



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 523891

AGENCY REVIEW: _____

DATE 1/10/06

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 _____ 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) CARL KROWLACE

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 14160 FORSYTHE RD. SYKESVILLE MD 21784
STREET CITY/TOWN STATE ZIP

APPLICANT MIKE HARRIS

DAYTIME PHONE 410-390-4991 CELL 410-977-4550 FAX _____

MAILING ADDRESS 690 LONG CORNER MT. AIRY MD 21771
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME KROWLACE PROPERTY LOT NO. 2

PROPERTY ADDRESS 14160 FORSYTHE RD.
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 8 GRID 6 PARCEL(S) 67 PROPOSED LOT SIZE 3 AC

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]
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
1718 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

CHARLES R. CROCKEN & ASSOCIATES, INC.
Civil Engineering • Land Planning

P.O. Box 307
Westminster, MD 21158
410-549-2708

LETTER OF TRANSMITTAL

DATE	3-15-07	JOB NO.
ATTENTION	MR. BRICKER	
RE:	KRONLAGE PROPERTY FORYSTHE ROAD.	

TO HOWARD COUNTY HEALTH DEPT.
WELL & SEPTIC DIVISION
COLUMBIA GATEWAY DR.

GENTLEMEN:

- WE ARE SENDING YOU Attached Under separate cover via _____ the following items:
- Shop drawings Prints Plans Samples Specifications
- Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
3	3/15	1	PERC. PLAN

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
- For your use Approved as noted Submit _____ copies for distribution
- As requested Returned for corrections Return _____ corrected prints
- For review and comment _____
- FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS REVISED PER ATTACHED LETTER -
PLEASE SCHEDULE PERC'S w/ MIKE HARRIS.

THANK YOU
Charles Crocker

Copy/ File



March 9, 2007

Charles Crocken
Charles R. Crocken & Associates
902 Lee Avenue
Sykesville, MD 21784

Mr. Crocken,

Attached is a copy of the Perc Cert with comments from "Robert" at the health Dept. Please make the additions/corrections and return the drawing by March 16th. TIME IS OF THE ESSENCE.

See comments:

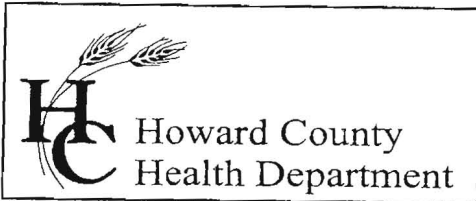
- Add Seal to Title Block. ✓
- Display 2' Contours and field verified. ✓
- Add Footprint of Proposed Addition. ✓
- Change "Existing Distr Box" to "Dry Well". ✓
- Indicate 5 proposed perc locations at corners and center of proposed area. ✓

Add Note 7 "Any changes to a private sewage easement shall require a revised percolation certification plan."

Fee has been paid – A523891

Thank You,

Glenelg Construction
Mike Harris, President
410.977.0456



Bureau of Environmental Health
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

February 28, 2006

Carl Kronlage
14160 Forsythe Road
Sykesvilly MD, 21784

To Whom It May Concern:

Percolation testing conducted February 27, 2006 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) 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: Ron (Dietz Surveying)
File