



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 4/27/04 TEST TIME 9:00 AP 520138-A
 AGENCY REVIEW: Perc to replace ex septic system DATE 4/7/04
for new addition; ex. system likely in H₂O table
 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 5 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) ADONIS A. KRANWINKEL

DAYTIME PHONE 240-375-5348 CELL _____ FAX _____

MAILING ADDRESS 4179 HERITAGE HILL LANE, ELLICOTT CITY MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT JACK FYOCK SEPTIC SERVICE

DAYTIME PHONE 410-988-9270 CELL _____ FAX _____

MAILING ADDRESS P.O. BOX 89, GLENELLG, MD 21737
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME GLENELLG MANOR I LOT NO. 10

PROPERTY ADDRESS 4179 HERITAGE HILL LANE
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 22 GRID 23 PARCEL(S) 282 PROPOSED LOT SIZE SAME

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. Adonis X SIGNATURE OF APPLICANT

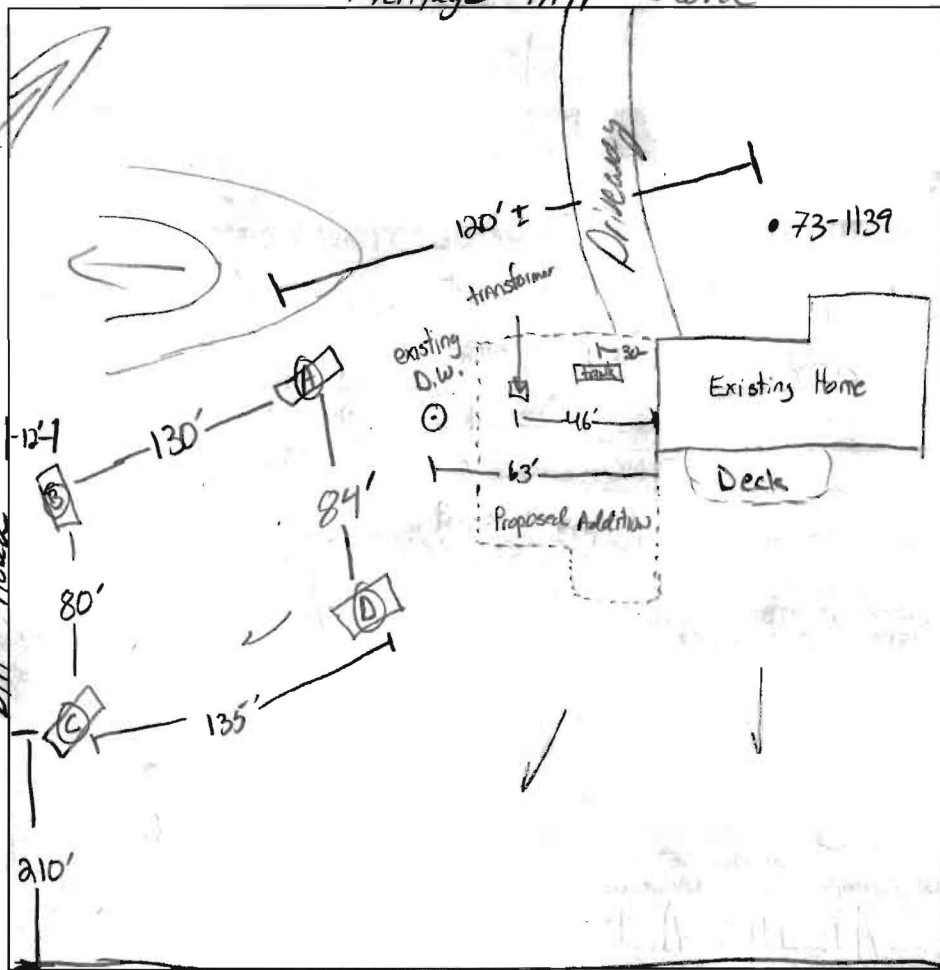
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

Heritage Hill Lane

A/P A

Brown/tan
Loam
1'
Brown/orange
cl
3'
Brown/tan
orange/black
micaceous
SI
11"
White/orange
Bands w/
micaceous
SI

Dirt Road



D Brown/tan
Loam
Red/orange
Brown/tan
micaceous
SI
Water 10'9"
H₂O 12'

B

Brown/tan
CL
2'
tan/Brown
Red/orange
micaceous
SI
Water seeps 9'
H₂O 12 1/2'

CREEK

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/27/04	B	4' / 12 1/2'	10:12	10:22	10:43	21 min	P
	C	3' / 10 1/2'	10:28	10:32	10:39	7 min	P
	A	- Visual -					P
	D	3' / 12'	10:47	Pulled at 10:56			F
		3 1/2' / 12'	10:57	11:00	11:06	6 min	P

C

Brown/tan
Loam
2'
Red/Brown
tan/orange/black
micaceous
SI
- Caving - 7'
Water 10 1/2'

REMARKS trace Rock found in all perc holes.

SANITARIAN KB/MR BACKHOE Ship OTHERS Adonis (owner)

TEST HOLES USED IN SDA ALL AVG. PERC TIME 2:14 SQ. FT/BR 180

TRENCH WIDTH 3 INLET DEPTH 2 1/2 MAX. BOT DEPTH 2 3/4 EFFECTIVE SW 2 1/2



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

May 13, 2004

Adonis Kranwinkel
4179 Heritage Hill Lane
Ellicott City, MD 21042

RE: PERCOLATION TEST RESULTS-A520138-A
Tax Map 22, Parcel 282
Glenelg Manor I, Lot 10
Confirm reserve area for large addition
4179 Heritage Hill Lane

Dear Mr. Kranwinkel:


Percolation testing conducted April 27, 2004 on the referenced property indicated limited satisfactory soil conditions. The primary limiting factor is shallow depth to the water table. 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) Proposed addition, existing house, and well and septic system
- 3) The existing sewage reserve 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
- 9) A statement that existing septic system will be properly abandoned and replaced prior to issuance of building permit for new addition

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,


Mark E. Rifkin, R.S.
Water and Septic Program

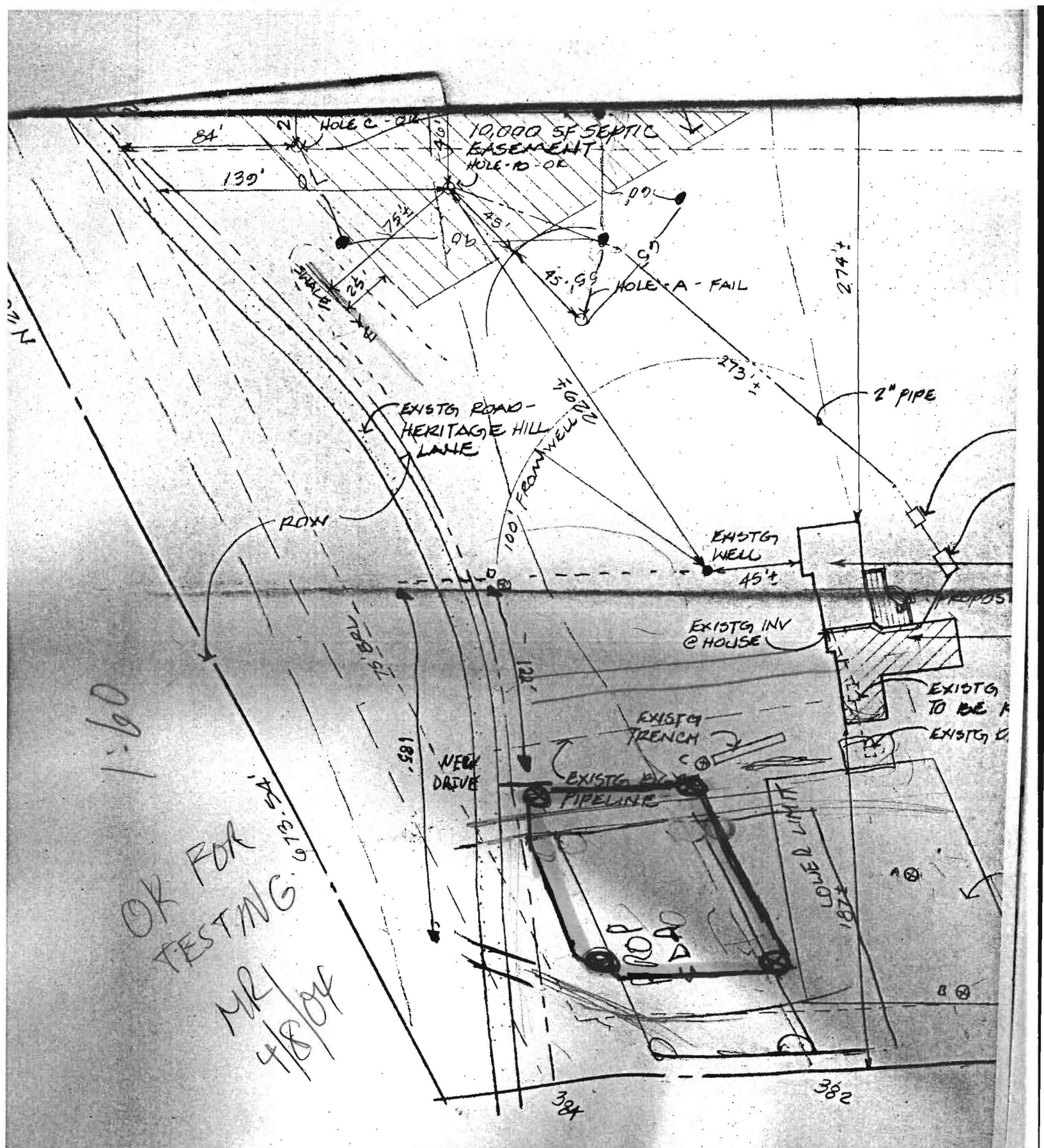

& Kevin J. Bell

KB

Enclosures

cc: Jack Fyock Septic Service Att. Skip

FILE COPY



09:1
 OK FOR TESTING
 MR
 4/8/04

PERC CERTIFICATION INFO
 THE PURPOSE OF THIS DOCUMENT IS FOR THE EXISTING HOUSE, ASSOCIATION WITH BUILDING BATH, GREAT ROOM & GAR PERMIT, THE APPLICANT

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

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.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

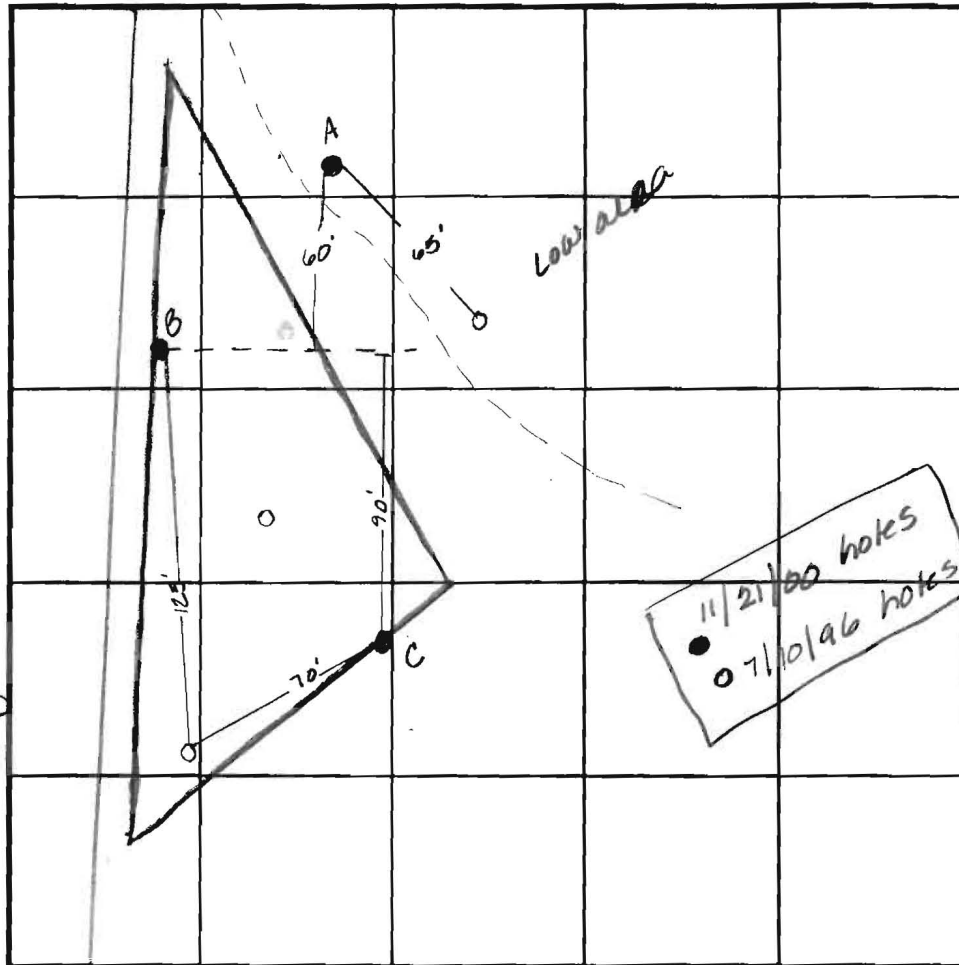
0' A
 Orange brown SilM
 2.0'
 or brn SalM
 9.0'
 mottled grey & orange SalM
 white SalM
 12.0' H₂O @ 12.0'

B

1.0' or brn SilM
 1.0' or brn SalM
 5.0' mottling began @ 15.0'

C

like B but mottling @ 9.5'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11.21.00	A	Visual to 12.0 - see profile					F
		Shallow depth to H ₂ O					
	B	Visual to 15.0' - see profile					OK
	C	Visual to 12.0 - see profile					OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Aim Selfridge

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3.0

INLET DEPTH 1.5 MAXIMUM BOTTOM DEPTH 3.0 SQ. FT./BEDROOM 180