



HOWARD COUNTY HEALTH DEPARTMENT

26233

DATE
2/9/07

Received
From

Raymond Tilken

PHONE # 301.854.0706

For

puc App -
12636 Seagoville Rd.



CASH



CHECK

NO.

1903

five hundred six dollars

Dollars

\$

506.00

Received By

LBMSH



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

A/P 526 233

AGENCY REVIEW: _____

DATE 2/9/07

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) Raymond & Deborah Tilken

DAYTIME PHONE 301-854-0706 CELL 301-395-1125 FAX _____

MAILING ADDRESS 12636 Scaggsville Rd Highland MD 20777
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL SAINE FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 12636 Scaggsville Rd Highland MD 20777
STREET TOWN/POST OFFICE

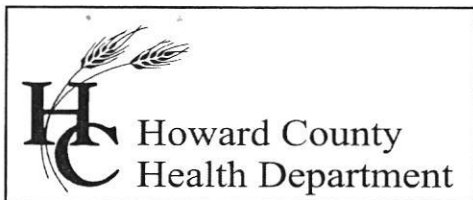
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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.

Raymond E. Tilken
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
(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

February 16, 2007

Ray and Deborah Tilkens
12636 Scaggsville Road
Highland, Maryland 20777

RE: PERCOLATION TEST RESULTS – A#526233
12636 Scaggsville Rd
B07000113

Dear Mr. and Mrs. Tilkens:

Percolation testing conducted February 15, 2007 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed. The building permit, B07000113, is on hold until a percolation certification plan is approved by the Health Department.

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

- 1) Actual surveyed locations and elevations of all excavated test holes
- 2) House site, including building restriction lines as determined by other County agencies, addition location, and driveway location
- 3) Existing property lines
- 4) Location of existing septic system and well site, include well tag number.
- 5) Proposed SDA
- 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 the engineer used all reasonable efforts to find the location of all surrounding wells and septic systems
- 8) Topography needs to be shown at 2 foot contour intervals and a note certifying topography was field run and verified and reflects field-matched information
- 9) A MDE sewage disposal area statement "This area designates a private sewage disposal area of 10,000 square feet as required by the Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area restricted. This sewage disposal area shall become null and void upon connection to a public sewerage system. The county Health Officer shall have authority to grant adjustments to the private sewage disposal area."
- 10) MDE minimum lot width statement
- 11) Include the statement, "Any changes to a private sewage easement shall require a revised perc certification plan"
- 12) Identification of streams, ponds, wetlands, floodplains, slopes >25%, soil types and soil type boundaries
- 13) 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
- 14) 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.'

- 15) A Health Officer's signature block stating "approved for private water and private sewer systems"
- 16) Professional seal or 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." |
- 17) 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
- 18) Name, address and telephone number of each owner, developer and the plan author.
- 19) 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