



Howard County  
Health Department

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 522919

AGENCY REVIEW: \_\_\_\_\_

DATE 7/13/05

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 4705 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) BRUCE & VALERIE KENDALL

DAYTIME PHONE 301-674-3687 CELL \_\_\_\_\_ FAX 301-483-3339

MAILING ADDRESS 210 MASON DR STREET ROCKVILLE CITY/TOWN MD 20850 STATE ZIP

APPLICANT BRUCE & VALERIE KENDALL

DAYTIME PHONE 301-674-3687 CELL \_\_\_\_\_ FAX 301-483-3339

MAILING ADDRESS 210 MASON DR STREET ROCKVILLE CITY/TOWN MD 20850 STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 3673 SHARP RD STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 21 GRID 12 PARCEL(S) 153 PROPOSED LOT SIZE 577

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-HELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

## An Strip Field



Howard County Health Department

Private Drive

tree line  
gravel driveway10' from stake  
mud chunks
 6'6" orange brown  
 sil sg  
 5% gravel  
 11:5  
 well compacted in ground  
 rock

 5  
 6" brown L  
 3' St. orange brown  
 sil cw sbk  
 5'7" brown L  
 cw sbk  
 yellow brown  
 sil sg  
 5% gravels

 4  
 4" brown L  
 2'3" brown / orange  
 hl ar sbk  
 micaceous  
 4'3" purple / yellow  
 sil sg  
 orange / yellow  
 sil sg  
 6'4" mica silty  
 pronounced  
 10-15% chert  
 chert

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
7/28/05	3	5' 13'	9:13 <sup>43</sup>	9:18 <sup>30</sup>	9:26	8	P
	2	8' 13'	10:16	10:20 <sup>56</sup>	10:26	6	P
	1	6'7" 11'5"	9:49	9:51 <sup>22</sup>	9:55	4	P
	5	5'9" 13'	10:39 <sup>54</sup>	10:45	10:55	10	P
	4	4'5" 12'5"	10:57	11:02	11:12	10	P

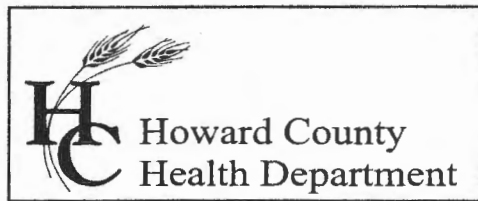
 REMARKS: Holes dug per plan - hole 4 was moved 10' off of stake due to driveway  
 SANITARIAN: SF BACKHOE: Marvin Baither OTHERS: Bruce Kordall  
 TEST HOLES USED IN SDA: \_\_\_\_\_ AVG. PERC TIME: 7.6 SQ.-FT/BR: \_\_\_\_\_  
 TRENCH WIDTH: \_\_\_\_\_ INLET DEPTH: \_\_\_\_\_ MAX. BOT DEPTH: \_\_\_\_\_ EFFECTIVE SW: \_\_\_\_\_

 3  
 brown L  
 orange brown  
 hl  
 cw sg sbk  
 pink / orange  
 sil sg  
 cw sbk  
 gravel layer

 3  
 brown L  
 orange brown  
 hl  
 cw sg sbk  
 pink / orange  
 sil sg  
 cw sbk  
 gravel layer

 2  
 brown L  
 orange brown  
 sil cw mi-sbk  
 micaceous  
 weak orange  
 brown / brown  
 dense sil  
 5% gravel  
 cobbles  
 cw sbk

 6'  
 yellow brown  
 sil sg  
 5% gravels



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

July 28, 2005

Bruce and Valerie Kendall  
210 Mason Drive  
Rockville, MD 20850

RE: PERCOLATION TEST RESULTS – A522919  
Tax Map 21, Parcel 153  
3673 Sharp Road

Dear Mr. and Mrs. Kendall:

Percolation testing conducted July 28, 2005 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification /building site plan showing the following:

- 1) Actual locations and elevations of all excavated test holes marked as passed
- 2) Proposed house with invert elevations, septic tank location/elevation, and distribution box location/elevation.
- 3) Locations of any other relevant features such as streams, swales, slopes 25% or greater, or existing structures
- 4) Show three well locations 50 feet apart or a well box of 1,500 square feet. Label the first well choice with a field verified elevation ensuring the septic easement to be at a lower elevation level
- 5) A health officer signature block stating "approved for private water and private sewer systems"
- 6) In General Notes, ensure there is a MDE sewage disposal area and lot width statement, a note certifying that all existing wells and septic systems are within 100 feet of the lot, a well location statement, a note indicating that depicted topography reflects field-matched information

The percolation certification/ building site plan should be submitted within 60 days to allow field verification if necessary. Enclosed also is a copy of the requirements and procedures for building permit site plans. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Sincerely,

Sara Fegel  
Water and Septic Program  
Development Coordination Section

SF  
Enclosures  
Cc: File

Fisher, COLLINS + CARTER

# FILE INQUIRY FORM

Property Address: 3673

- talked to engineer. We need evidence of some type of approved easement otherwise property needs a report. we don't have good perc notes, + nothing final as where the existing approved area is at. (Hwy)
- wrong fax number for perc app. only

b1, b7C

0

DRIVEN BY PAVEN

INDICATE N

INLET DEPTH	MAXIMUM BOTTOM DEPTH	SQ. FT./BEDROOM
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
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12	12	12
13	13	13
14	14	14
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16	16	16
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91	91	91
92	92	92
93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

4-12' holes  
on 10,000 ft

# APPLICATION

19616  
A 10526

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DATE 3/4/74

*1000 gal Tank*  
*Dry Well 300 sq ft sidewalk area*  
*Dry Well inlet to be 3 FT deep & bottom of Dry Well to be 11 FT deep*  
*Place the dry Well 167 FT from the front lot line and 154 FT from the left side line as seen when facing the lot from the right of way*  
*1250 gal Tank*  
*Dry Well 400 sq ft sidewalk area*

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 D. Moore

ADDRESS \_\_\_\_\_ PHONE Any questions call: Tattrie & Levy 531-5266

PROPERTY LOCATION:

SUBDIVISION Glenair LOT NO. 5

ROAD AND DESCRIPTION Sharp Rd. (see plat for directions)

SIZE OF LOT 5.7719 TYPE BLDG. 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 /s/ Helen Levy

✓ APPROVED BY RH & CBS FOR Drywell DATE 3/11/74  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 3/5/74 Per OK Hold for Certified/Plat & Final Plat RH & CBS

# THIS IS NOT A PERMIT


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT: \_\_\_\_\_



# APPLICATION

19616

A 10516

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356DISTRICT 4DATE 3/4/74TO: 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 D. MooreADDRESS \_\_\_\_\_ PHONE Any questions call:Tattie & Levy  
531-5266

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 5ROAD AND DESCRIPTION Sharp Rd. (see plat for directions)SIZE OF LOT 5.7719 TYPE BLDG. 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 /s/ Helen Levy

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

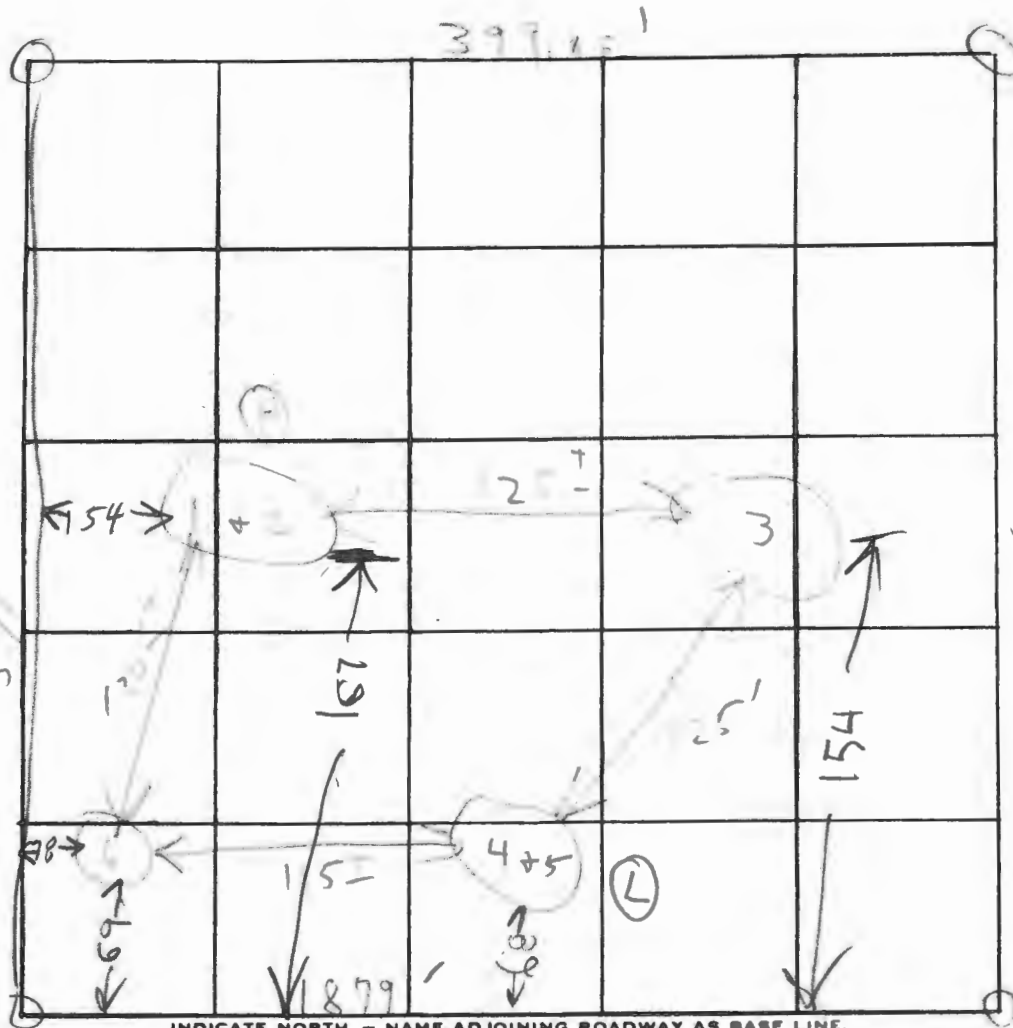
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT





Holer  
Certificate OK  
3/8/74  
A/H  
581

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/5/74	1	3 1/2'	10:30	10:32	10:32	10:37	5 in
	2	11'	10:34	10:33	10:33	10:36	4 in
	3	9 1/2' (incl. surface)	To		1+2		3
	4	4'	10:35	10:36	10:36	10:40	4 in
	5	10 1/2'	10:35	10:40	10:40	10:49	9 in
	6	10 1/2' (incl. surface)	To		4+5		3

Dry to 12'

REMARKS Smelt 3 1/2'

TYPE OF SOIL Reddish brown loam

TESTED BY B. J. & C. B. ALSO PRESENT: Fischer

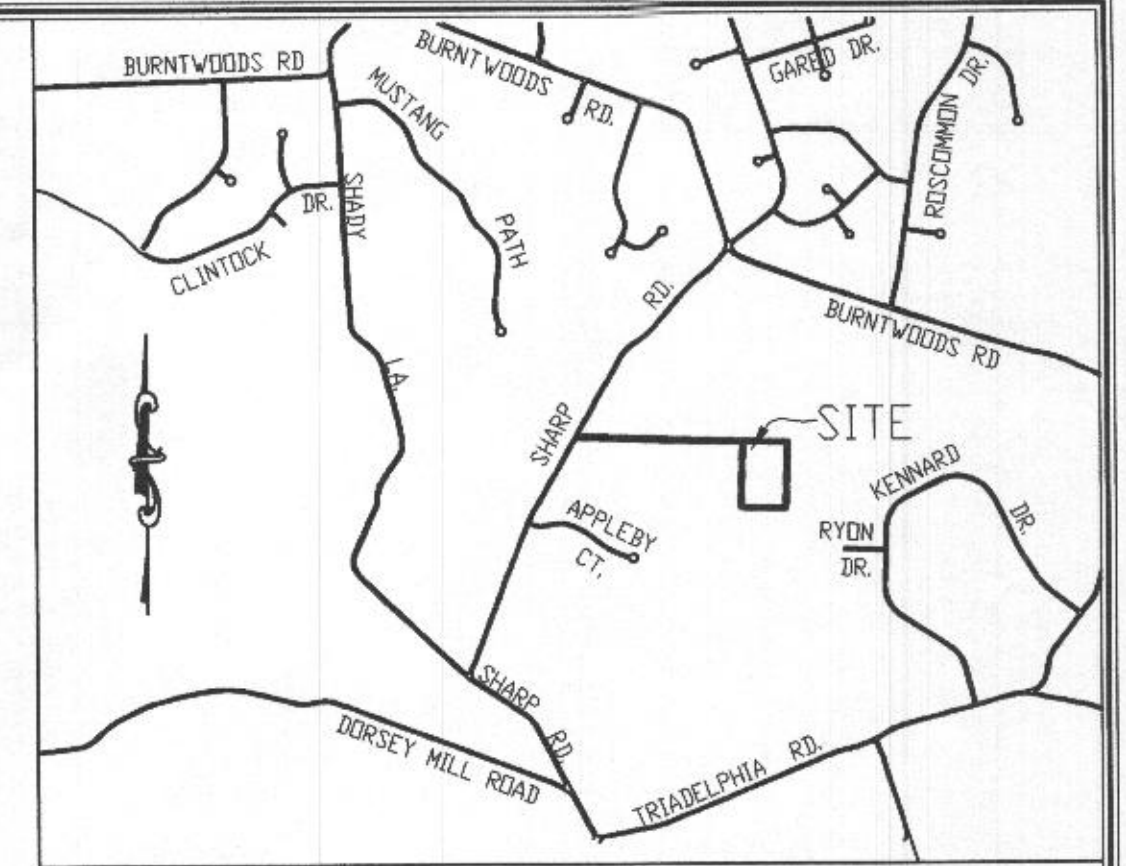


# LEGEND

- EXISTING 2' CONTOURS
- EXISTING 10' CONTOURS
- EXISTING TREE LINE
- SOIL LINES AND TYPES
- DENOTES EXISTING WELL
- DENOTES FAILED PERC
- DENOTES PASSED PERC
- ⊠ DENOTES PROPOSED HOUSE
- DENOTES 25% AND GREATER SLOPE

SHARP ROAD

MATCH LINE



## VICINITY MAP

SCALE: 1"= 1,200'

## GENERAL NOTES:

- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- ADJUSTMENTS TO SEPTIC EASEMENT AREA IS NOT PERMITTED WITHOUT ADDITIONAL TESTING.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
- ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
- ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT RECORDATION. IT IS THE DEVELOPERS RESPONSIBILITY TO SCHEDULE THE WELL DRILLING PRIOR TO FINAL PLAT SUBMISSION. IT WILL NOT BE CONSIDERED "GOVERNMENT DELAY" IF THE WELL DRILLING HOLDS-UP THE HEALTH DEPARTMENT SIGNATURE OF THE RECORD PLAT.
- TOPOGRAPHY SHOWN IS FIELD RUN BY FISHER, COLLINS AND CARTER, INC. ON AUGUST, 2005.
- BOUNDARY OUTLINE BASED ON AVAILABLE DEED OF RECORD WITHOUT THE BENEFIT OF A FIELD SURVEY AT THIS TIME.
- DEED REFERENCE LIBER 4195 FOLIO 616

## SOILS LEGEND

SOIL	NAME	CLASS
ChB2	Chester silt loam, 3 to 8 percent slopes, moderately eroded	B
GIC3	Glenelg loam, 8 to 15 percent slopes, severely eroded	B
GB2	Glenelg loam, 3 to 8 percent slopes, moderately eroded	B
EkB2	Elk oak silt loam, 3 to 8 percent slopes, moderately eroded	B
ChC2	Chester silt loam, 8 to 15 percent slopes, moderately eroded	B

### NOTES:

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

### PERC CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.

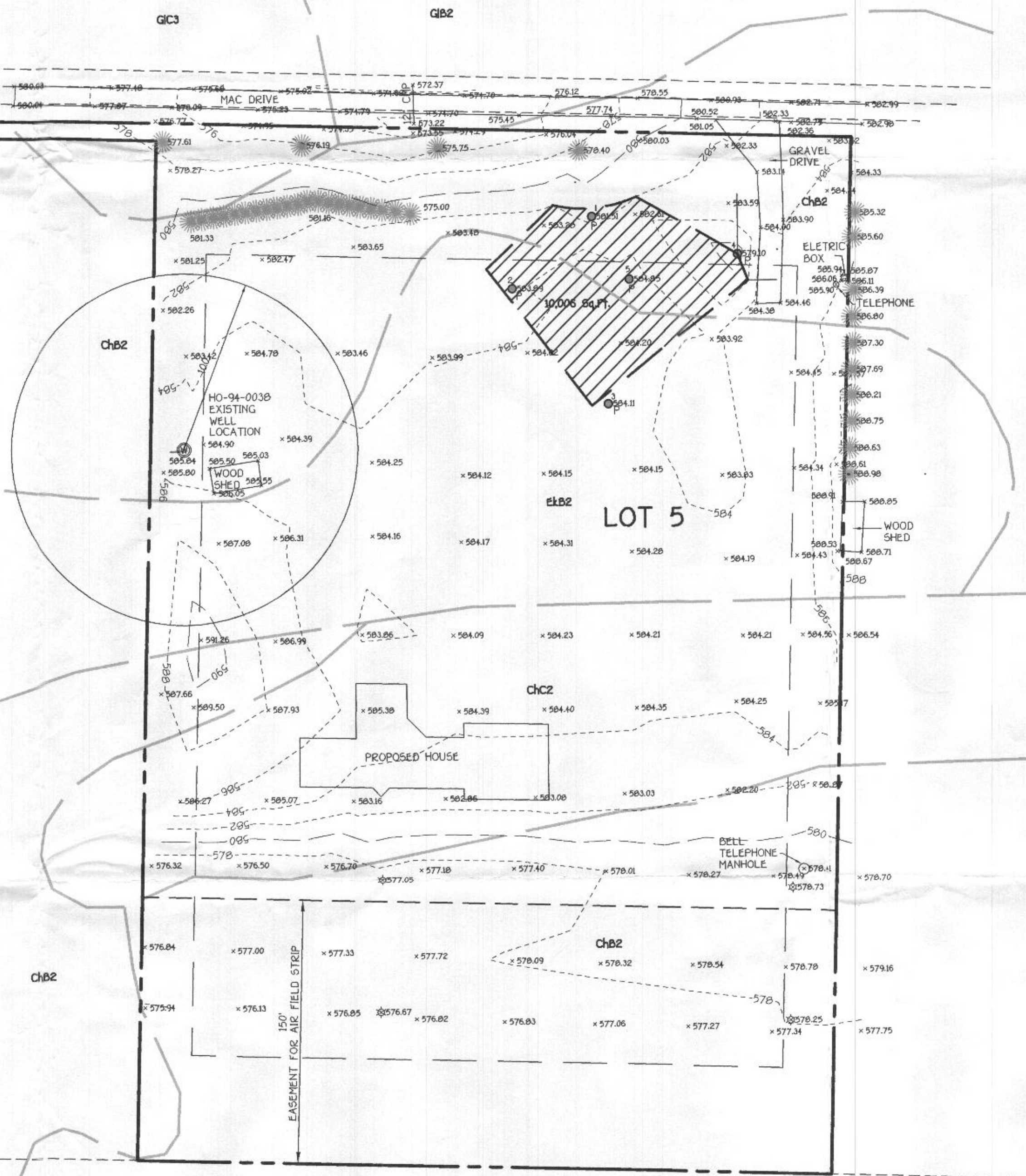
Signature of Professional Land Surveyor  
Terrell A. Fisher, Professional Land Surveyor No. 10692

8/3/05  
Date

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

Signature of County Health Officer  
SF

8/5/05  
DATE



PROPERTY OF  
JAMES J. PATTERSON  
698/48

### OWNER AND DEVELOPER

Mr. and Mrs. Bruce Knoll  
210 Mason Dr.  
Rockville, MD, 20850-1453

## PERC CERTIFICATION PLAT 3673 Sharp Road

TAX MAP \*21 ZONED: RR-DEO  
FOURTH ELECTION DISTRICT  
SCALE: 1"= 50'

PARCEL: 153  
HOWARD COUNTY, MARYLAND  
DATE: AUGUST 3, 2005