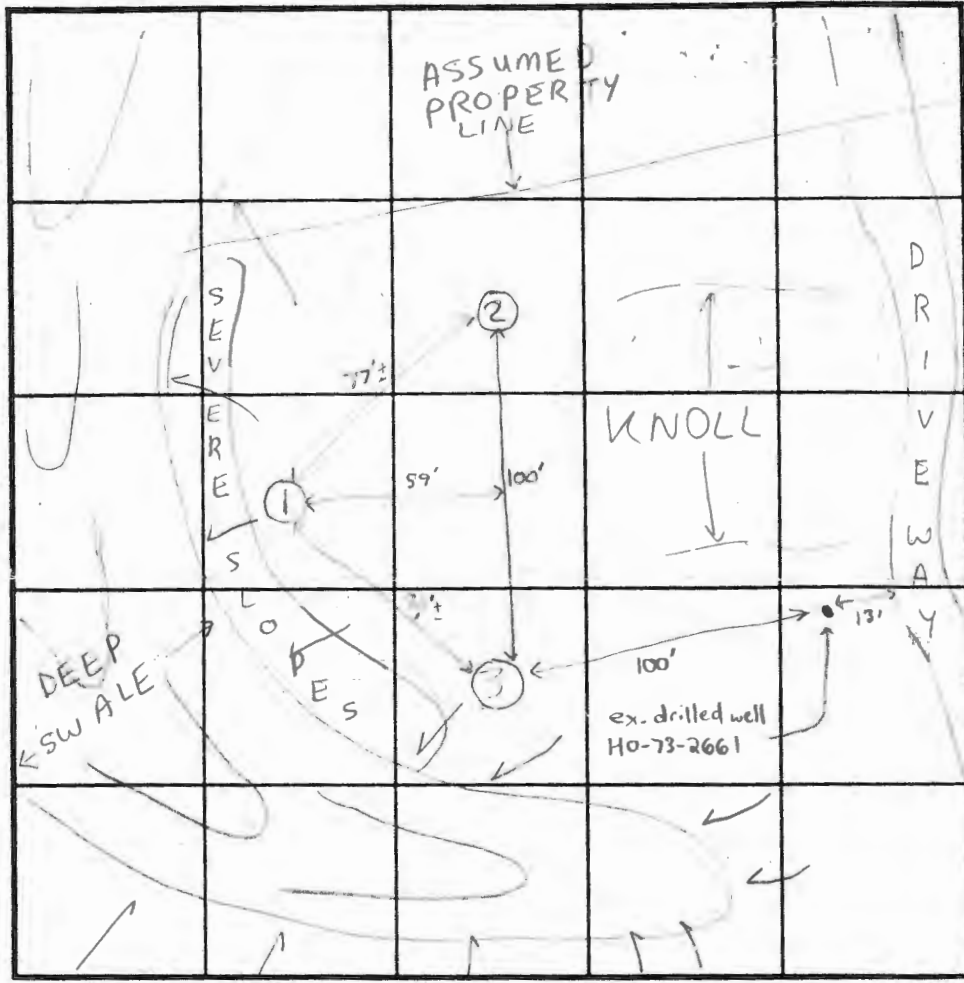
COUNTY #

SOIL PROFILE

0'
4" brown topsoil
orange-brown sandy clay loam
2-2'5" tan-olive micaceous sandy loam
35-95% Saprolitic micist schist frags and rocks
HARD DAGGING
10'
2

4" Brown Topsoil
bright-orange clay-clay loam
3-5' tan-brown sandy loam
10-20% mica schist frags

3
4" brown topsoil
orange-brown clay
2' light tan-yellow sandy loam
10-20% micist schist frags
14'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
RESERVOIR RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/16/01	1	4'5" / 10'	12:36 pm	12:48 pm	12:48 pm	12:52	
(HOLE 1 IS VERY CLOSE TO SLOPES > than 25% IT MARKS CLOSE TO THE BOTTOM EDGE OF USUABLE SEPTIC AREA)							
	2	14'V	(SEE SOIL PROFILE)				OK
	3	14'V	(SEE SOIL PROFILE)				OK

REMARKS Nothing staked, Nothing cleared, Lot has > 25% slopes!
 TYPE OF SOIL Lot already approved, re-evaluation to find "best potential" area, House site & size limited
 TESTED BY SRK Jim Knisley = Backhoe ALSO PRESENT Ms. McFarland
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-8 min TRENCH WIDTH 3
 INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180 ft²