

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 8/13/03	TEST TIME 9:00	A/P. 510952
AGENCY REVIEW:		DATE
DO NO	T WRITE ABOVE THIS LINE	
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATE CHECK AS NEEDED: CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	CHECK AS NEEDED: NEW STRUCTUR	RE(S) · I 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 WI □ YES □ NO	THIN 2500' OF ANY RESERVOIR?
THE TYPE OF STRUCTURE IS: RESIDENTIAL WITH PROPOSED E COMMERCIAL (PROVIDE DETAIL OF INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF INSTITUTIONAL/GOVERNMENT)	TAIL OF NUMBERS AND TYPES OF EMPLOY	RE (NOTE <i>UNKNOWN</i> IF APPROPRIATE) CUSTOMERS ON ACCOMPANYING PLAN) EES/USERS ON ACCOMPANYING PLAN)
DAYTIME PHONE (40) 964-9815 C		FAX
MAILING ADDRESS 1/208 Rider much	k Para Codunhis	MD 21044
STREET STREET	CITY/TOWN	STATE ZIP
APPLICANT		
DAYTIME PHONE CE	ELL	FAX
MAILING ADDRESS		
STREET	CITY/TOWN	STATE ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER	4	
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME 4 4 7 7	For Cosselin Proper	√ LOT NO. \$ 5
PROPERTY ADDRESS 4747 Ten Oa STREET		POST OFFICE
TAX MAP PAGE(S) $\frac{28}{}$ GRID	PARCEL(S) 301	PROPOSED LOT SIZE 3.3
AS APPLICANT, I UNDERSTAND THE FOLLOWING: T	THE SYSTEM INSTALLED SUBSEQUENT	TO THIS APPLICATION IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE	E. THIS APPLICATION IS COMPLETE W	HEN ALL APPLICABLE FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACC	EPT THE RESPONSIBILITY FOR COMP	LIANCE WITH ALL M.O.S.H.A. AND
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BAS		
TEST RESULTS WILL BE MAILED TO APPLICANT.		
, A.	SIGNATURE OF A	PPLICANT

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

APPLICATION

A 519052 PERCOLATION TESTING HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2640 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. AGENT OR PROSPECTIVE BUYER PHONE PROPERTY LOCATION: PARCEL 30 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

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.

APPROVED BY

FOR

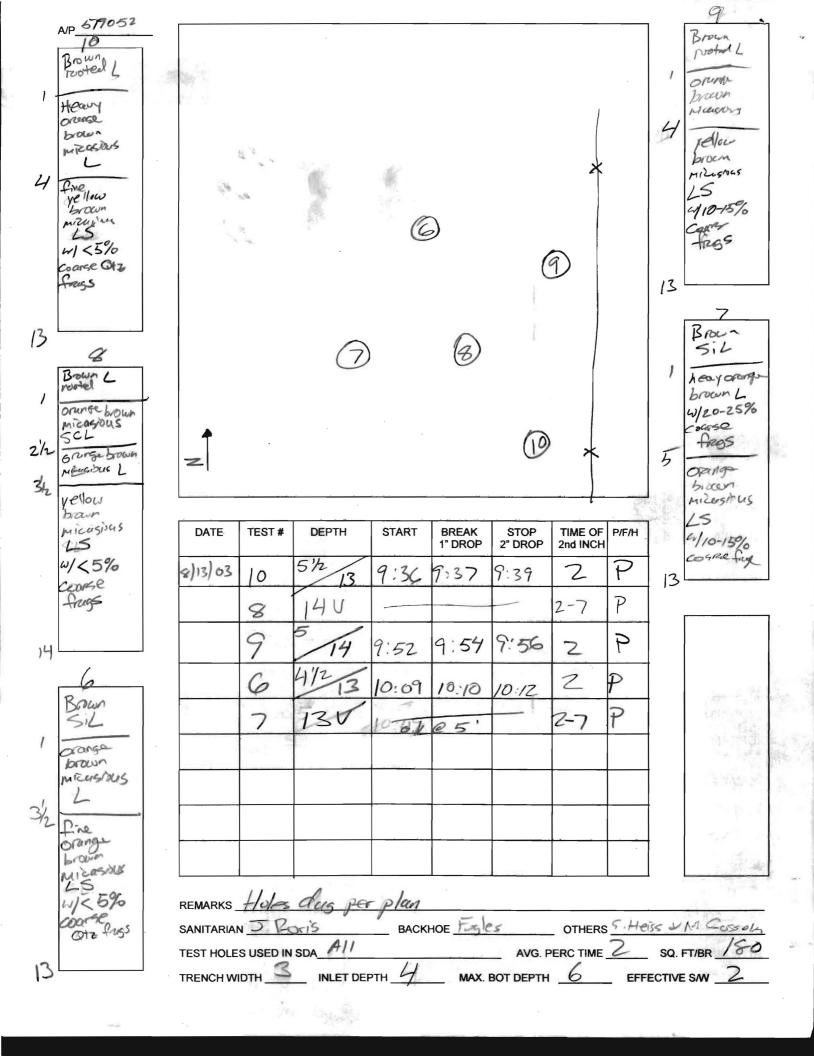
DATE

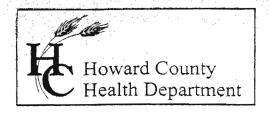
HOLD PENDING FURTHER TESTS

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D.
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D.
OATE

THIS IS NOT A PERMIT

HD-216 (3/92)





3525 H Ellicott Mills Drive, Ellicott City, MD 21043 (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

August 15, 2003

Philip T & Gay Mercer 11208 Ridermark Row Columbia, Maryland 21044

RE:

PERCOLATION TEST RESULTS-A510952

Tax Map 28, Parcel 301

Gosselin Property, Ten Oaks Road

Dear Mr. & Mrs. Mercer:

Percolation testing conducted August 13, 2003 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 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
- 10) A note to read that the lots meet minimum width requirements

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.

Very truly yours,

John A. Boris Jr., R.S. Water and Septic Program

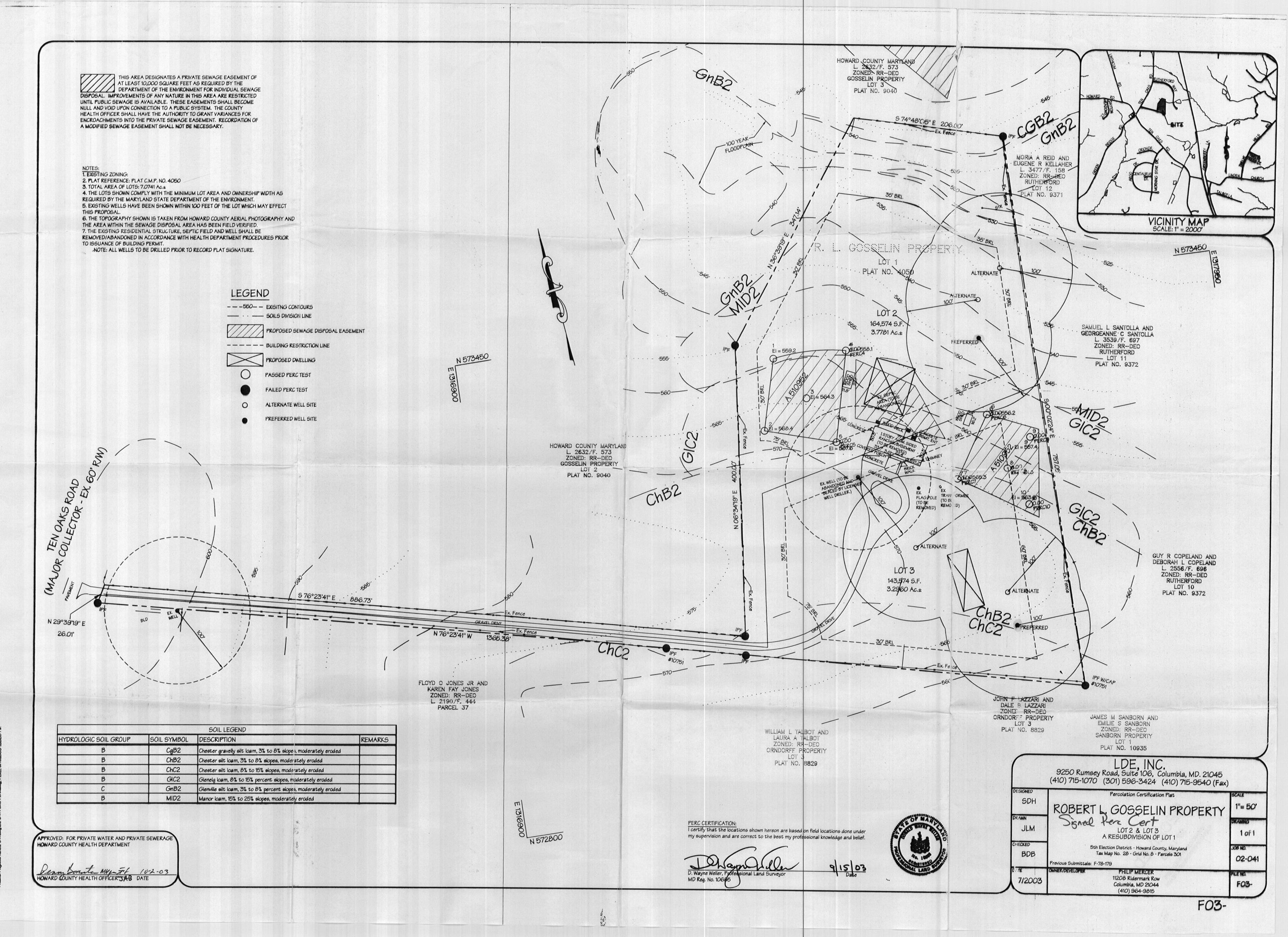
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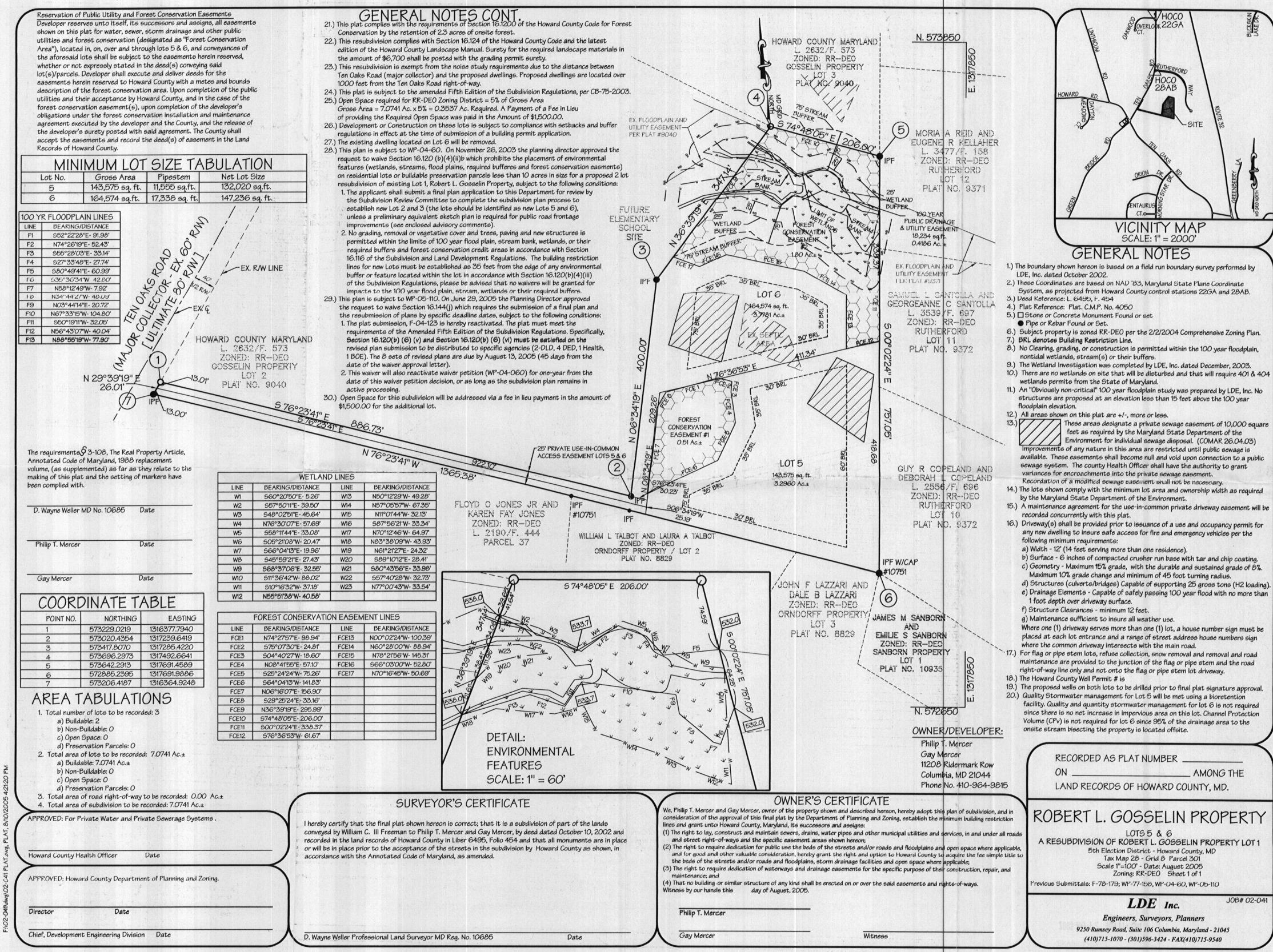
Enclosures

cc:

File

LDE, Inc.





FO4-123