

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 522847

AGENCY REVIEW: _____

DATE 6/30/05

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 4 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) David + Kim Edson

DAYTIME PHONE 410 756-1889 CELL _____ FAX _____

MAILING ADDRESS 1097 Underwood Rd Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

APPLICANT Kurt Cassell / Fogle's Septic

DAYTIME PHONE 410 795-5670 CELL _____ FAX _____

MAILING ADDRESS 580 Obrecht Rd Sykesville MD 21784
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Edson Prop LOT NO. _____

PROPERTY ADDRESS 1097 Underwood Rd Sykesville
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 9 GRID 2 PARCEL(S) 26 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. Kurt A. Cassell
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

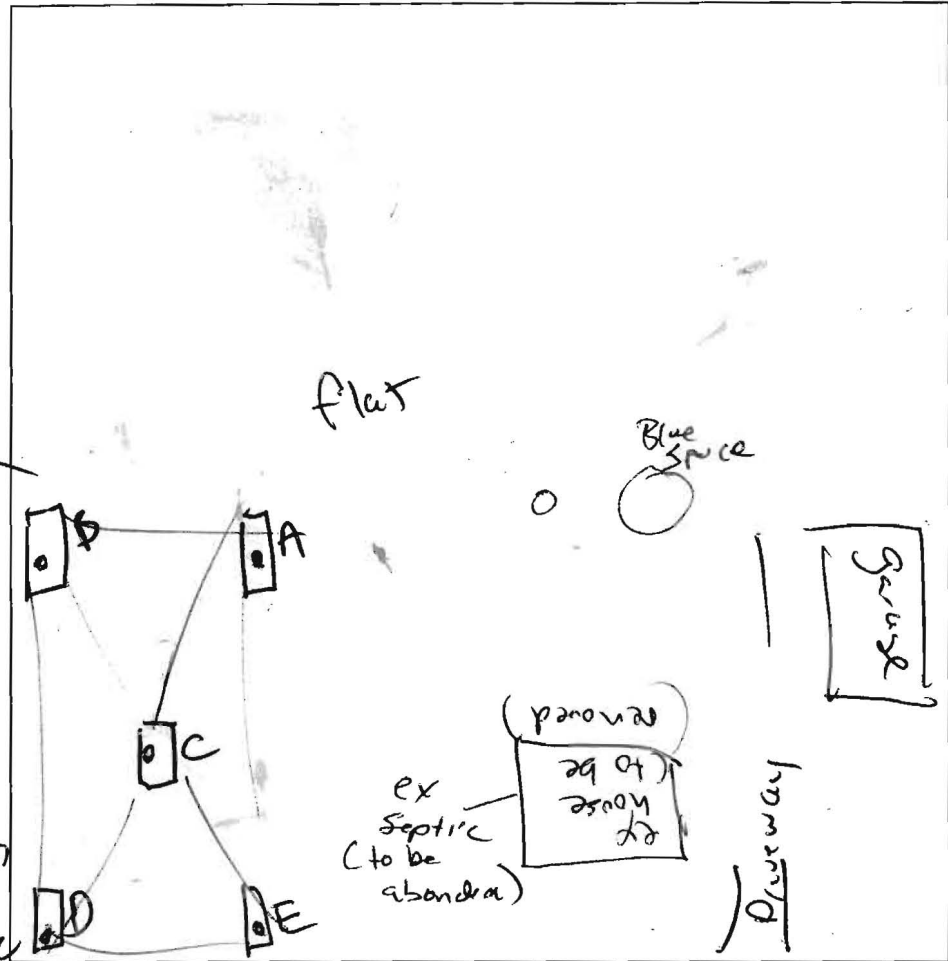
AP **(A)**

brown l
heavy o-brown loam 2 1/2
orange brown silcl 5
yellow red brown silflaum med
fine o-b sil 5-8
charity frags 10%

(B)
brown l
o-b heavy silcl 2 1/2
r-b-o silcl 5 1/2
Transition 6

y-b-purple med sil 5-8
fine sil/si 10%
charity frags

(C)
brown l
o-b heavy l 2 1/2
red brown silcl 5 1/2
Transition 6
p-bk brown med sil (plasty) 13



Underwood

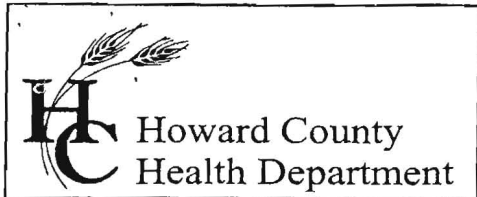
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	PIF/H
7/14	A	5 1/2 12	7:52	8:10	8:38	28	P
7/14	B	5 1/2 12	8:03	8:20	8:47	27	P
7/14	C	13	Visual				P
	D	6 1/2 12 1/2	8:39	8:53	9:18	25	P
	E	13	8:47	9:00	9:32	26	P

(D)
brown l
y-b brown heavy loam (ab) 2 1/2
o-b silcl (heavy) 5 1/2

Transition
red purple brown sil + clay
fine 10%
charity frags

(E)
brown l
o-b ab silcl 3 1/2
purple red brown silcl 5 1/2
red yellow brown sil med 12 1/2

REMARKS ok A+B will go faster another 1' down
 SANITARIAN PAY BACKHOE Fogler OTHERS None
 TEST HOLES USED IN SDA 5 AVG. PERC TIME 26.5 SQ. FT/BR
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 8 EFFECTIVE SW 0.7



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 14, 2005

Mr. & Mrs. Edson
1097 Underwood Rd.
Sykesville MD 21784

RE: PERCOLATION TEST RESULTS-A522847
Tax Map 9, Parcel 26
Edson Property

Dear Mr. & Mrs. Edson:

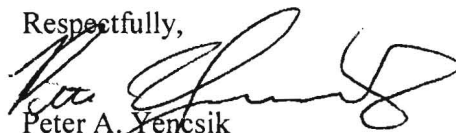
Percolation testing conducted July 14, 2005 on the referenced property satisfactory soil conditions. Copies of the test results are enclosed.

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: File
Kurt Cassell- Fogles