

Att to
J...
HC

Walk Through Beadly Permit

Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

A/P 528414

AGENCY REVIEW: _____

DATE 12/20/07

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) David M. and Arlene L. Feit

DAYTIME PHONE 301 763 8000 CELL 301 602 5174 FAX _____

MAILING ADDRESS 13617 Meadow Glenn Clarksville MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT David M. Feit

DAYTIME PHONE 301 763 8000 x701 CELL 301 602 5174 FAX _____

MAILING ADDRESS Squire _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Dunfretten Estates LOT NO. _____

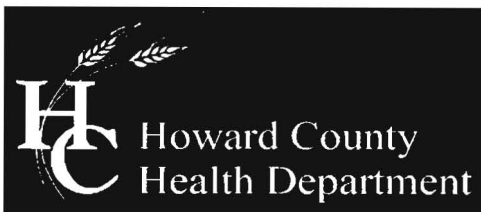
PROPERTY ADDRESS 13617 Meadow Glenn Clarksville
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ 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. David M. Feit
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 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 1-866-313-6300
website: www.hchealth.org

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

January 9, 2008

David and Arlene Feit
13617 Meadow Glenn
Clarksville, Maryland 21029

RE: Percolation Test Results – A528414
13617 Meadow Glenn

Dear Mr. and Mrs. Feit,

Percolation testing conducted on January 9, 2008 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

Further review is contingent upon submission of a percolation certification plan showing the following:

- 1) Actual locations of all excavated test holes
- 2) Existing house and proposed addition location
- 3) Existing property lines
- ✓ 4) The location of the existing well and the neighboring well
- ✓ 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 stating all existing and proposed wells, septic systems and sewage disposal systems located within 200 feet down gradient of existing or proposed septic systems and sewage disposal easements have been shown.
- ✓ 7) The location of the original SDA and the location of the modified SDA
- ✓ 8) Topography needs to be shown at 2 foot contour intervals and a note indicating topography is shown from Howard County GIS
- 9) A MDE sewage disposal area statement is required
- 10) MDE minimum lot width statement *W/A*
- ✓ 11) Include the statement, "Any changes to a private sewage easement shall require a revised percolation certification plan"
- ✓ 12) Legend symbols to distinguish between new holes, any existing holes previously documented (by the HCHD), passed holes, failed holes, holes held for future review, wells, the original sewage area and the modified sewage area.
- ✓ 13) Existing structures, wells, septic easements and other septic system components such as tanks, dry wells and distribution boxes. Description of use and intent designated for each item, e.g. 'to remain' or 'remove.'
- ✓ 14) A health officer signature block stating "approved for private water and private sewer systems."
- 15) Signed statement that "I certify that the information shown heron
✓ is based on field work performed by me or under my direct supervision, and is correct, to the best of my knowledge and belief."
- ✓ 16) Identification of the property, road, street address if applicable, tax map page, parcel number, subdivision name (if appropriate); add purpose statement as appropriate, e.g.

- subdivision, SDA adjustment, percolation certification plan etc
- 17) Name, address and telephone number of each owner, developer and the plan author.
 - 18) The date the plan was drawn, the plan scale (1:20 - 1:100), a scaled vicinity map and, the A # (percolation test fee receipt number, referenced in the HCHD correspondence)

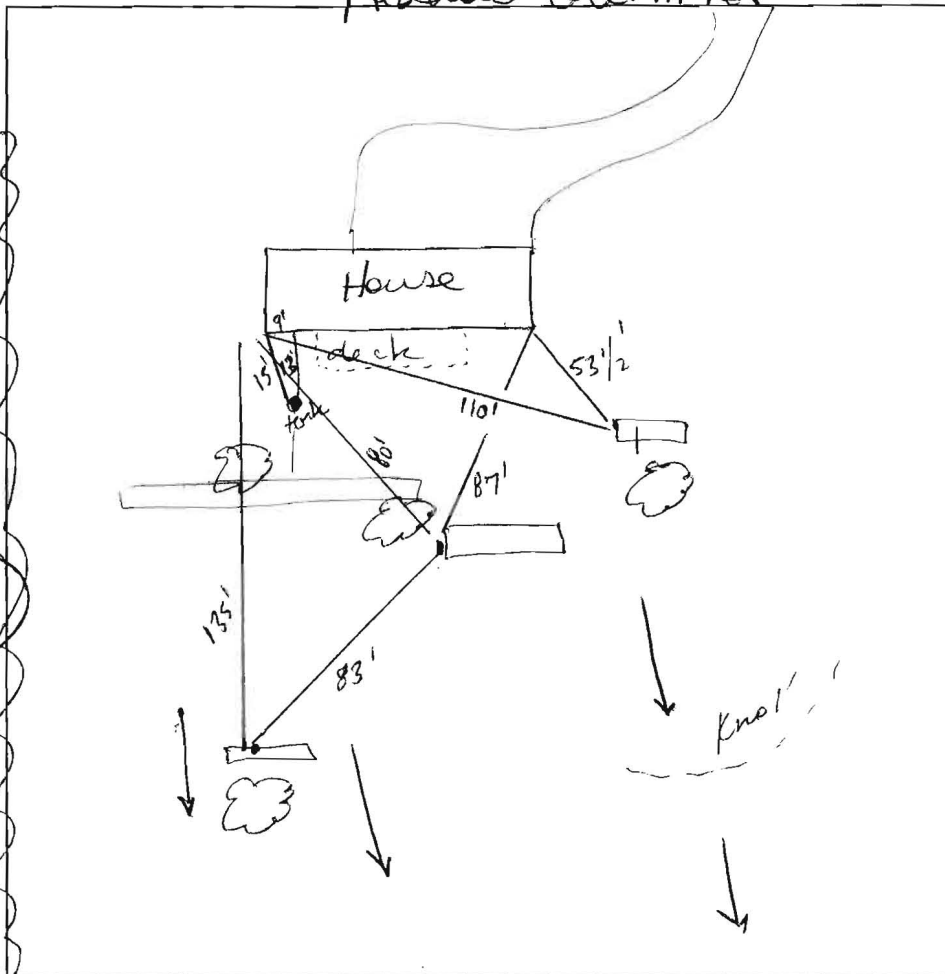
If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261.

Sincerely,

Sara Sappington, R.S.
Well and Septic Program
Development Coordination Section

Meadow Glenn Rd

AP _____



- 2' brown & blk roots
25% coarse chert
C surface
- 2 1/2' brown coarse sil heavy, micaceous
- 3' orange fri sil / micaceous
- 3 1/2' brown medium sil micaceous Saprolite nod / coarse sil
- 15' Saprolite micaceous

- ~1' brown & coarse chert
- brown heavy sil coarse moist very micaceous Saprolite 35% chert
- 3 1/2' brown sil v. micaceous coarse Saprolite
- 5' white m sil v. micaceous Saprolite
- 6' brown very micaceous coarse sil
- Saprolite coarse chert 30% 5% flaggy
- 10' refusal

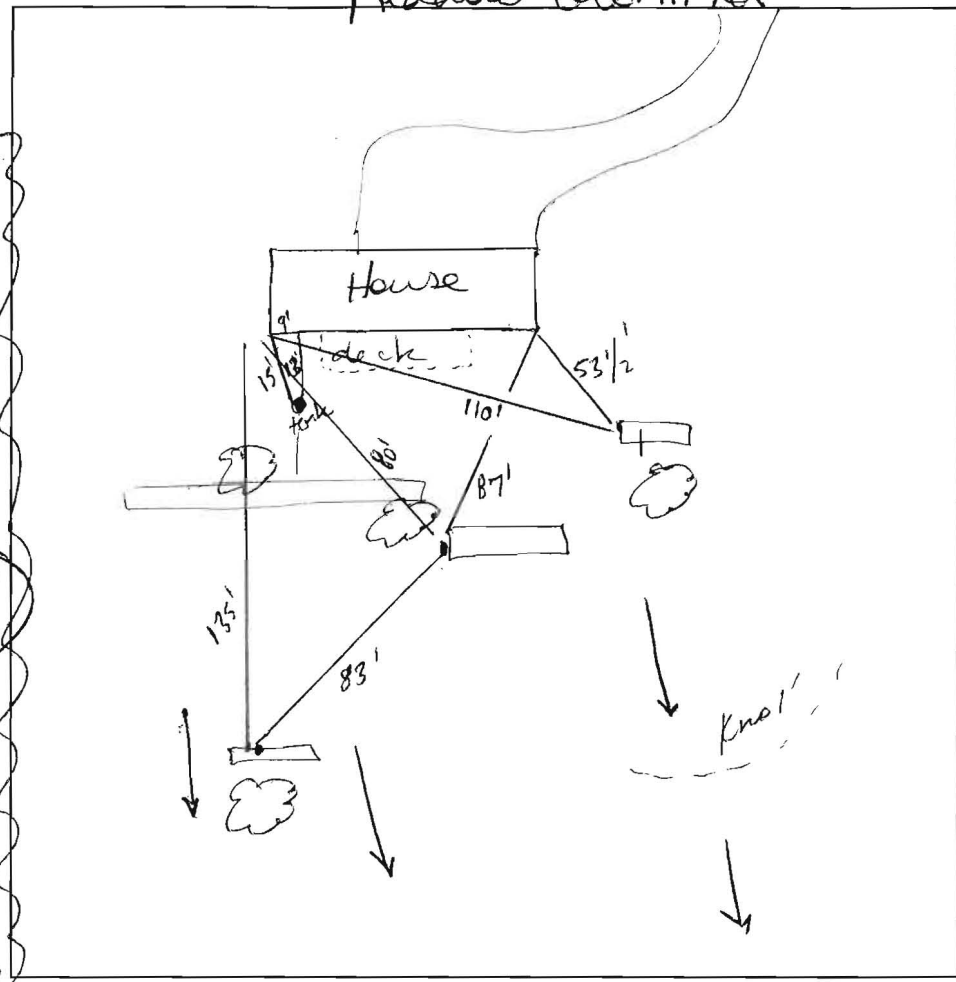
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/9/08	1A	4' / 10'	9:30	9:31	9:35	4	P
	2A	3 1/2' / 15'	9:55	9:59	10:03	4	P
	3A	14'			visual		P

- 3 brown & blk 25% coarse chert
- 12' brown s & blk micaceous } roots
- 5' brown (stratification of dark brown) m sil very micaceous Saprolite
- 14' 5-10% coarse chert

REMARKS Verifying SDA + confirming original test data
 SANITARIAN [Signature] BACKHOE Hatfield's OTHERS D. Feit
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

Meadow Glenn Rd

A/P _____



2
brown l
sbk roots
c 5% coarse
chert
@ surface

2 1/2'
brown
coarse sil
heavy,
micaceous

3'
orange
fri sil /
micaceous

3 1/2'
brown
medium sil
micaceous
saponite

med / coarse
sil

15'
saponite
micaceous

1
brown l
coarse chert

~ 1'
brown
heavy sil coarse
moist
very micaceous
saponite
35% chert

3 1/2'
brown sil
v. micaceous
coarse saponite

5'
white m sil

v. micaceous
saponite

6'
brown
very micaceous
coarse sil

saponite
coarse chert 30%
↳ 5% flaggy

10'
refusal

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
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3
brown l
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12'
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5'
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(stratification of
dark brown
m sil
very micaceous
saponite

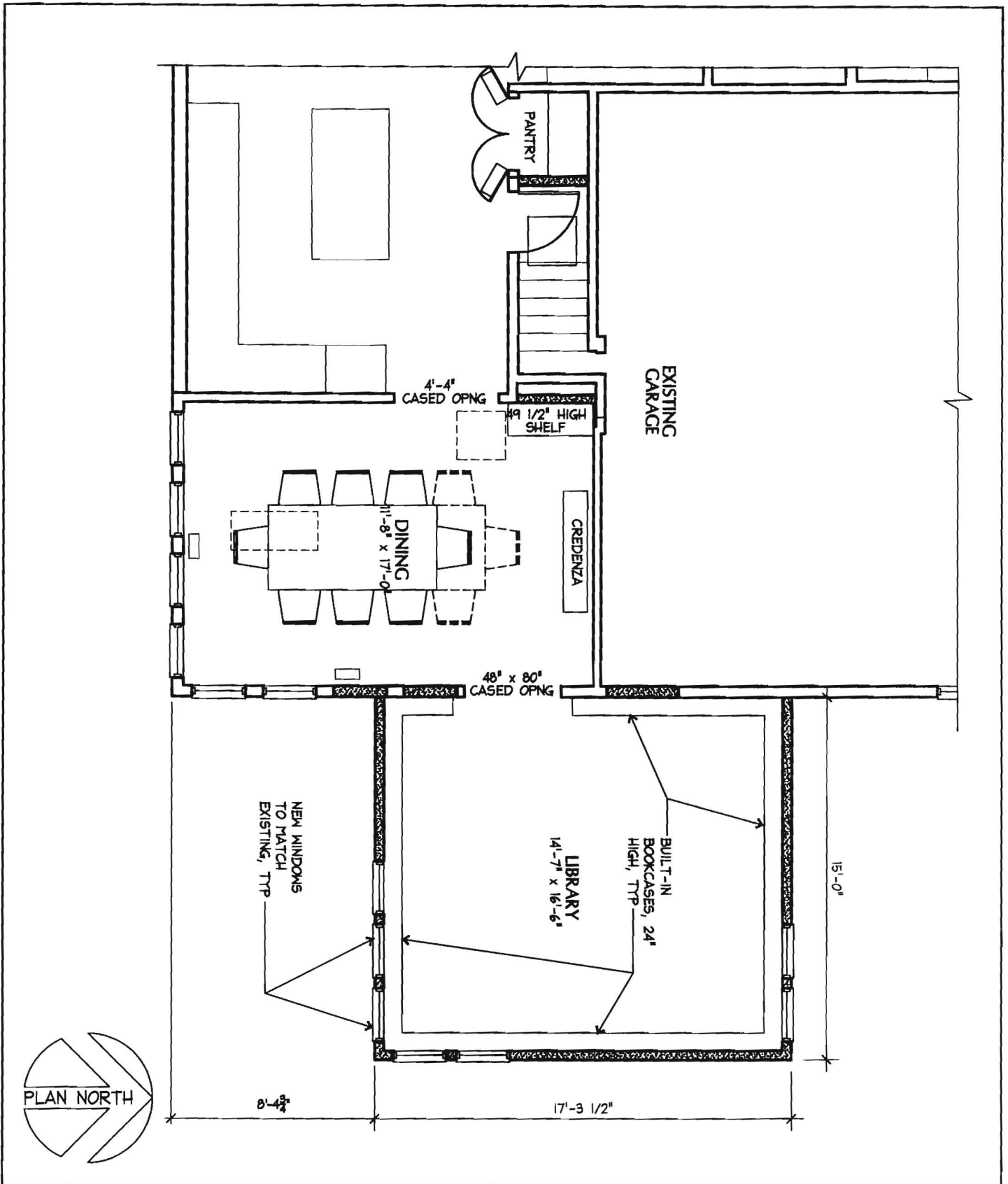
14'
5-10% coarse
chert

REMARKS Verifying SDA + confirming original test data

SANITARIAN [Signature] BACKHOE Hatfields OTHERS 0. Feit

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

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



<p>CROSSHARE DESIGNS 8202 FLOWER AVE Takoma Park, Maryland 20912 Tel 301.332.8109 Fax 888.291.2470</p>	<p align="center">FEIT RESIDENCE Proposed Plan</p> <p>Scale: 3/16" = 1'-0" Date: 11-12-07 File: Plans-Feit-PD.dwg</p> <p align="right">Proj. No: 06-01 © 2006 CrossHare Designs</p>	<p align="center">PD-1</p>
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13617 Meadow Glen

adding a library/office

