

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

8/15/05

Patti Reynolds
12823 Folly Quarter Road
Ellicott City MD 21042

To Whom It May Concern:

Percolation testing conducted August 5, 12 2005 on the referenced property indicated both satisfactory and unsatisfactory 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) Suitable house locations
- 3) The existing sewage disposal area on the property
- 4) Locations of any other relevant features such as streams, swales, or existing structures
- 5) A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
- 6) A note indicating that depicted topography reflects field-matched information
- 7) A health officer signature block stating "approved for private water and private sewer systems"
- 8) 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.

Sincerely,


Kevin J. Bell
Water and Septic Program

KB
Enclosures
cc: Benchmark
File



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

A/P 522 888

AGENCY REVIEW: _____

DATE 7/8/05

TAX ID 05-374499

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) Patti-Bria Reynolds

DAYTIME PHONE 410.531.4809 CELL 443.838.8925 FAX _____

MAILING ADDRESS 12823 Folly Quarter Rd. E.C. md. 21042
STREET CITY/TOWN STATE ZIP

APPLICANT Patti Reynolds

DAYTIME PHONE 410.531.4809 CELL 443.838.8925 FAX _____

MAILING ADDRESS 12823 Folly Quarter Rd. EC md 21042
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Glen e/g Manor Estates LOT NO. 13-B

PROPERTY ADDRESS 12823 Folly Quarter Rd. E.C. md 21042
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 28 GRID S PARCEL(S) 257 PROPOSED LOT SIZE ~~5.0~~ 3.3+

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

Folly Road

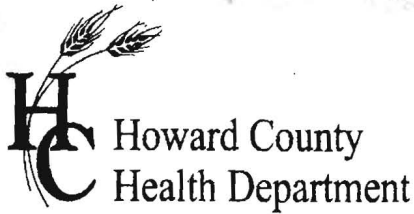


Br



<u>Beam C</u>	1
Red/Br	
<u>Soil</u>	2 1/2
Yell/Br	
<u>Gravel SL</u>	6
Yell/Br	
<u>Soil</u>	9
<u>H2O</u>	16

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FOR PERCOLATION TESTING AND SITE EVALUATION

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MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

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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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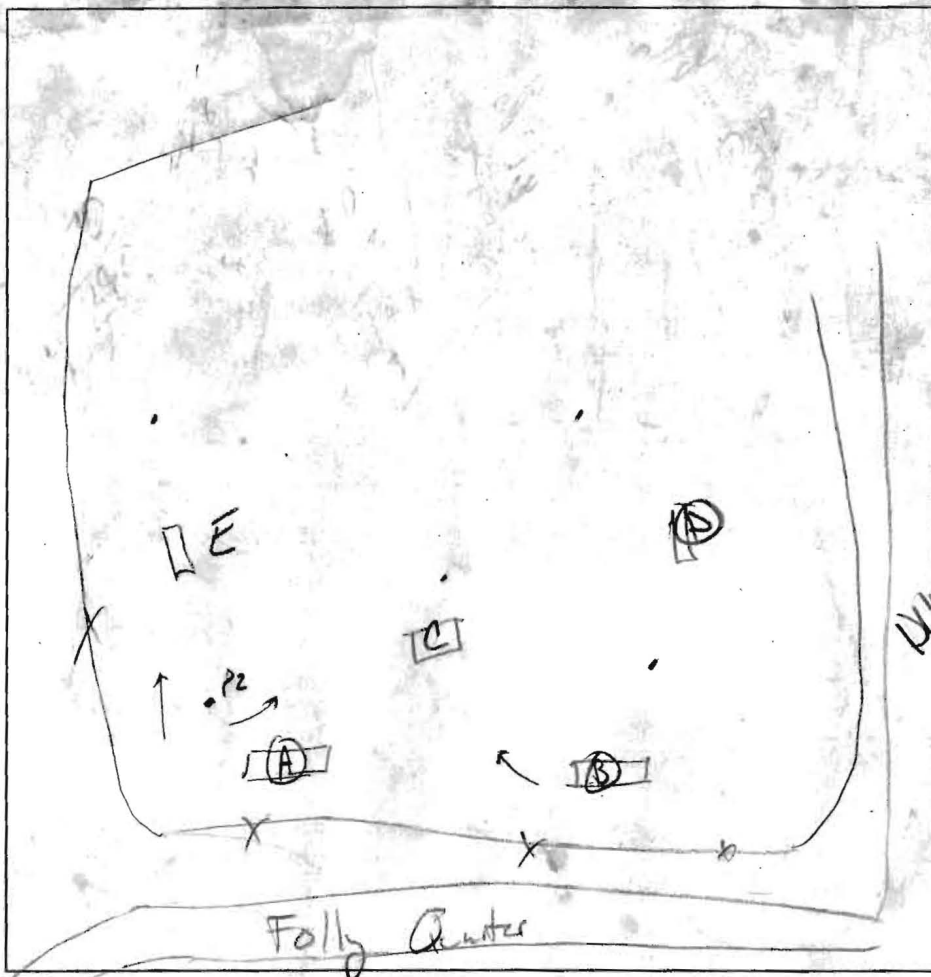
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A/P

A
 Brown L 1'
 Yellow/Brown micaceous sl 3'
 Yellow/Brown sl micaceous w/ fine Rock 4'

B
 Brown L 2'
 Red/Orange micaceous sl 4 1/2'
 Yellow/Brown sl w/ fine Rock 14'
 water 15'

D
 Brown L 2'
 Orange/Brown sl 4'
 Yellow/Brown sl w/ fine Rock 6'
 water/Clay 8'



C
 Brown L 2'
 Red/Orange micaceous sl 6 1/2'
 Yellow/Orange sl w/ fine Rock 11'
 clay/water 12'

E
 Brown L 1'
 Orange/Brown sl 2 1/2'
 Yellow/Brown white sl w/ fine Rock 11'
 water 12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/5/05	A	4' / 14'	1:39	1:41	1:44	3m	P
	B	5' / 15'	1:45	1:50	2:01	11m	T
	D	Visual	- High	H ₂ O	-		F
	C	Visual	- High	H ₂ O	Deep Clay		R
	E	3 1/2' / 12'	2:18	2:18.30	2:19.30	/	F
		Repair	2:20.20	2:21.20	2:22.20	/	F

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 _____

A/P A

Brown CL 2'

Red/Orange SCL 4'

Yellow/Brown SI w/ trace pebbles 12'

B

Brown L 2'

Red/Orange SCL 5'

Yellow/Brown SL 1 1/2'

Water

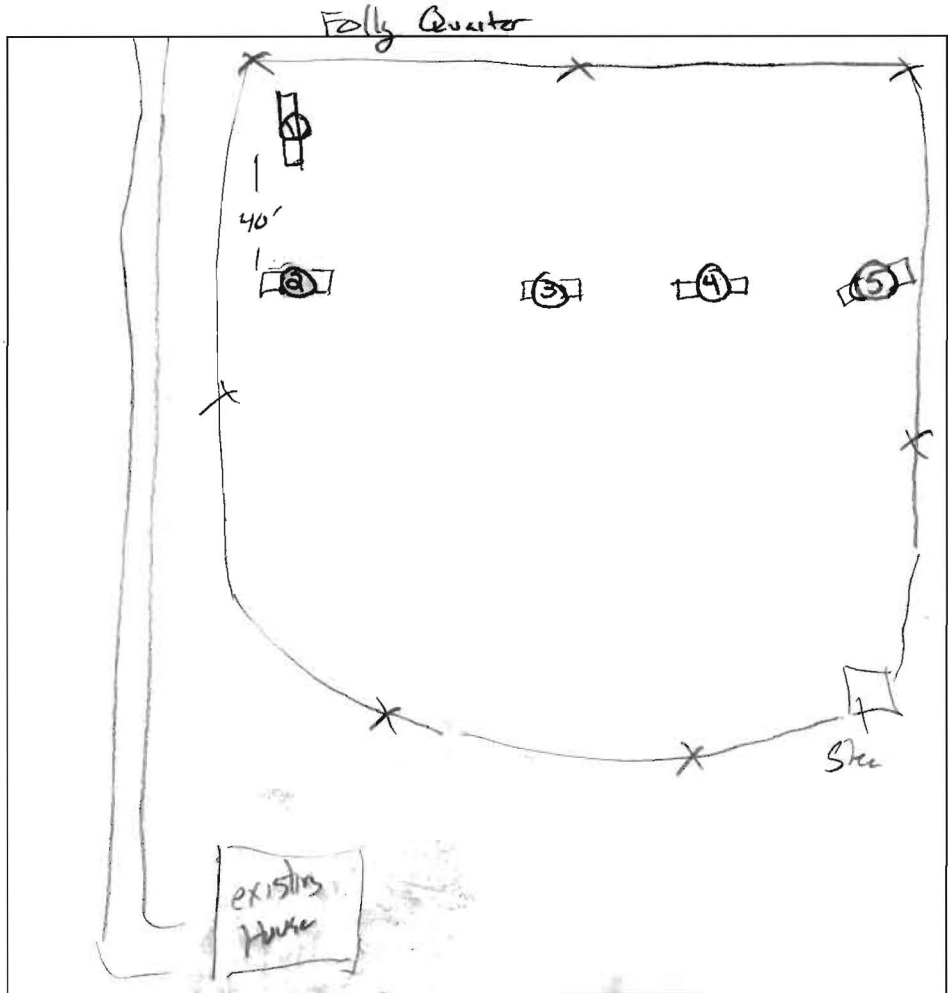
C/E

Brown L 1'

Red/Orange SCL 2 1/2'

Yellow/Brown MICAS SL 11'

H₂O 14'



D

Brown L 1'

Yellow/Brown SCL 8'

Gray/Brown SI w/ 2000 platy mica schist 11'

Yellow/Brown SI w/ 140 14'

F

Brown L

Yellow/Brown Red Silty w/ 1500 platy mica schist

Gray/Brown SI w/ 1000 platy schist

⑥

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/2/05	1	4' / 12'	2:07	2:10	2:14	4min	P
	2	5' / 13'	2:28	2:30	2:25	5min	P
	3	3' / 14'	2:41	2:55	3:05	10min	P
	4	5' / 14'	2:55	2:56	2:28	2min	P
	5	- / 12'	- Visual -			OK	P
	6	5 1/2' / 13'	3:57	4:00	4:07	7min	P

REMARKS Note F to confirm 10,000

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____



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SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

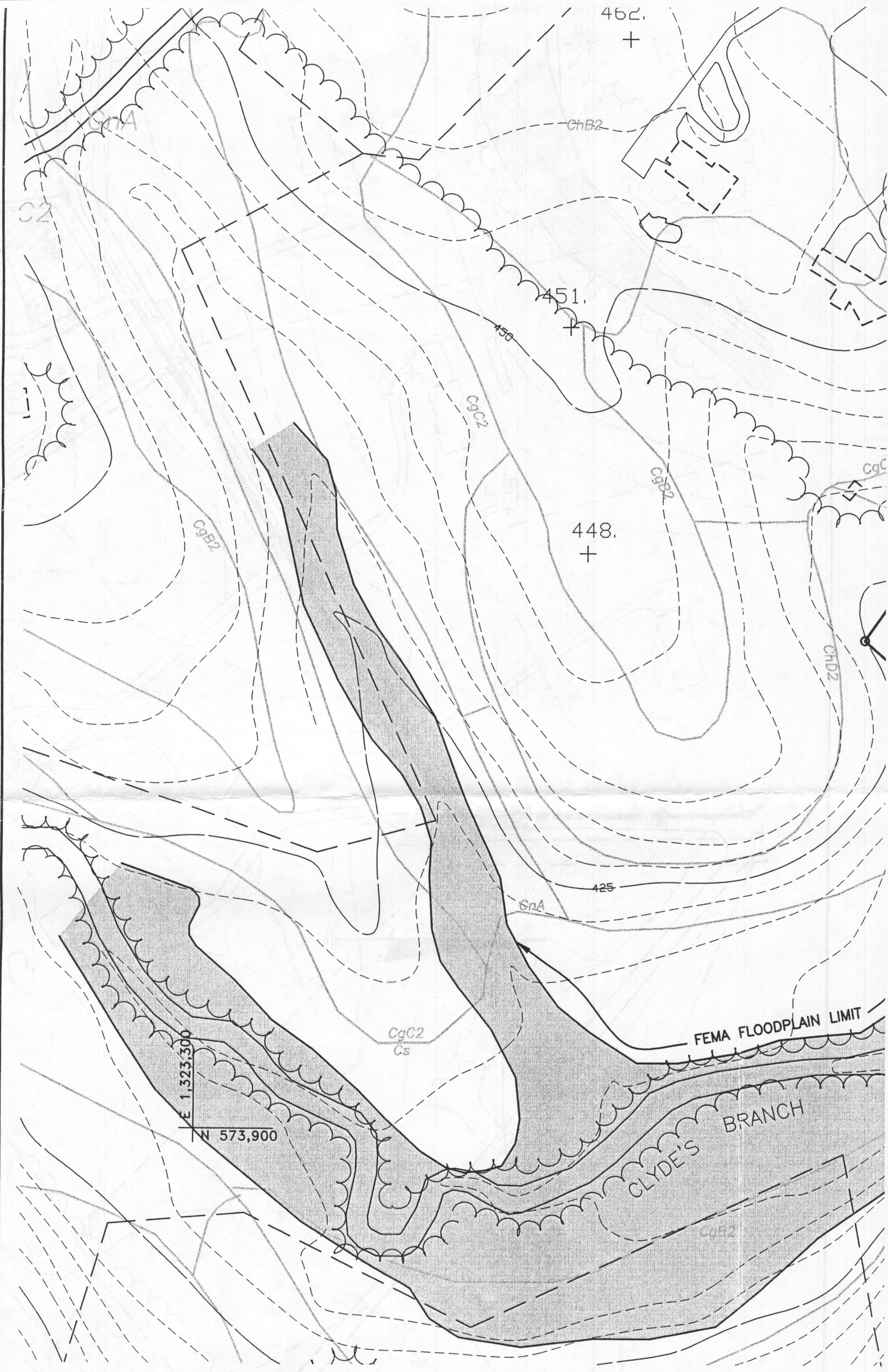
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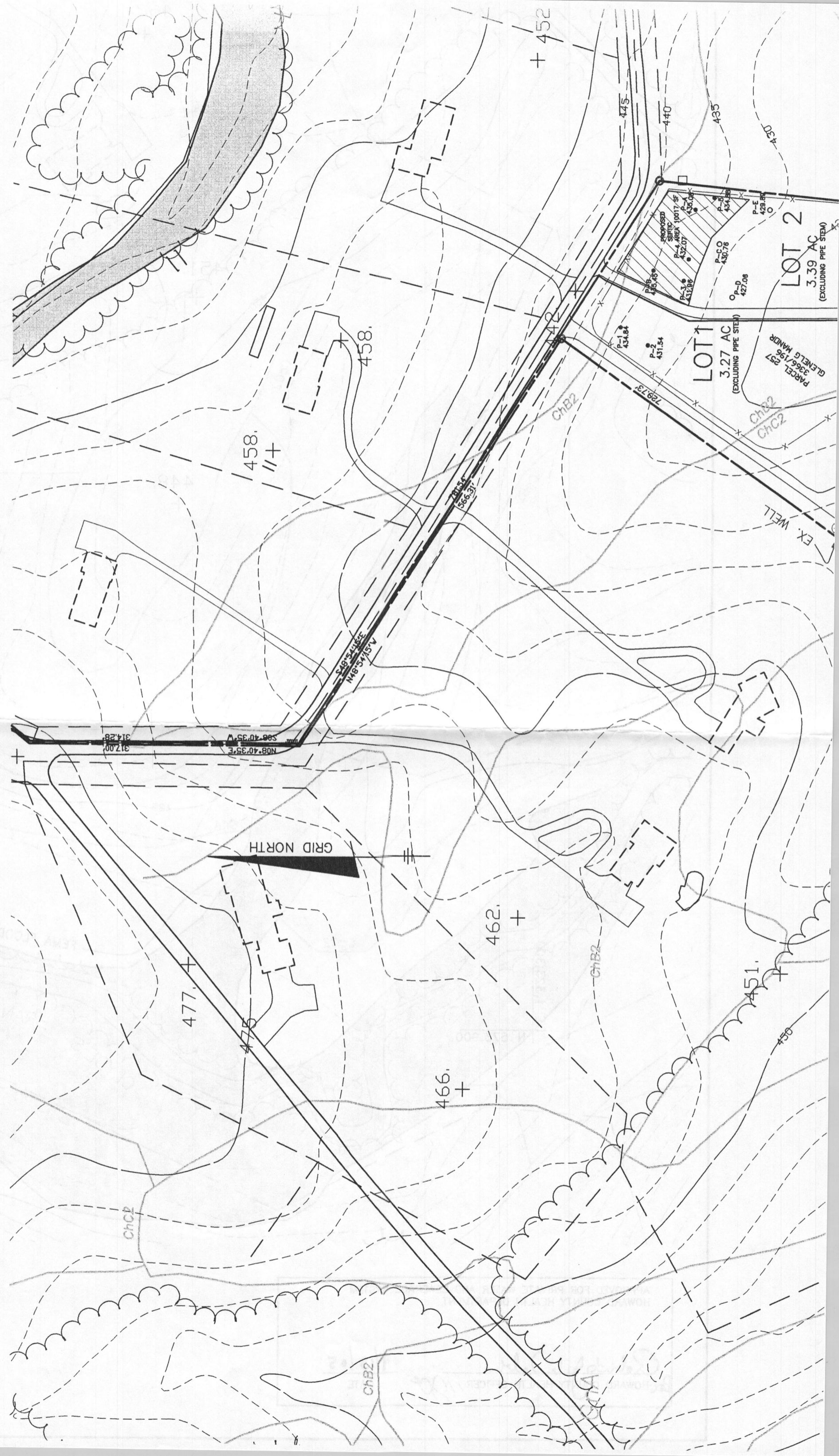
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APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT

Robert J. Weber
for HOWARD COUNTY HEALTH OFFICER, 1/10/05

9/13/05
DATE





PROP. HOUSE

EX. SEPTIC

LOT 2
3.39 AC
(EXCLUDING PIPE STEM)

LOT 1
3.27 AC
(EXCLUDING PIPE STEM)

PARCEL 257
3366.156
GLENELO MANOR

EX. WELL

GIB2

CHB2

CHB2

CHB2

CHD2

CGC2

+ 462

463

E 1,325.400

N 575.200

+ 418

+ 452

458

GRID NORTH

S14°35'03"V

S21°55'

N43°32'16"E

T69°73'

S88°54'15"E
566.31'

S48°54'15"E
548.54'

N08°40'35"E
508.40'

P-E 429.88'

P-D 427.08'

P-CO 430.76'

P-1 434.81'

P-2 431.54'

P-3 432.07'

P-4 435.45'

P-5 435.04'

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