

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) ______ TEST TIME _____

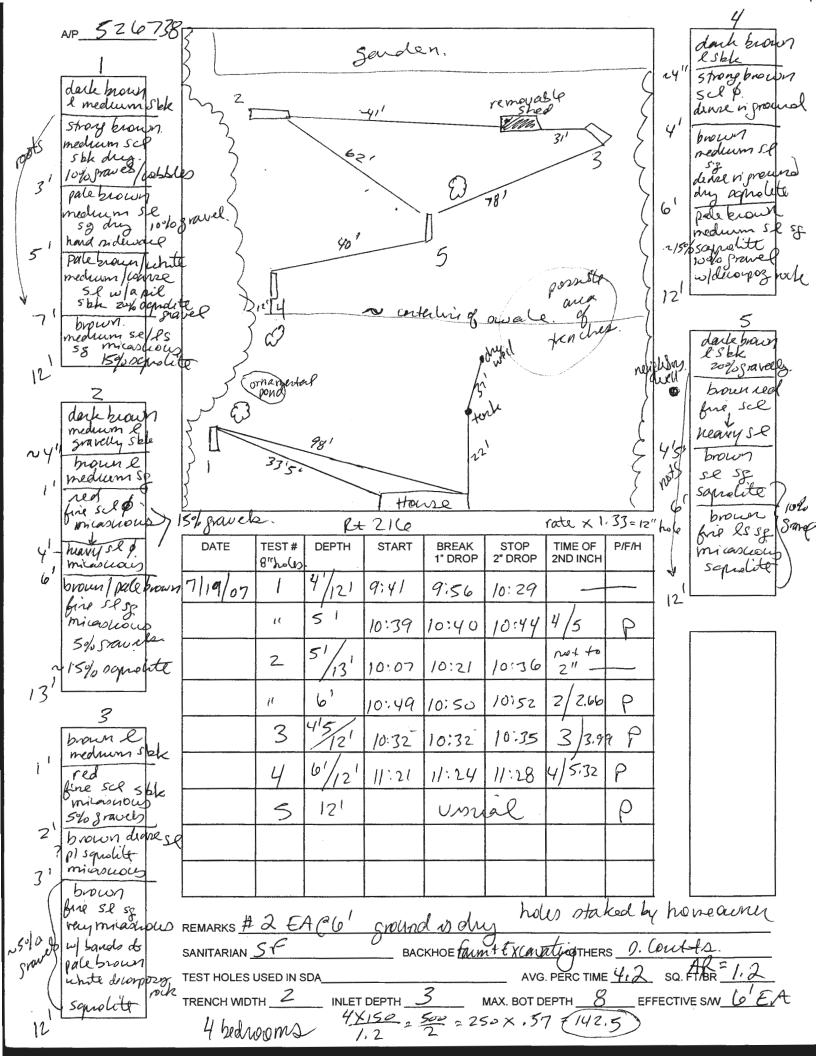
(A/P 526738 DATE 5/29/07

AGENCY REVIEW:

|--|

CONSTRUCT NEW SEPTIC SYSTEM(S)	IANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO: CHECK AS NEEDED: INEW STRUCTURE(S) CHECK AS NEEDED: INEW STRUCTURE(S) CHECK AN EXISTING STRUCTURE CHECK AN EXISTING STRUCTURE		
 CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD 	IS THE PROPERTY WITH PES NO	IIN 2500' OF ANY RESE	RVOIR?
THE TYPE OF STRUCTURE IS: COMMERCIAL WITH PROPOSED BEDROOMS IN THE CO COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYP INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND C	ES OF EMPLOYEES/ CU	STOMERS ON ACCOMP	ANYING PLAN)
PROPERTY OWNER(S) Darel + Jill Coutts			
DAYTIME PHONE 301-520-2139 CELL 301-520	-2139	FAX <u>301-85-</u>	1-0422
MAILING ADDRESS 12714 Rt. 216 Scaggs ville Rd STREET	Highland	mo	20177
	CITYTOWN	STATE	ZIP
APPLICANT Darel Coutts			
DAYTIME PHONE 301-520-2139 CELL 301-520-	2139	FAX 301-854-	0422
MAILING ADDRESS 12714 Rt. 216 Scaggsuille Rd. STREET	Highland	MD.	20177
STREET	CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER BUYER	RELATIVE/FRIEND	REALTOR	CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME 12714 Rt. 216		LOT NO	
PROPERTY ADDRESS 12714 Rt. 216 Scaggsville Rd. Highland, MD.			
SIREEI	TOWN/PO	ST OFFICE	
TAX MAP PAGE(S) 40 GRID 11 PARCEL(S) 82	PR	OPOSED LOT SIZE	1. b acres
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTA	LLED SUBSEQUENT T	O THIS APPLICATIO	N IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATI	ON IS COMPLETE WH	EN ALL APPLICABLE	FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSE	SIBILITY FOR COMPLIA	ANCE WITH ALL M.O	.S.H.A. AND
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFA	CTORY REVIEW OF A	PERC CERTIFICATI	ON PLAN.
TEST RESULTS WILL BE MAILED TO APPLICANT.	SIGNATURE OF APP	PLICANT	
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRO 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLA TDD (410) 313-2323 TOLL FREE	AND 21046 (410) 313-	, WELL AND SEPTIC 2640 FAX (410) 313	C PROGRAM -2648

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)





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

July 25, 2007

Darel and Jill Coutts 12714 Rt 216 Highland, Maryland 20777

RE: PERCOLATION TEST RESULTS – A#526738 12714 Rt 216

Dear Mr. and Mrs. Coutts,

Percolation testing conducted July 19, 2007 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed. In addition to the required percolation certification plan requirements described below, the existing dry well will need to be abandoned and the existing septic system will need an upgrade prior to building permit approval. When submitting the percolation certification plan, include the square footage of your home, including the new addition and any basement space. This information is needed for sizing your septic tank.

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 site, other structures, and driveway location
- 3) Existing property lines
- 4) Existing well locations and septic location.
- 5) Description of use and intent designated for existing structures and systems, e.g. 'to remain' or 'to remove.'
- 6) A note must be included certifying that all existing wells and septic systems within 100 feet of property
 - boundaries have been shown
- 7) A note stating all reasonable efforts to find the location of all surrounding wells and septic systems were made.
- 8) Topography needs to be shown at 2 foot contour intervals and where it was from
- 9) MDE sewage disposal area statement
- 10) Include the statement, "Any changes to a private sewage easement shall require a revised perc certification plan"
- 11) Legend symbols to distinguish between new holes, any existing holes previously documented (by the HCHD), passed holes, failed holes, and any holes held for future review
- 12) A health officer signature block stating "approved for private water and private sewer systems."
- 13) 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."
- 14) 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

15) Name, address and telephone number of each owner, developer and the plan author.

16) The date the plan was drawn, the plan scale (1:30 - 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 Fegel, R.S. Well and Septic Program Development Coordination Section

Enclosures

