

Bureau of Environmental Health

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Maura J. Rossman, M.D., Health Officer

February 4, 2014

To: Chris Ogle, Benchmark Engineering, Inc.
cogle@bei-civilengineering.com

From: Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian II
Well and Septic Program

RE: 13000 Wainwright Road, Percolation Certification Plan comment

The following additions, deletions or corrections are needed on the referenced plan:

1. Illustrate and label abandoned well zones and abandoned Alt Well locations. Represent symbols accurately in LEGEND.
2. Illustrate the two SDA's to be abandoned and label them as such. Represent the symbol accurately in the LEGEND.
3. Represent the change in configuration of the remaining SDA by showing the formerly approved shape. Make the SDA wide enough to accommodate a 63-ft trench to each side of the Distribution Box.
4. Illustrate the original set of trenches, and immediately below them, a set of replacement trenches
 - a. Illustrate the initial system as four, 2-ft X 63-ft trenches, two on each side of the Distribution Box, trenches separated 7 feet (wall-to-wall)
 - b. The first replacement system is the same design as the initial system, at least 7 feet further downhill.
5. The stormwater management facility appears to be an infiltrative design, therefore it must be 100 feet from the well (25 feet from the SDA that remains).
6. Label the 'Abandoned Well' TO BE SEALED.
7. Place the proposed BAT unit more in-line between the existing and proposed residences and the Distribution Box (which is located well at the center of the SDA). A good location appears to be about where the label is now. Correct the 'SEPTIC DATA' accordingly.
8. If there is a blower installed with the BAT unit, the location of the blower must be represented in Plan View.
9. Correct the TRENCH INVERT to '328.5' (representing 2.5-ft depth; See attached Spec. Sheet).

10. Edits are needed for several Notes

- a. Delete Note 3
- b. Correctly state Note 10, as follows

PRIOR TO BUILDING PERMIT APPROVAL THE SEPTIC SYTEM IS TO BE UPGRADED BY INSTALLATION OF A BAT UNIT AND TRENCHES. THE EXISTING SEPTIC TANK AND DRY WELL WILL BE PUMPED AND PROPERLY ABANDONEDFOR THE ATTENDING ENVIRONMENTAL SANITERIAN TO APPROVE THE INSTALLATION PERMIT. THE BAT UBIT MUST BE CERTIFIED FOR USE BEFORE THE BUILDING PERMIT IS APPROVED BY THE HEALTH DEPARTMENT.

- c. The condition at the end of Note 11 is correctly stated as ...PRIOR TO BUILDING PERMIT APPROVAL.

On SHEET 2 of 2

- 11. Delete the Health Officer's signature block
- 12. In 'SEPTIC PROFILE',
 - a. Illustrate the 10 feet of 4"-SHV immediately before the tank in the range between 1% -2.5% slope.
 - b. The profile of the BAT unit is reverse of what it should be.
- 13. At the end of BAT Site Plan Note #2, insert the number for manufacturer's maximum depth and include the label 'feet'.
- 14. In BAT Site Plan Note #3, insert the number of feet the blower can be from the unit, OR you may alter the Note to state that no blower is required if that is the correct.
- 15. In BAT Site Plan Note #8, capitalize the word 'Agreement'.
- 16. Include the owner's telephone number.

RB

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APPLICATION

PERCOLATION TESTING

A 58073C

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 4/8/97

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.

DEVELOPER HP ASSOCIATES 90 REESE & CARNEY
PROPERTY OWNER

ADDRESS #10715 CHARTER DR, COL. PHONE (301) 854-0936

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HP HILL LOT NO. 3

ROAD AND DESCRIPTION ROUTE 108 @ MONTGOMERY CO. LINE

TAX MAP 40 PARCEL # 42

SIZE OF LOT 3.00 AC. + TYPE BLDG. SINGLE FAMILY
(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. HP HP associates
(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

1958073C

COUNTY #

SOIL PROFILE

0'
orange/red
sandy
cl loam
4.5'
br/or
silty
sandy lm
15% shale
fragments
12.5'

②

orange
clay/sandy
loam
3.0'
tan/orange
silty
sandy
loam
12.5'
10% shale
fragments

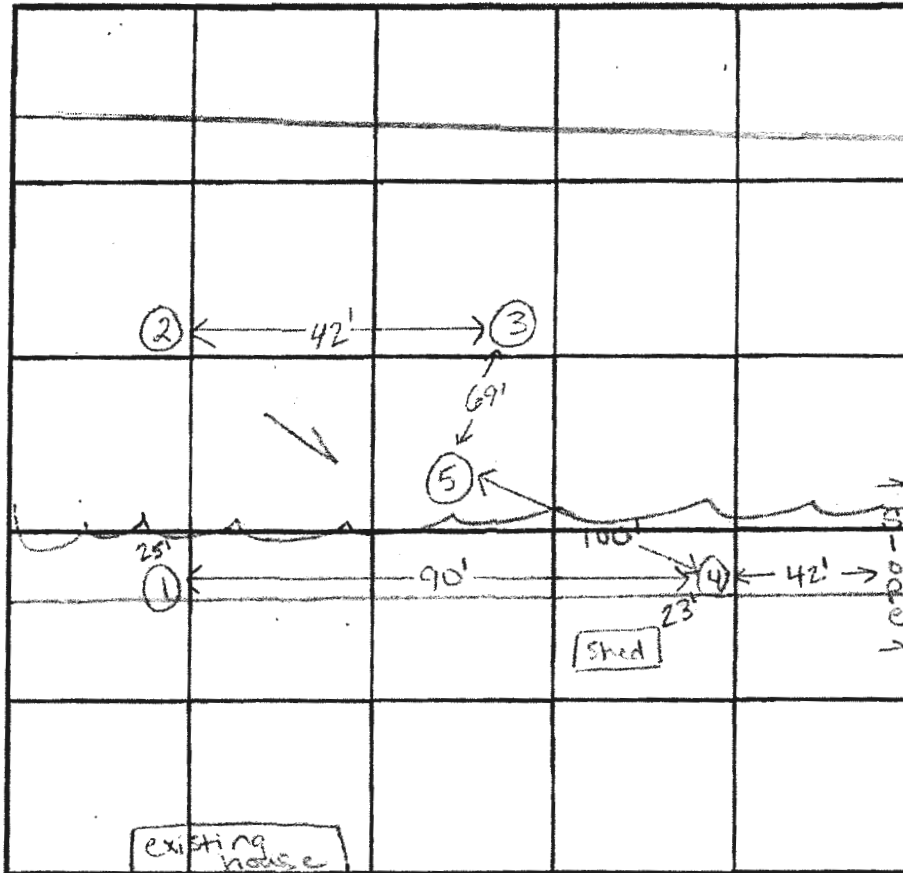
④

or/red
brown
sandy
clay
loam
3.0'
tan/br
silty/sand
loam
15% rock
fragments
12.5'

SOIL PROFILE

0'
brown
orange
clay
loam
5.0'
white
orange
silty
loam
14.0'

Route
108



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-21-97	1	4.5'S	11:38	11:41	11:41	11:45	4min
		8.0'D	11:37	11:38	11:38	11:40	2min
		12.5'D	visual ok - see profile				
	2	12.5'D	visual ok - see profile				
	3	5.5'S	11:49	11:50	11:50	11:51	fast report
		12.0'D	visual ok - see profile for #2				
	(report)		11:51:30	11:52:30	11:52:30	11:54:10	2min
	4	5.5'S	12:08	12:09	12:09	12:11	2min
		12.5'D	visual ok - see profile				
	5	14'D	same as hole #1 visual ok				

REMARKS test holes not staked

TYPE OF SOIL

TESTED BY Kim Maiste / Kim Soe

ALSO PRESENT Alan Kotterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-3 min

TRENCH WIDTH 3

INLET DEPTH 3.0

MAXIMUM BOTTOM DEPTH 5.0

SQ. FT/BEDROOM 180

SEPTIC SPECIFICATIONS WORKSHEET

initial
3 repairs

Subdivision Resubd. of 13000 Wainwright

Street Name Wainwright Road

Lot Number 3

Average Percolation Rate (min./in.) min./inch Application Rate (GPD/sq. ft.)

Number of Bedrooms 5 assumed Design Flow (#BRx150) = 750

Square Footage (of House) 3500 assumed Septic Tank Capacity (gal.) 2000 assumed

Sidewall Credit / % Reduction 2 feet / 62% Total Length of Trench (ft.) 130

*All Septic/Pump tanks must be top seamed unless otherwise approved by this agency.

*All Septic tanks must be compartmented unless otherwise approved by this agency.

Baffle Filter Required? Yes No

TRENCH DIMENSIONS: Trench to 3 feet wide. Inlet is at 3 feet below original grade with 3 feet of stone below the distribution pipe. Bottom maximum depth is 6 feet below original grade. Effective sidewall begins at 4 feet below original grade. Maintain at least 9 feet spacing between trenches.

PUMP SYSTEM PROPOSED? YES (NO)

Pump system details: gallon pump chamber

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test required prior to Health Department approval of pumped septic system.

LOCATION:

1. Set septic tank per plan
2. Set distribution box at top center of septic reserve
3. Install 2x40' trenches on contour
1x50'

ADDITIONAL NOTES Do not order the septic tank until after layout inspection and Sanitarian approval. Stake septic easement corners. Call for layout inspection. Mark utilities. Gravel tickets must be available for Environmental Sanitarians. Stone must be approved by the Howard County Health Department. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.

Reviewed by: RB

Date: 6/12/12

2nd repair may be a foot deeper