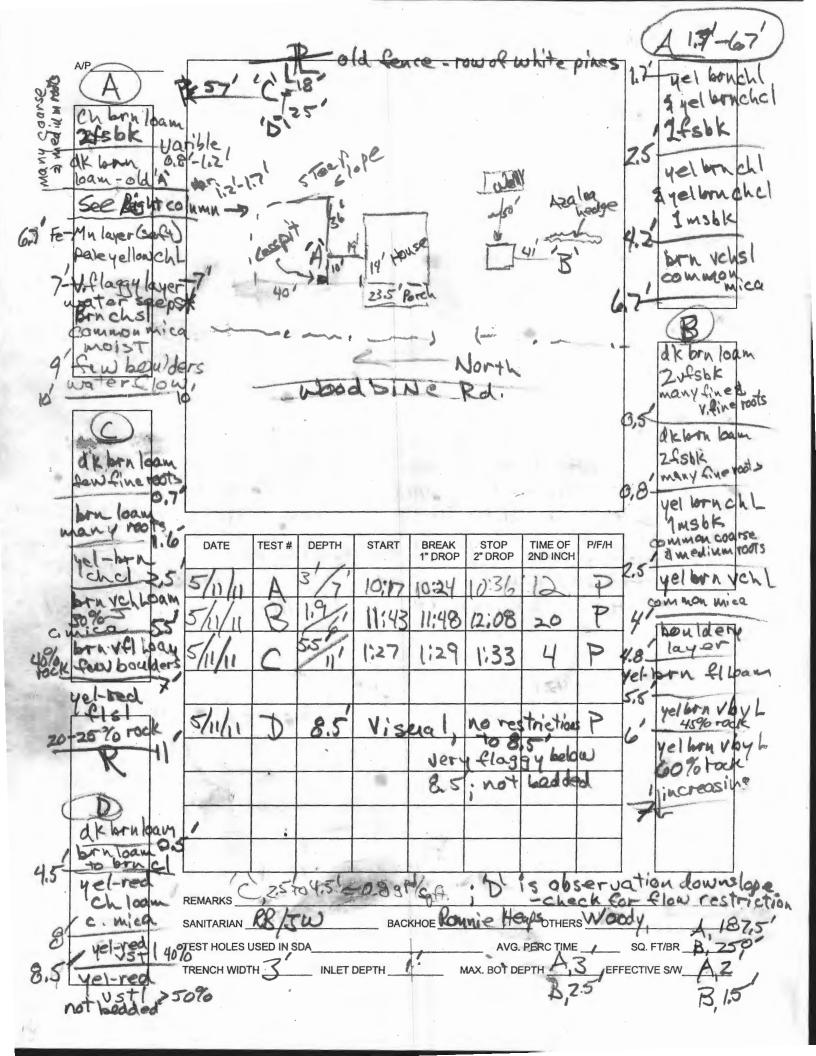


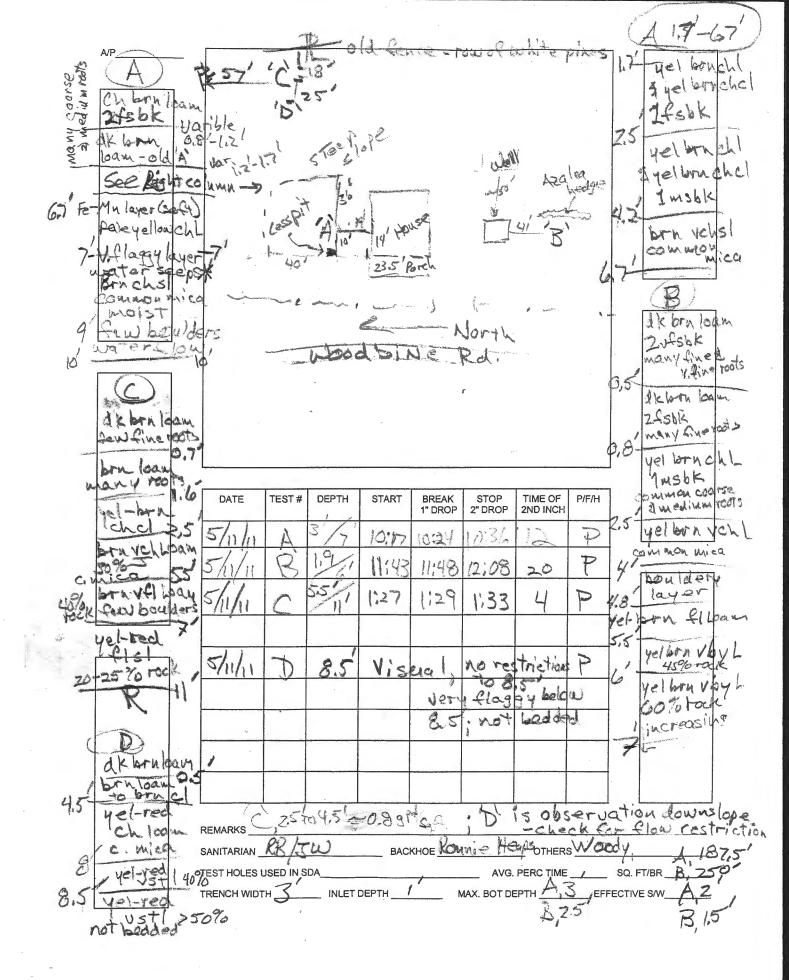
# **APPLICATION**

## FOR PERCOLATION TESTING AND SITE EVALUATION

| TEST DATE(S)   | •   | TEST TIME   | _ QP534418  |  |  |  |
|--|---|---|---|--|--|--|
| AGENCY REVIEW:   |   |   | DATE (2/13/   |  |  |  |
| DO NOT WRITE ABOVE THIS LINE   |   |   |   |  |  |  |
| I HEREBY APPLY FOR THE NECESSARY TO CHECK AS NEEDED:  CONSTRUCT NEW SEPTIC SYSTEM REPAIR/ADD TO AN EXISTING REPLACE AN EXISTING SEPTICE.   | STEM(S)<br>SEPTIC SYSTEM                                    | CHECK AS NEEDED:  NEW STRUCTUR  ADDITION TO AN      |   |  |  |  |
| CHECK ONE:  CREATE NEW LOT(S)  BUILD ON AN EXISTING LOT IN BUILD ON AN EXISTING PARCE  | EL OF RECORD  | IS THE PROPERTY WIT                                 | THIN 2500' OF ANY RESERVOIR?  |  |  |  |
| INSTITUTIONAL/GOVERNMENT   | (PROVIDE DETAIL OF NUMBERS AND<br>(PROVIDE DETAIL OF NUMBE) | O TYPES OF EMPLOYEES/ CI<br>RS AND TYPES OF EMPLOYE | E (NOTE <i>UNKNOWN</i> IF APPROPRIATE) JSTOMERS ON ACCOMPANYING PLAN) EES/USERS ON ACCOMPANYING PLAN) |  |  |  |
|  | idette Braun  |   |   |  |  |  |
| DAYTIME PHONE 416 - 489  | -4607 CELL 443  | -418-8897   | FAX   |  |  |  |
| MAILING ADDRESS 421 L  | e) wed sine Rd.   | CITY/TOWN   | MD 21797 STATE ZIP  |  |  |  |
| APPLICANT TO THE STATE OF THE S | CAPS DATE   | - 6 A TOME TIME L                                   | the upon  |  |  |  |
| DAYTIME PHONE 4443 279   | TOUR CELL SAM   | re  | FAX 410 532 300   |  |  |  |
| MAILING ADDRESS 1725<br>STREET   | · Breet Rd.   | Sy k-sui He CITY/TOWN                               | STATE ZIP   |  |  |  |
| APPLICANT'S ROLE: DEVELOPER  | BUILDER BUYER   | RELATIVE/FRIEND                                     | REALTOR CONSULTANT  |  |  |  |
| PROPERTY LOCATION SUBDIVISION/PROPERTY NAME  | 21 woodbine   | Rd  | LOT NO.   |  |  |  |
| PROPERTY ADDRESSSTR  | A. 445  | Wood  | ST OFFICE   |  |  |  |
| TAX MAP PAGE(S) GRID   | PARCEL(S)_  | PI  | ROPOSED LOT SIZE  |  |  |  |
| AS APPLICANT, I UNDERSTAND THE I   | FOLLOWING: THE SYSTEM IN                                    | ISTALLED SUBSEQUENT                                 | TO THIS APPLICATION IS ACCEPT-  |  |  |  |
| ABLE 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 A   |   | SIGNATURE OF AP                                     |   |  |  |  |
|  |   |   |   |  |  |  |

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

May 20, 2011

To:

Bernadette Braun, owner

421 Woodbine Road, Woodbine, MD 21797

RE: Perc Test Report, 421 Woodbine Road; A534418

Percolation testing was conducted on the referenced property on May 11, 2011. The purpose for conducting these percolation tests was to define area(s) suitable for a drainfield to replace the failing septic system now serving the residence. All percolation tests conducted were standard tests, measuring rate of fall for a pre-wet period followed by measurement and recordation of the time required for the water level to drop 1 inch. Field data collected are shown on the Percolation Test Worksheet enclosed with this letter. Recommended Inlet and Trench Bottom depths, and Usable Sidewall all are based on observed soil properties and characteristics at respective test locations as well as the particular soils materials tested.

Three locations were tested, 'A', 'B', and 'C'. In addition, location 'D' was observed and described for assurance that a layer restricting vertical flow was not present on the slope below location 'C'. Location 'A' represents the area immediately north of the residence; 'B' represents the area south of the garage; 'C' and 'D' represent the area at the northeast, above a section of very steep slopes.

The soil materials tested and observed at these locations have loamy textures with rock fragments (re: channers) ranging from 20 percent to 30 percent of the soil volume. Satisfactory soils conditions for wastewater treatment and disposal occurred at all four locations tested or observed. The percolation rates varied by location.

Septic system drainfields having a 4-foot soil buffer (to water table) may be designed at locations 'A' and 'C', while at location 'B' the soil buffer can be no more than 3.5 feet. The Health Department recommends that the owner choose between locations 'A' and 'C' for the site of the replacement drainfield. Effluent will have to be pumped to either site from the treatment tank which will probably be located slightly downhill of the existing 'cesspit'. For either location, the drainfield will be designed by the Health Department.

At 'A' a low-pressure-dosed (LPD) distribution system will be required. A 10-foot setback to the house foundation will be observed and the drainfield will be 30 feet wide from the base of the very steep slope to a 5-foot setback from the existing 'cesspit'.

The distribution pipe Inlet will be at 1 foot, and the Trench Bottoms can be no deeper than 3 feet.

At location 'C', the effluent will be pumped to a distribution box and drain to 2 50-foot long trenches. The Inlet on theses trenches should be no deeper than 2.5 feet and the Trench Bottom can be no deeper than 7 feet.

Variances from MDE will be required for either 'A' or 'C'. The variances required for 'A' are for reduction of the regulated setbacks to stream and to slopes greater than 25 percent. At 'C', a variance is needed for reduction of setback distance to slopes greater than 25 percent. The Health Department will express recommendation to MDE to grant the variance(s) respective of the location you select.

For the Health Department to complete design of a system at location 'A' (near the residence), precise measurements of the available area are needed. These data will be obtained by Health Department personnel when the following information is provided by a contractor: a) the location of treatment tank (and if necessary, the pump tank) in relation to the house foundation; b) the route of the sewer line from the house to the treatment tank, with distances referenced to the house foundation; c) the elevation of the pump inside the treatment tank or pump tank. The required information should be provided to the Health Department in the format of a plan, drawn by the contractor whom you select to install the treatment tank.

The Health Department will contact you should additional field review of well or septic system conditions be required at any time during this process. If you have any questions regarding this evaluation and requirements, please contact myself at the above address or by calling (410) 313-2691, or Jeff Williams (410)313-4261.

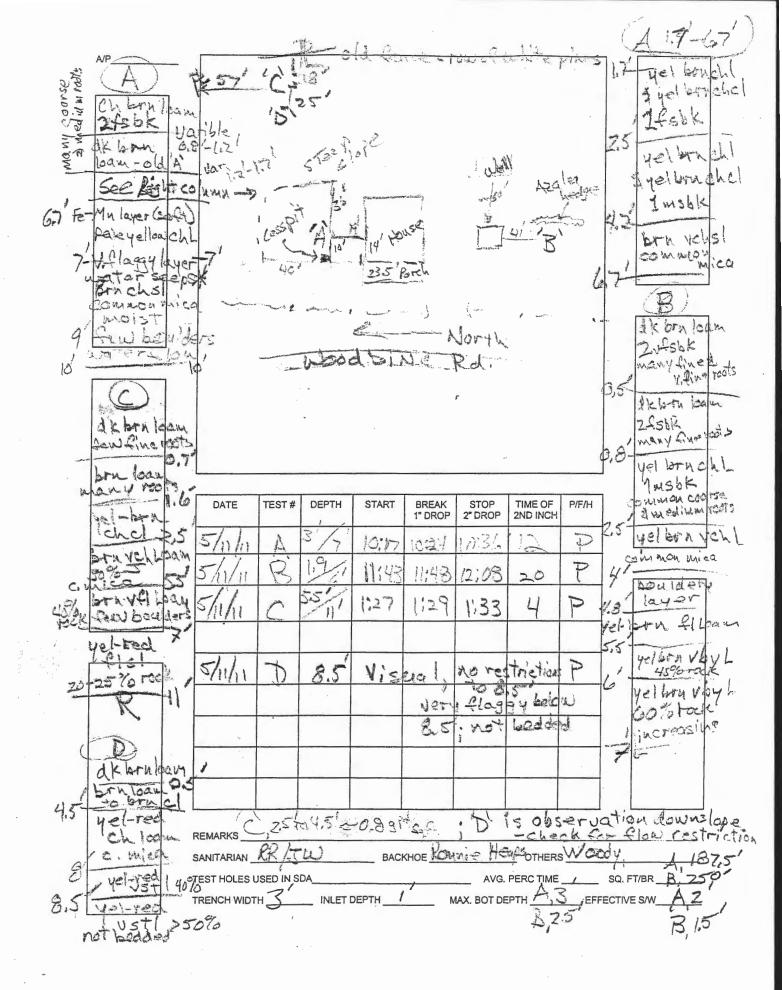
Respectfully,

Robert C. Bricker, CPSS, REHS/RS Environmental Sanitarian Supervisor

Well and Septic Program

Copy:

File





## APPLICATION

### FOR PERCOLATION TESTING AND SITE EVALUATION

| TEST DATE(S)  | TE:  | ST TIME  | (                                     | Ap 534418         |
|---|--|--|---------------------------------------|-------------------|
| AGENCY REVIEW:  |  |  |                                       | ATE /2/13/        |
| DC  | NOT WRITE ABOV   | /E THIS LINE   |                                       |                   |
| I HEREBY APPLY FOR THE NECESSARY TESTING/EV CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SY REPLACE AN EXISTING SEPTIC SYSTEM | a de la companya de l | UANCE OF SEWAGE DISP<br>CHECK AS NEEDED:<br>NEW STRUCTURE<br>ADDITION TO AN<br>REPLACE AN EX | E(S)<br>EXISTING STRUC                | CTURE             |
| CHECK ONE:  CREATE NEW LOT(S)  BUILD ON AN EXISTING LOT IN A SUBDIVIOUS BUILD ON AN EXISTING PARCEL OF RECO   |  | IS THE PROPERTY WIT . YES NO   | 'HIN 2500' OF AN'                     | Y RESERVOIR?      |
| COMMERCIAL (PROVIDE DET     INSTITUTIONAL/GOVERNMENT (PROVIDED DET  | SED BEDROOMS IN THE TAIL OF NUMBERS AND TO DE DETAIL OF NUMBERS  | YPES OF EMPLOYEES/ CU  | ISTOMERS ON A                         | CCOMPANYING PLAN) |
| PROPERTY OWNER(S) Bernade A   |  |  |                                       |                   |
| DAYTIME PHONE 416 - 489 - 460   |  | 418-8671   | FAX                                   |                   |
| APPLICANT STREET LEAPS  | Sine Rd.   | CITY/TOWN  | MD S                                  | A 1797            |
| 11112   | CELL SAME  |  | 616                                   | 132.5815          |
| MAILING ADDRESS STREET  | CELL SAME  | Sy kesoi Ha  | , , , , , , , , , , , , , , , , , , , | TATE ZIP          |
| APPLICANT'S ROLE: DEVELOPER BUIL  | DER BUYER  | RELATIVE/FRIEND  | REALTOR                               | CONSULTANT        |
| PROPERTY LOCATION SUBDIVISION/PROPERTY NAME 421   | vualbine 1   | Rd   | LC                                    | OT NO             |
| PROPERTY ADDRESSSTREET  | A  | W C & O  | ST OFFICE                             | 10 21797          |
| TAX MAP PAGE(S) GRID  | PARCEL(S)  | PR   | OPOSED LOT                            | SIZE              |
| AS APPLICANT, I UNDERSTAND THE FOLLOWIN   | G: THE SYSTEM INST.  | ALLED SUBSEQUENT T   | O THIS APPLIC                         | ATION IS ACCEPT-  |
| ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAIL  | ABLE. THIS APPLICAT  | TION IS COMPLETE WH  | EN ALL APPLIC                         | ABLE FEES AND A   |
| SUITABLE SITE PLAN HAVE BEEN RECEIVED. I  | ACCEPT THE RESPON  | ISIBILITY FOR COMPLI   | ANCE WITH ALI                         | L M.O.S.H.A. AND  |
| "MISS UTILITY" REQUIREMENTS. APPROVAL IS  | BASED UPON SATISF  | ACTORY REVIEW OF A   | PERC CERTIF                           | CATION PLAN.      |
| TEST RESULTS WILL BE MAILED TO APPLICANT  | i  | SIGNATURE OF APP   |                                       | •                 |

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May 20, 2011

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Respectfully,

Robert C. Bricker, CPSS, REHS/RS Environmental Sanitarian Supervisor

Well and Septic Program

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John Pouser, Maryland Housing 108