Howard County
Health Department

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

May 31, 2005

Mr. Timothy C. Eakle Sr.
2582 Thompson Dr.
Marriottsville Md 21104

RE: PERCOLATION TEST RESULTS-522430
Tax Map 16, Parcel 306
Lots 4 Eakle Property

Dear Mr. Eakle.

Percolation testing conducted May 26, 2005 on the referenced property 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 plan showing the following:

1) Actual locations and elevations of all excavated test holes
2) A suitable house and well site for each lot
3) Two replacement well sites or approximately 1500 square feet of approvable well area for each lot
4) All existing wells and septic reserve areas on the property
5) Locations of any other relevant features such as streams, swales, or existing structures
6) A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
7) A note indicating that depicted topography reflects field-matched information
8) A health officer signature block stating "approved for private water and private sewerage systems"
9) A MDE sewage disposal area statement is required

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Respectfully,

Peter A. Yencsik
Development Coordination Section
Well and Septic Program

PY
Enclosures
cc: BenchMark

Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P 522430

AGENCY REVIEW: _____ DATE 4/28/2005

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 UNKNOWN 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) TIMOTHY C. EAKLE, SR.

DAYTIME PHONE 410-465-2044 CELL 443-864-6393 FAX _____

MAILING ADDRESS 2582 THOMPSON DR. (STREET) MARRIOTTSVILLE (CITY/TOWN) MARYLAND (STATE) 21104 (ZIP)

APPLICANT TIMOTHY C. EAKLE, SR.

DAYTIME PHONE 410-465-2044 CELL 443-864-6393 FAX _____

MAILING ADDRESS 2582 THOMPSON DR. (STREET) MARRIOTTSVILLE (CITY/TOWN) MARYLAND (STATE) 21104 (ZIP)

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME EAKLE PROPERTY LOT NO. 4

PROPERTY ADDRESS 2582 THOMPSON DR. (STREET) MARRIOTTSVILLE, MD 21104 (TOWN/POST OFFICE)

TAX MAP PAGE(S) 16 GRID 8 PARCEL(S) 306 PROPOSED LOT SIZE _____

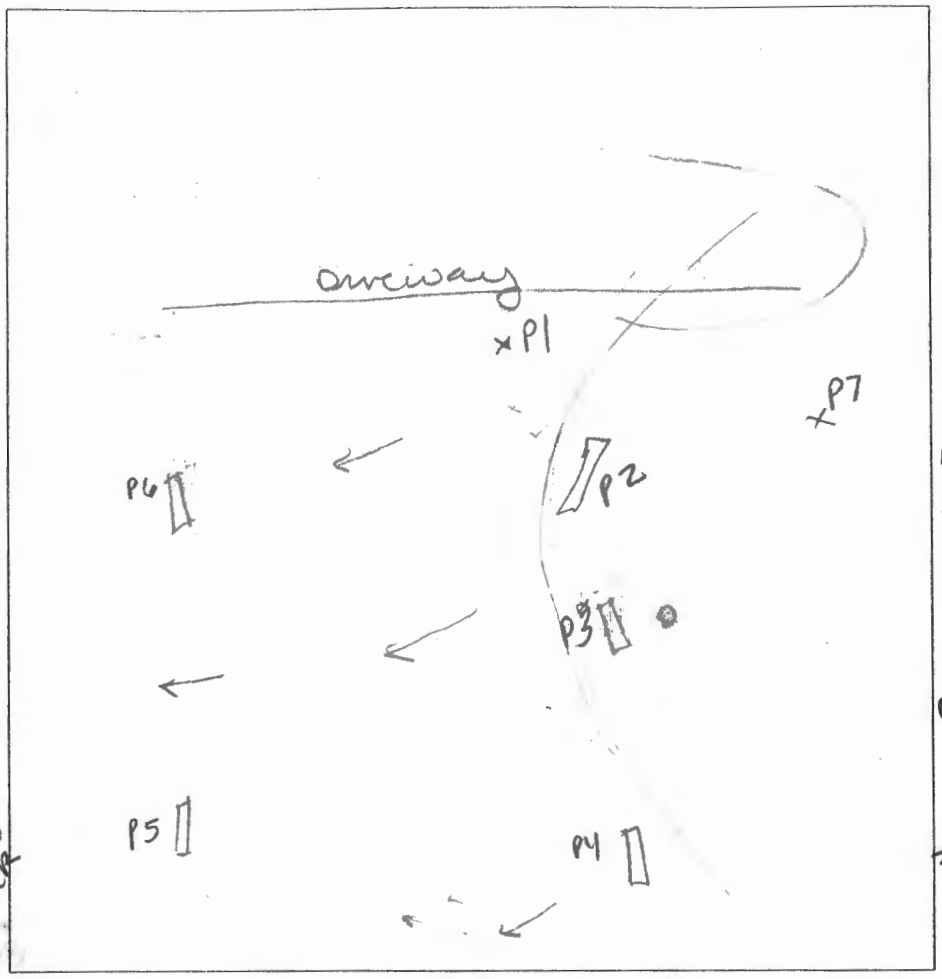
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. 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
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

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

A/P _____



P7
Brown L loamy
1
orange brown h SL sbk trav rock
4'
yellow brown f ls trav rock
10' – seepage
12'5" – water

P3
Brown L
1
yellow brown scl sbk scl micaceous
3'
yellow brown f SL
f ls yellow brown
12' – seepage
13' – water
14'
trace rock

P6
Dark Brown L
1'
yellow brown scl sbk
<5% rock
2'5"
orange brown scl sbk
4'
orange brown SL gr micaceous
trace rock
8'4" – water seepage
9'5" – water
10'

P4
Brown L
6'
orange/red brown h scl sbk
2'6"
yellow brown f SL
10'
yellow brown f LS
11' – seepage
12' – water
trace rock

P5
Dark Brown L
1'
yellow brown SL sbk
<5% gravel
2'10"
orange brown LS sbk
7'8 – H_2O seepage
9'8 – water
10'10"
trace rock

P2
Dark Brown L
<5% gravel
1'
orange brown w scl sbk
2'4
orange brown hSL micaceous moist trace rock
3'9"
yellow gray LS gr micaceous (dl) mottling
10'5" – water
trace rock
12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/26/05	P6	10'		high H_2O			VF
	P5	10'10"		high H_2O			VF
	P3	5' / 14'	9:39	9:41	9:44	3	P
	P4	3' / 12'	9:41	9:42	9:43	1	F
	P4	repour	9:48	9:50	9:52[10]	2'5	P
	P2	3'1 / 11'	11:10	11:37	—	—	—
	2nd hole P2	4'3"	11:39	11:42	11:45	3	P
	P7	5' / 12'5'	11:50	11:51	too fast		
repour	P7	repour	11:52[40]	11:54[40]	11:57[00]	2:20	P

REMARKS No deeper than 4'

SANITARIAN PAM/SS/KN BACKHOE Hatfields OTHERS _____

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

TRENCH WIDTH 3 INLET DEPTH 1½ MAX. BOT DEPTH 4 EFFECTIVE S/W none

Howard County Health Department

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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 _____

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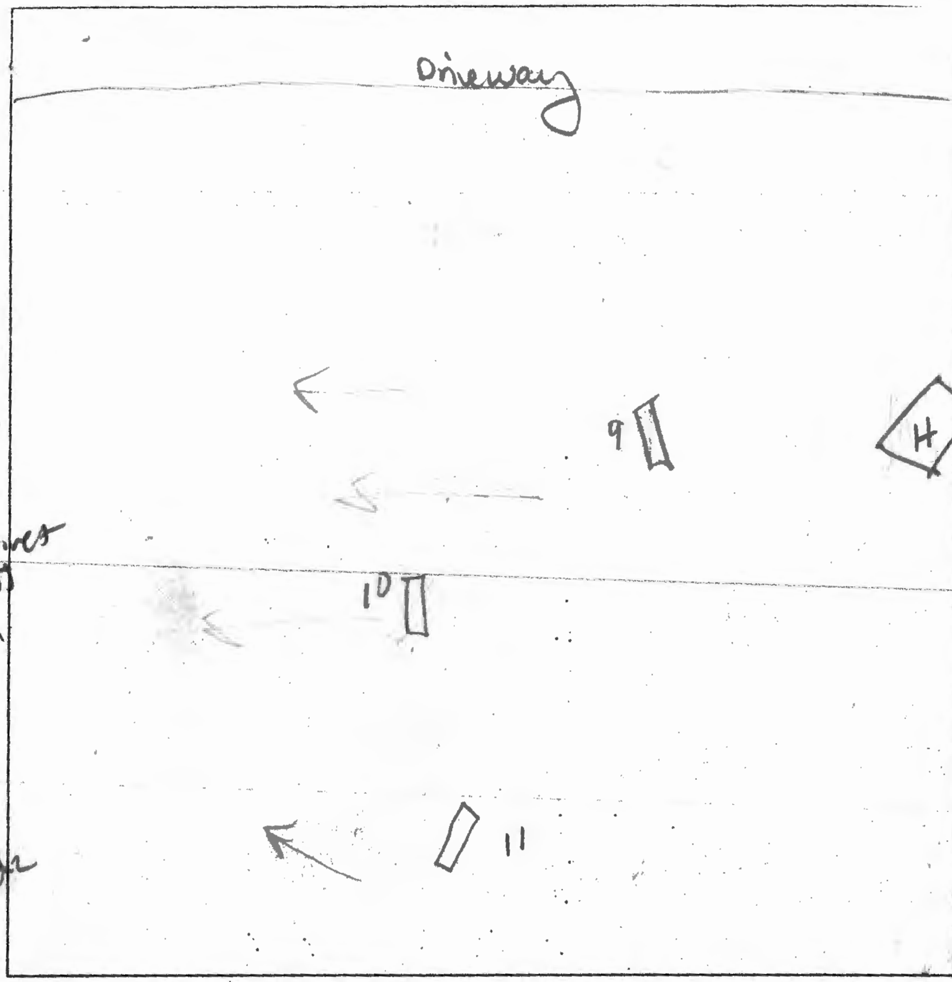
 PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

A/P ______

Dark brown yellow rooty loam
11"
yellow brown black med sicl — ribbons + lenses distinct finger prints
24"

P9
Brown L
9'
yellow brown wscl sbk <5% quartz
3'3"
yellow orange brown gr sl
10'
yellow brown f ls (dl) mottles
10'2" — seepage water
13'

P10
Brown L
1'
yellow brown cl sbk very micaceous
3'4"
yellow brown sl
6'
seepage
brown ls micaceous ±15% saprolite
water
12'



P11
Brown L
1'
yellow brown scl
dl mottles
3'
seepage yellow brown sl
4'5"
yellow brown S
7'8" — water
10'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5-26-05	9	5' / 13'	10:05	10:13	10:24	11	P
	10	3'10' / 12'	10:27	10:51	pulled		F
	11	— / 10'		high	H2O @ 3'	V	F
	S1		12:17:30	(2) 1:17 –	100' second peg		F
		No	1"				

REMARKS ______

SANITARIAN ______ BACKHOE ______ OTHERS ______

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

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