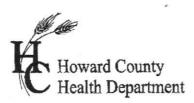


HOWARD COUNTY HEALTH DEPARTMENT

A5 28896

| Received Co | ssentino + Sons Remodeling + Design PHONE # 410 - 442-000 |
|-------------|---|
| | Mayapple Trail, Marriottsville MD 21104 |
| CASH CHECK | ashleigh Greene SID Rof 21 - 12119 Judbary Ct |
| 3395 | Trive hundred sex and 00/100 Dollars |
| \$ 506 | Received By Mary & Briggs |

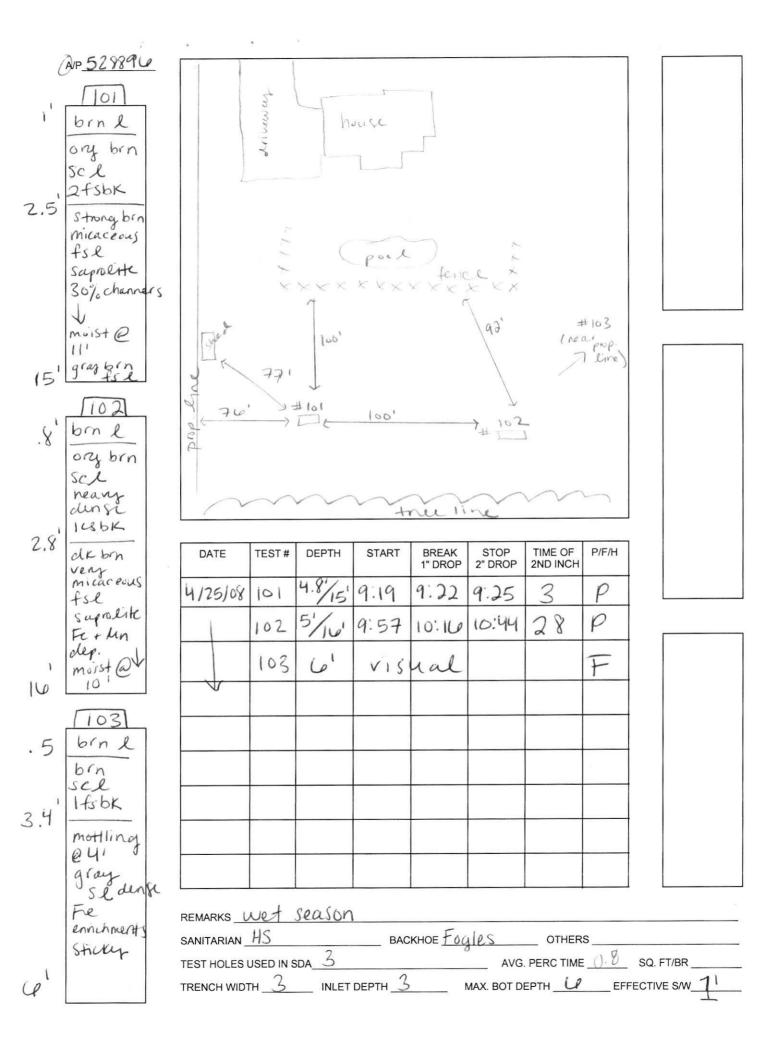


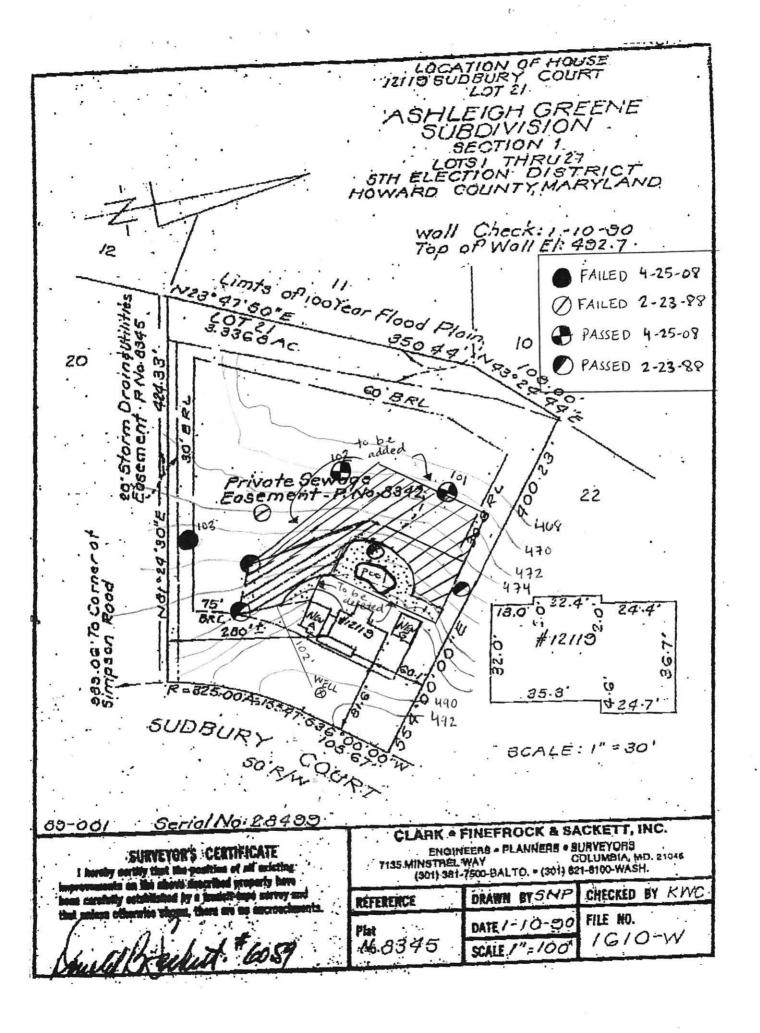
APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

| TEST DATE(S) | | TES | T TIME | | AP_ | 528896 | | |
|---|---|-------------------|--|-----------------------|-----------------|--------------|--|--|
| AGENCY REVIEW: | | | | | DATE_ | 4/21/08 | | |
| | DO NO | T WRITE ABOVI | E THIS LINE | - | | | | |
| REPAIR/ADD TO A | ECESSARY TESTING/EVALUA V SEPTIC SYSTEM(S) AN EXISTING SEPTIC SYSTEM STING SEPTIC SYSTEM | | CHECK AS NEEDED: NEW STRUCTU ADDITION TO A | | UCTURE | B) TO: | | |
| | T(S) STING LOT IN A SUBDIVISION STING PARCEL OF RECORD | | IS THE PROPERTY W YES NO | /ITHIN 2500' OF A | NY RESE | RVOIR? | | |
| THE TYPE OF STRUCT RESIDENTIAL WITH COMMERCIAL INSTITUTIONAL/GO | PROPOSED (PROVIDE DETAIL (| OF NUMBERS AND TY | COMPLETED STRUCTU PES OF EMPLOYEES/ IND TYPES OF EMPLO | CUSTOMERS ON | I ACCOMP. | ANYING PLAN) | | |
| PROPERTY OWNER(S) | DOUGLAS 4 | DARISAKA | SHIPE | | | | | |
| DAYTIME PHONE 301 | 854 2997 | CELL 416 99 | 1 6150 | FAX | | | | |
| MAILING ADDRESS | 2119 SUDISI | DRY CTIC | ZARKSVILLI | = MD |) CTATE | 21029 | | |
| APPLICANT WAYNE COSSENTING (COSSENTING REMODELING) | | | | | | | | |
| DAYTIME PHONE 410 | 442 0000 | ELL 410977 | 75781 | FAX 41 | 044 | 2-5763 | | |
| MAILING ADDITEGO | 107 MATAPPLE | E TRAIL M | ACRIOTTSUK CITY/TOWN | LIE M | STATE | 21101 | | |
| APPLICANT'S ROLE: D | EVELOPER BUILDER | R BUYER | RELATIVE/FRIEND |) REALTO |)R | CONSULTANT | | |
| PROPERTY LOCATION SUBDIVISION/PROPERTY | NAME ASHLE | IGH GR | EENE S | UBDIV | LOT NO. | 21 | | |
| PROPERTY ADDRESS | 12119 SUDT | BURY CT | CLARKS | VILLE POST OFFICE | | | | |
| TAX MAP PAGE(S) | GRID | PARCEL(S) | | PROPOSED LO | T SIZE _ | ti di | | |
| AS APPLICANT, I UNDERS | TAND THE FOLLOWING: | THE SYSTEM INSTA | ALLED SUBSEQUEN | T TO THIS APP | LICATION | IS ACCEPT- | | |
| ABLE ONLY UNTIL PUBLIC | SEWERAGE IS AVAILABI | LE. THIS APPLICAT | TION IS COMPLETE | WHEN ALL APP | LICABLE | FEES AND A | | |
| SUITABLE SITE PLAN HAV | /E BEEN RECEIVED. I AC | CEPT THE RESPON | SIBILITY FOR COM | PLIANCE WITH | ALL M.O. | S.H.A. AND | | |
| "MISS UTILITY" REQUIREM | MENTS. APPROVAL IS BA | SED UPON SATISF | CTORY REVIEW @ | A PERC CER | MEICATIC | N PLAN. | | |
| TEST RESULTS WILL BE I | MAILED TO APPLICANT. | Colo | SIGNATURE OF | Den Line APPLICANT | 7 | | | |
| HOWARD COUNTY HE | EALTH DEPARTMENT, B | UREAU OF ENVIR | ONMENTAL HEAL AND 21046 (410) 3 | TH, WELL ANI | O SEPTIC | PROGRAM | | |

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

April 28th, 2008

Douglas & Barbara Shipe 12119 Sudbury Ct. Clarksville, MD 21029

Re:

Percolation Test Results

#A528896

12119 Sudbury Ct.

Dear Mr. & Ms. Shipe,

Wet season percolation testing was conducted at your property on April 25th, 2008 in response to a future building permit application for an addition and a detached garage. Results indicate sufficient area to replace parts of the existing septic easement being lost due to required setbacks from the proposed addition, detached garage and existing pool. A total of three test holes were dug to confirm existing soil conditions in the rear of the property. Two of the three holes tested passed. Hole #103 failed due to observed evidence of the water table within the treatment zone. Field data collected is shown on the Percolation Test Worksheets enclosed with this letter. Acceptable ranges for recommended inlet and trench bottom depths, and usable sidewall have been provided, and may be confirmed at the time a system upgrade or replacement system is deemed necessary.

Prior to building permit approval the existing septic tank must be moved to accommodate room for the addition (payment has already been received). A permit for the tank replacement can be picked up from this office after approval of the Percolation Certification Plan

As discussed with Wayne Cossentino of Cossentino Remodeling, further review is contingent upon submission of a Revised Percolation Certification Plan. The plan will be reviewed for its completeness and compliance with state and local code and signed by the health officer. If you have any questions regarding this evaluation, please contact me at (410) 313-6287.

Sincerely,

Heidi Scott
Well & Septic Program
Development Coordination Section