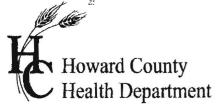


FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TEST TIME	AP 527937
AGENCY REVIEW:		DATE 12/7/07
DO NOT	WRITE ABOVE THIS LINE	
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION 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) XISTING STRUCTURE
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PROPERTY OWNER(S) UMOLOLY I & F	CHONDA S. CYEKA	3N
DAYTIME PHONE 301 474 2254 CEL	L 240 832 3987	FAX 301 474 2265
MAILING ADDRESS 5015 MINEOLA F	RD COLLEGE PARK CITY/TOWN	MD 20140 STATE ZIP
APPLICANT OMOLOLUI. & RHON	OAS. OYEKAN	
DAYTIME PHONE 301474 2256 CEL		FAX 301 474 2265
MAILING ADDRESS 5015 MINEOLA R		MD 20740 STATE ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER	BUYER RELATIVE/FRIEND	REALTOR CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME		LOT NO
PROPERTY ADDRESS	> HIGHLAND TOWN/PO	ST OFFICE
TAX MAP PAGE(S) 40 GRID P	'ARCEL(S) 254 PRO	OPOSED LOT SIZE <u>FAC</u>
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE	SYSTEM INSTALLED SUBSEQUENT TO	O THIS APPLICATION IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE.	THIS APPLICATION IS COMPLETE WHI	EN ALL APPLICABLE FEES AND A
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TEST RESULTS WILL BE MAILED TO APPLICANT.	SIGNATURE OF APP	LICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-177 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

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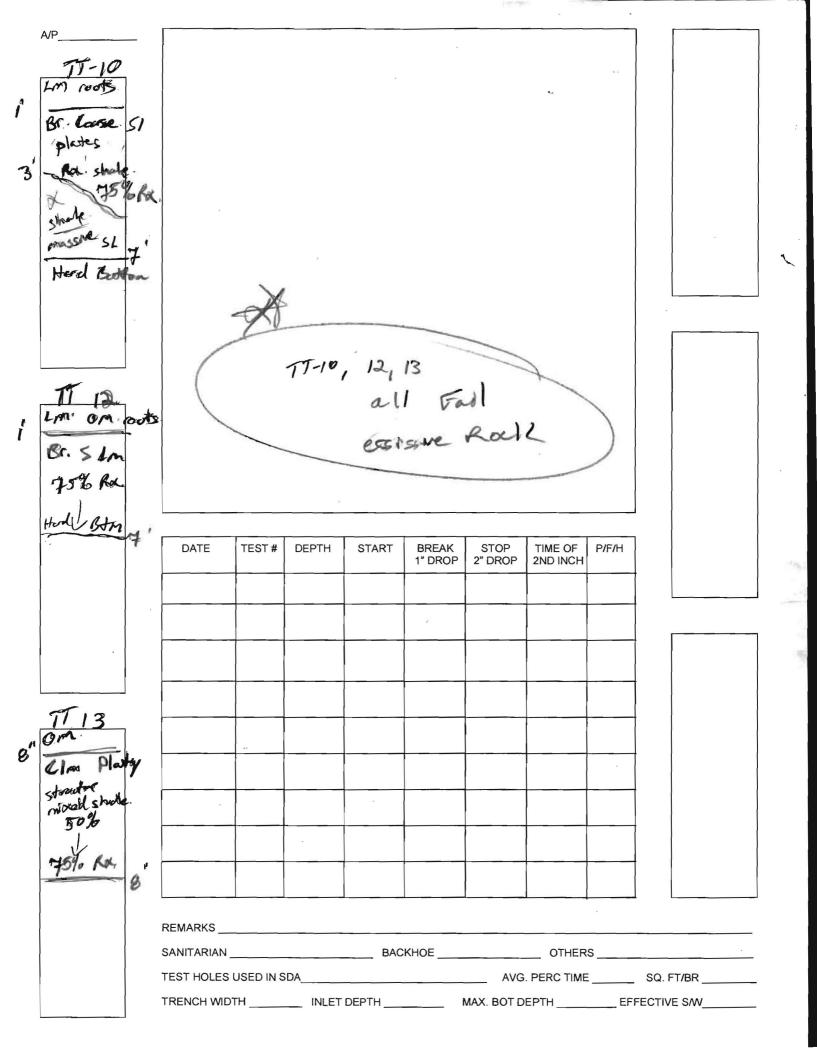


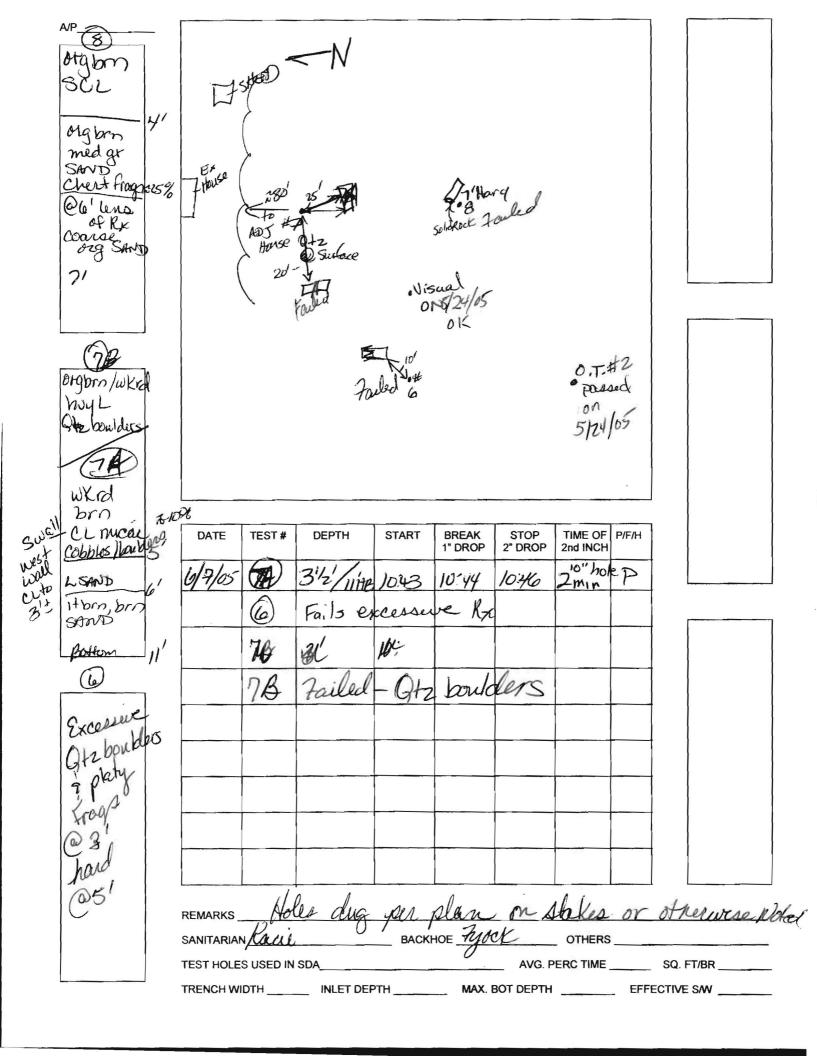
FOR PERCOLATION TESTING AND SITE EVALUATION

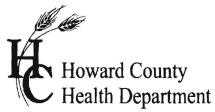
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TEST DATE(S)	TEST TIME	A/P
AGENCY REVIEW:		DATE
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I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUA CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	CHECK AS NEEDED: NEW STRUCTURE ADDITION TO AN	, , , , , ,
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DAYTIME PHONE 301-460-4387 C	ELL	FAX
MAILING ADDRESS 14372 CHESTERFI STREET	ELO RO ROCKYILLE CITYTOWN	MO. ZOB53 STATE ZIP
APPLICANT OMOLOLU I. OYE	KAN RHONDA S.	OYEKAN
DAYTIME PHONE 301 576 3416 C		
MAILING ADDRESS 5015 MINEOLA STREET	RD COLLEGE PK	mD 2074 U STATE ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER	BUYER RELATIVE/FRIEND	REALTOR
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME RAYMOND		LOT NO.
PROPERTY ADDRESS 7145 BROKS		DST OFFICE
TAX MAP PAGE(S) 40 GRID L D	PARCEL(S) 254 PF	ROPOSED LOT SIZE 5AC.
AS APPLICANT, I UNDERSTAND THE FOLLOWING:	THE SYSTEM INSTALLED SUBSEQUENT	TO THIS APPLICATION IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABL	E. THIS APPLICATION IS COMPLETE WI	HEN ALL APPLICABLE FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACC	CEPT THE RESPONSIBILITY FOR COMPL	IANCE WITH ALL M.O.S.H.A. AND
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TEST RESULTS WILL BE MAILED TO APPLICANT.	SIGNATURE OF AP	S. CYCKON.

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

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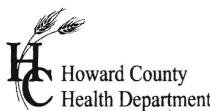




FOR PERCOLATION TESTING AND SITE EVALUATION

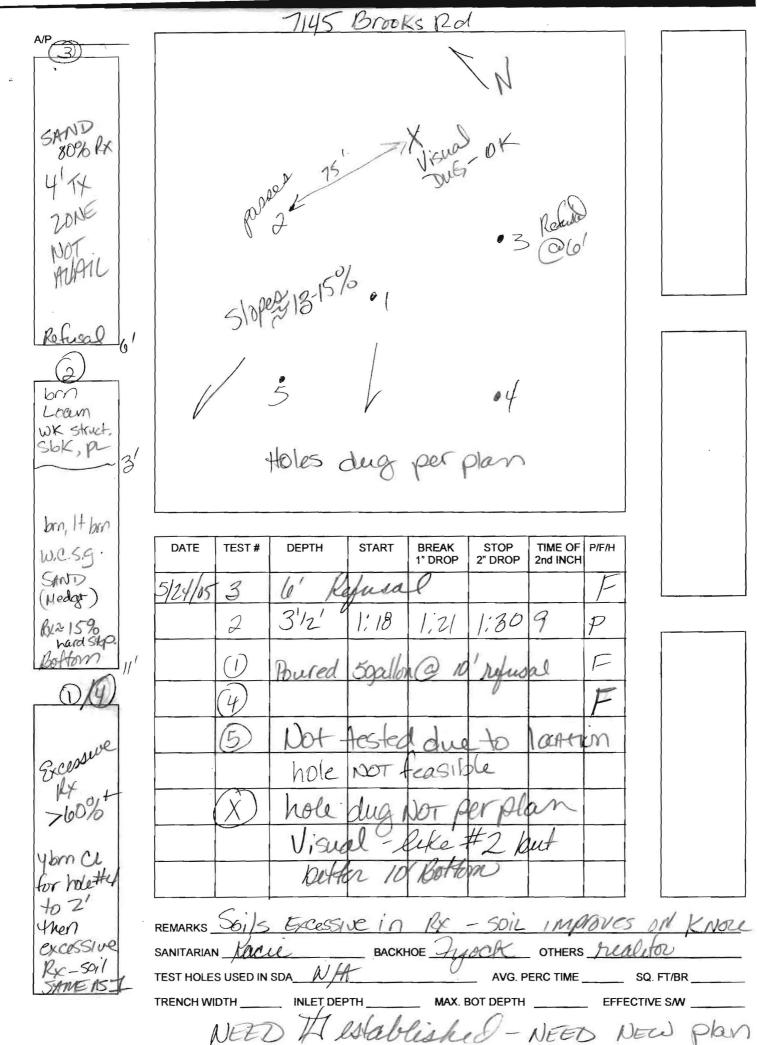
TEST DATE(S)	TEST TIME	AP 522501
AGENCY REVIEW:		DATE 5/27/05
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HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	ON PRIOR TO ISSUANCE OF SEWAGE DISPOSAL S' CHECK AS NEEDED: NEW STRUCTURE(S) ADDITION TO AN EXISTING REPLACE AN EXISTING S	G STRUCTURE
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PROPERTY OWNER(S) Kent T	ob Osboane	
DAYTIME PHONE 301 460-4387 CEL	L FAX	
MAILING ADDRESS 14322 Chesterfi	eld RD ROCKVIlle MI	\$ 20853 STATE ZIP
APPLICANT Omobolu I. OYEK	an Rhonda S. Oz	lekan
DAYTIME PHONE 301 474 2256 CELL	240832 3987 FAX	3014742265
MAILING ADDRESS 5015 MINEOLA STREET	rd College Park n	TO 740 STATE ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER	(BUYER) RELATIVE/FRIEND RE	EALTOR CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME Raymond	Morgan	LOT NO. <u> </u>
PROPERTY ADDRESS 7145 BYOOKS	s Rd Hishland M TOWN/POST OF	10 20777 FICE
TAX MAP PAGE(S) 40 GRID 10 P	ARCEL(S) 254 PROPOSE	ED LOT SIZE 59C
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE	SYSTEM INSTALLED SUBSEQUENT TO THIS	APPLICATION IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE.	THIS APPLICATION IS COMPLETE WHEN ALI	_ APPLICABLE FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEF	T THE RESPONSIBILITY FOR COMPLIANCE V	WITH ALL M.O.S.H.A. AND
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED	UPON SON RECTORY REVIEW OF A PERC	CERTIFICATION PLAN.
TEST RESULTS WILL BE MAILED TO APPLICANT.	SIGNATURE OF APPLICANT	Khonda soye

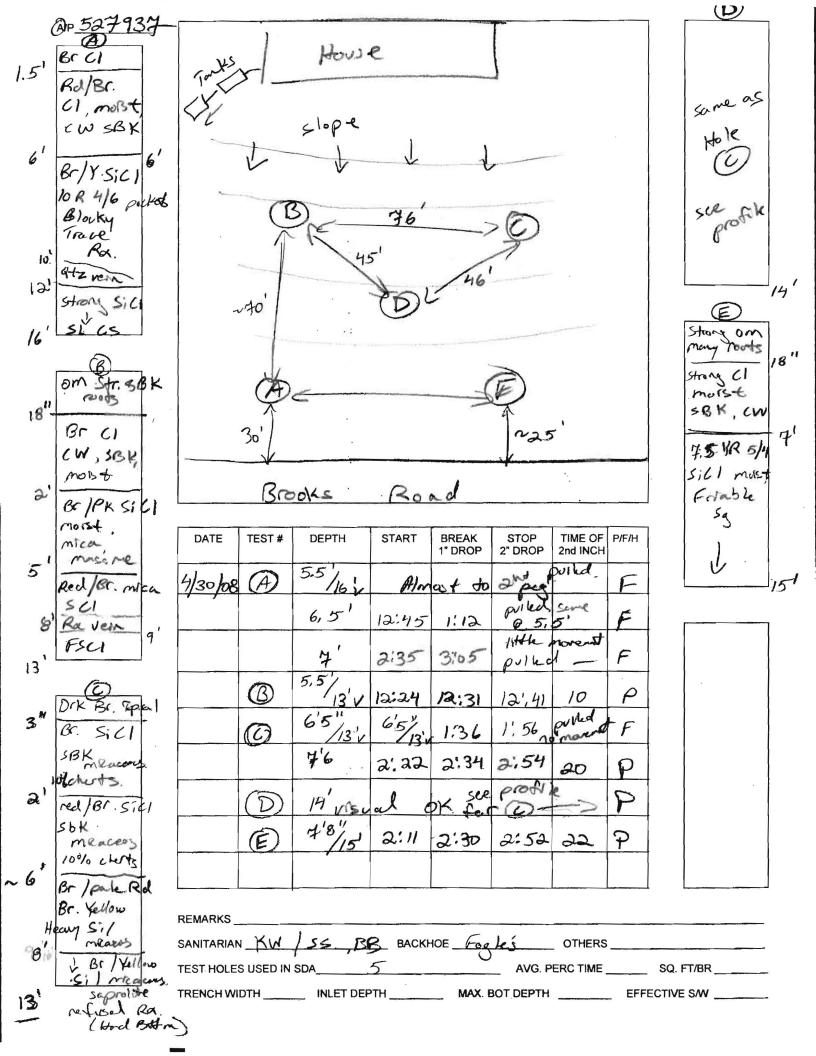
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

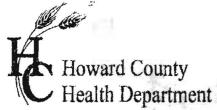


Health Department	FOR PERCOLA	TION TESTING A	ND SITE EVALU	ATION
TEST DATE(S) 5/04/65	TES	ST TIME	A/P	
AGENCY REVIEW: Estab	10,000 ft	2	DATE	
	DO NOT WRITE ABOV	E THIS LINE		
I HEREBY APPLY FOR THE NECESSARY TESTING CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM) REPLACE AN EXISTING SEPTIC SYSTEM (CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBJUILD ON AN EXISTING PARCEL OF THE TYPE OF STRUCTURE IS: RESIDENTIAL WITH PROMISE COMMERCIAL (PROVIDE INSTITUTIONAL/GOVERNMENT (PROVIDE INSTITUTIONAL/GOVERNMENT)	S) C SYSTEM TEM BDIVISION RECORD	CHECK AS NEEDED: NEW STRUCTURE(ADDITION TO AN E REPLACE AN EXIS IS THE PROPERTY WITH YES NO COMPLETED STRUCTURE YPES OF EMPLOYEES/ CUS	S) XISTING STRUCTURE TING STRUCTURE IIN 2500' OF ANY RESERVO	IR? OPRIATE) ING PLAN)
PROPERTY OWNER(S)				
DAYTIME PHONE	CELL		FAX	
MAILING ADDRESSSTREET		CITY/TOWN	STATE	ZIP
APPLICANT				
DAYTIME PHONE	CELL		FAX	
MAILING ADDRESSSTREET				
			STATE	
APPLICANT'S ROLE: DEVELOPER	BUILDER BUYER			
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME	SAN SUBDIVIS	ion	LOT NO. <u></u>	lex.
PROPERTY ADDRESS 7/45 B	rooks Rd			
SIREET		TOWN/POS		
TAX MAP PAGE(S) GRID	PARCEL(S)	S 9 PRO	OPOSED LOT SIZE	
AS APPLICANT, I UNDERSTAND THE FOLL	OWING: THE SYSTEM INST	ALLED SUBSEQUENT T	O THIS APPLICATION IS	ACCEPT-
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TEST RESULTS WILL BE MAILED TO APPLI	CANT. Orig.	SIGNATURE OF APP	In how	

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







FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)		TEST TIME	@P 522089
AGENCY REVIEW:	1. 1		DATE 4/12/05
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PROPERTY OWNER(S) KENT	1. OSBORNE		
DAYTIME PHONE 301-460-	4387 CELL		FAX
MAILING ADDRESS 14322 CH	STERFIELO P	20 ROCKVILLE CITY/TOWN	Mp. Z0853 STATE 2
APPLICANT OMOLOLU I	. OYEKAN	RHONDA S.	OYEKAN
DAYTIME PHONE 301 576 3	416 CELL 24	0 832 3987	FAX 240 581 1771
MAILING ADDRESS 5015 M) STREET	NEOLA RE	COLLEGE PK	mD 20740 STATE 2
APPLICANT'S ROLE: DEVELOPER	BUILDER BUY	RELATIVE/FRIEND	REALTOR
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME RAY	MOND MOR	SAN	LOTNO
PROPERTY ADDRESS 7145 STREET	Brooks Roa	TOWNPO	DST OFFICE
TAX MAP PAGE(S) 40 GRID	PARCEL(8) 254 PF	ROPOSED LOT SIZE 5AC.
AS APPLICANT, I UNDERSTAND THE FO	LLOWING: THE SYSTE		
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EST RESULTS WILL BE MAILED TO APP	PLICANT.	SIGNATURE OF API	D. Gyeka.

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



Bureau of Environmental Health 7178 Columbia Gateway Drive, Columbia, MD 21046-2147

(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313

3-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

April 30, 2008

Mr. Omololu Oyekan 7145 Brooks Road Highland, MD 20777

RE:

Sand mound perc test results

7145 Brooks Road Highland, MD 20777 Tax Map: 40 Parcel #254

Dear Mr. Oyekan:

Sand mound percolation testing was conducted on the above referenced property on April 30, 2008. Sand mound testing passed percolation testing in the most restrictive soils meeting State standards. The site was tested in a Manor soil series which contained mostly loam and sandy loams with pockets of rock. Testing in rock also met approvable rates.

In lieu of new site conditions, we were able to find you area in the front-most area of your yard (directly down-hill of your house). The perc testing done in this area yielded an average percolation time of eighteen minutes with four out of the five holes passing. This area will be shown on the approved percolation certification as a conventional area enough for approximately one system. Your total systems (initial and two repair areas) will consist of this approved conventional area plus two conventional sand mound areas. One of which was conducted on the above referenced date and the other mound which was constructed back in August of 2005.

In order to continue with the process, a licensed surveyor should submit a revised sand mound Percolation Certification Plat for review showing the following:

- Locations of all excavated test holes marked passed and failed.
- Locations of existing wells and septic systems within 200 feet of property boundaries
- Locations of existing septic tank and pump tank
- Locations of streams/swales/ springs and any other relevant landscape features
- Field-matched one foot contour intervals in the proposed sand mound sewage disposal area
- Footprints for two sand mounds with the correct topographical orientation plus the newly acquired area in front on the dwelling
- Designation of the percent slope used in the sand mound calculations (cannot exceed 12.5% for this existing lot of record)
- A typical cross-sectional diagram of the primary sand mound. Specify the number of bedrooms (i.e., the daily design flow) for which this sand mound design is intended.
- Typical language in the general notes describing the sewage disposal easement. Specify this septic area is suitable for sand mound type septic systems only. Please include the actual size of the proposed sand mound sewage disposal area.

- A general note specifying a sand mound detail construction plan is to be submitted for review and approval by the Howard County Health Department prior to issuance of a building permit for the lot.
- A statement on the plan explaining which system is to be used first and which will be the repairs.

If you wish, the percolation certification plat may also include the building site plan. The building site plan will show grading, inverts for the sanitary line out of the house, into the septic tanks, and pump data as well as any other pertinent information.

If you have any questions or concerns regarding this matter, please contact me at (410) 313-2645. Thank you for your time in this important matter.

Sincerely,

Kevin Wolf, Sanitarian

Water and Sewerage Program

Cc: Dale Gray, Innova Ltd.

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LVIL CONTATION

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Property I.D. A 527937

MOUND TEST DATA SHEETS

Lot #_____

Date 4/30/08

Sanitarian <u>(K</u>)	V 5,5	Landsca	pe Position_		
% Slope	8% Soi	l Type Mono	Contra	ctor Forte	2
HOLE#	DEPTH O	F TEST	15 11	START TIME	
WK Br/y SCL	Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	% Change
ribbin's @ 1/2"	10 16/16"	10:00	~ U ~		
	H 8 10/16"	10:15	26/16"	· · · · · · · · · · · · · · · · · · ·	
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changes to 51	5 6/16"	10:45	1 /162 11		,
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	10 16/16"	n:41	-0-		
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	8 2/16		10/16"		
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51 60% RX	7 10/16	12:56	8/16"	4	
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9	,	160			
Hard BAM. 9 HOLE#_10	*	OF TEST	<u>/3 "</u>	START TIMI	E
HOLE #	DEPTH C				
HOLE # 10	DEPTH C	F TEST	13" Measured Drop	START TIMI Estimated Rate(ET/MD)	E
HOLE# 10 ONLYCS SBK Loan roots	Hook Gauge Reading 10 16 / 16 16	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	%
HOLE# 10 ONLYCS SBK Loan roots	Hook Gauge Reading 10 16/16"	Elapsed Time (min)	Measured Drop - © - /5 //22	Estimated Rate(ET/MD)	%
HOLE # 10	DEPTH C Hook Gauge Reading / 0	Elapsed Time (min) /0:57 //:/2	Measured Drop - @ - 15 //32 14 15/16	Estimated Rate(ET/MD)	%
HOLE# 10 ON Lycs FBK Loan roots Br/Y SCI Coase CW	Hook Gauge Reading 10 16/16" 10 1/32," 9 2/16" 8 7/16"	Elapsed Time (min) /0:57 //:/2	Measured Drop - © - 15 /32 14 /5/16	Estimated Rate(ET/MD)	%
HOLE# 10 ON Lyc SBK Loan roots Br/4 SCI Coase CW few 100+5	DEPTH C Hook Gauge Reading 10 16/16" 10 1/32; 9 2/16" 8 7/16"	Elapsed Time (min) /0:57 //:/2 //:42 //:57	Measured Drop - Ø = 15 1/32 14 15/16 11/16 "	Estimated Rate(ET/MD)	%
HOLE# 10 ON Lycs FBK Loan roots Br/Y SCI Coase CW	DEPTH C Hook Gauge Reading 10 1/32/ 9 2/16" 8 7/16"	Elapsed Time (min) 10:57 11:27 11:42 11:57 12:12	Measured Drop - © - 15 /32 14 /5/16	Estimated Rate(ET/MD)	%
HOLE# 10 ON Lyc SBK Loan roots Br/4 SCI Coase CW few 100+5	DEPTH C Hook Gauge Reading 10 16/16" 10 1/32; 9 2/16" 8 7/16"	Elapsed Time (min) /0:57 //:/2 //:42 //:57	Measured Drop - Ø = 15 1/32 14 15/16 11/16 "	Estimated Rate(ET/MD)	%
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MOUND TEST DATA SHEETS

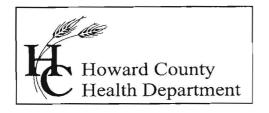
Sanitarian		Landsca	pe Position_		
% Slope	Soi	l Type	Contra	ctor	
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		11:40			
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		,			
HOLE # Sm 4	L DEPTH C	OF TEST	Q2″_	START TIM	Œ
fr brn	Hook Gauge	Elapsed	Measured	START TIM Estimated Rate	9/0
fr brn	Hook Gauge Reading	Elapsed Time (min)	Measured Drop - 0 -	Estimated Rate	
fr brn	Hook Gauge Reading	Elapsed Time (min) /0:55	Measured Drop - 0 - 3 6/16 6/16 = 3/8	Estimated Rate	9/0
fr brn	Hook Gauge Reading	Elapsed Time (min)	Measured Drop - 0 - 3 6/16 6/16 = 3/8	Estimated Rate	9/0
HOLE # SM 1 fr brn ok, granular roam/sl 22' Ny Loam/L ribbon 3/4'	Hook Gauge Reading	Elapsed Time (min) /0:55	Measured Drop - 0 - 3 6/16 6/16 = 3/8	Estimated Rate	9/0

MOUND TEST DATA SHEETS

Property I.D		Le	ot #	Date_		
Sanitarian		Landsca	pe Position_			
% Slope	_ Soi	l Type	Contra	ctor		
HOLE # SM6	_ DEPTH O	F TEST		START TIM	E	-
orn, ybrn	Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate	% Change	@ 1121
-	914					@ 42" tested in
- Ay%≈12-14% bond≈14"						8" 11:15
pono 2/4"						
pedo Ufriaba						74"11:26
						78 11.35
Grage					<u> </u>	
in@ -						7" 11:46
WSL						
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	NOT					g gener
HOLE # SMI	DEPTH C	F TEST 2	4"	START TIM	IE	
SMY						= + fects
	Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate	% Change	2 1
.50	914/16	11:42	-0-			5 9
	000/14	11:57	34/16			7
	410/16	12:12	2		· · · · · · · · · · · · · · · · · · ·	
		12:27	· · · · · · · · · · · · · · · · · · ·	-		
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MOUND TEST DATA SHEETS

Property I.D		Lo	ot #	_ Date_	
Sanitarian		Landscap	oe Position_	× .	
% Slope	Soil	l Type	Contra	ctor	
HOLE #SM3	DEPTH O	F TEST		START TIMI	Ε
brn :	Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate	% Change
brn, ybrn			e.		
Lyock Rock WK.5.3'					
W.C.5.3'					
(x<10% 36"		1 1			
30					
30					
HOLE #	_ DEPTH C	OF TEST		START TIM	E
	_ DEPTH C Hook Gauge Reading		Measured Drop	START TIM Estimated Rate	
	Hook Gauge	Elapsed	Measured	Estimated	%
	Hook Gauge	Elapsed	Measured	Estimated	%
	Hook Gauge	Elapsed	Measured	Estimated	%
	Hook Gauge	Elapsed	Measured	Estimated	%



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

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

August 16, 2005

Mr. Omololu Oyekan 14322 Chesterfield Road Rockville, MD 20853

RE:

Sand mound percolation test results

Application:

A522089

Proposal: Property ID: Existing Lot of Record

7145 Brooks Road

Raymond Morgan Subdivision Lot 4

Tax Map: 40 Parcel #254

Dear Mr. Oyekan:

Sand mound percolation testing was conducted on the above referenced property on August 16, 2005. Sand mound testing passed with percolation testing in the most restrictive soils meeting State standards. Soils contained mostly loam and sandy loams with pockets of rock. Testing in rock also met approvable rates. Sand mound testing rates averaged one inch in six minutes and soil with rock (at 42") yielded a rate of 45 minutes for one inch.

In order to continue with the process, a licensed surveyor should submit a sand mound Percolation Certification Plat for review showing the following:

- Locations of all excavated test holes marked passed
- Locations of existing wells and septic systems within 100 feet of property boundaries
- Locations of streams/swales/ springs and any other relevant landscape features
- Field-matched one foot contour intervals in the proposed sand mound sewage disposal area
- Footprints for three sand mounds with the correct topographical orientation
- Designation of the percent slope used in the sand mound calculations (cannot exceed 12.5% for this existing lot of record)
- A typical cross-sectional diagram of the primary sand mound. Specify the number of bedrooms (i.e., the daily design flow) for which this sand mound design is intended.
- Typical language in the general notes describing the sewage disposal easement. Specify this septic area is suitable for sand mound type septic systems only. Please include the actual size of the proposed sand mound sewage disposal area.
- A general note specifying a sand mound detail construction plan is to be submitted for review and approval by the Howard County Health Department prior to issuance of a building permit for the lot.

If you wish, the percolation certification plat may also include the building site plan. The building site plan will show grading, inverts for the sanitary line out of the house, into the septic tanks, and pump data as well as any other pertinent information.

Your next step in the process is to apply for a well permit to drill your well. The well location must be marked in the field as shown on your percolation certification plat. Release of the well permit will follow the signature of the Percolation Certification Plat (/Building Site Plan). If you have any questions or concerns regarding this matter, please contact me at (410) 313-1775. Thank you for your time in this important matter.

Sincerely,

Kacie Noonan, R.S.

Water and Sewerage Program

Cc:

