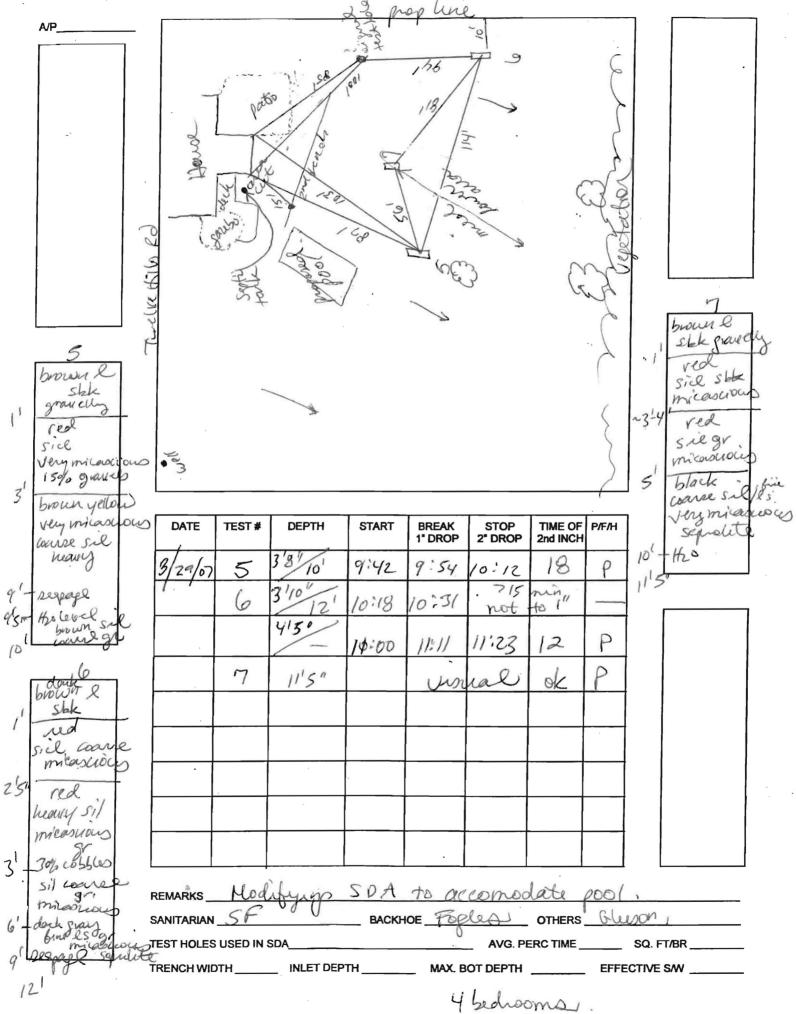


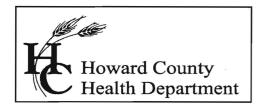
Howard County Houlth Description

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TEST TIME A/P 526 324
AGENCY REVIEW:	DATE 2/6 /07
	·
DO NOT WRITE ABOVE THIS LINE	
☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS	TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO: CHECK AS NEEDED: NEW STRUCTURE(S) ADDITION TO AN EXISTING STRUCTURE REPLACE AN EXISTING STRUCTURE IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR? YES NO N THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE) AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN) BERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)
PROPERTY OWNER(S) AL GLEESON	
DAYTIME PHONE 301-277-4680 CELL 301-	440-6687 FAX 301-277-4680
MAILING ADDRESS 13006 Twelve 4-115 Ra	CLARKSVILLE, MO 21029 CITYTOWN STATE ZIP
APPLICANT AL GLEESON / FRED	Dickson
DAYTIME PHONE 301-440-6687 CELL 410-707-0447 FAX 301-277-0877	
MAILING ADDRESS 13006 Twelve 14711'S Ros	AD CLARISVILIE MO 21029 CITY/TOWN STATE ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER BUYE	ER RELATIVE/FRIEND REALTOR CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME TWELVE Hill	/S LOT NO
PROPERTY ADDRESS 13006 Twelve Hills RO CLARKSVILLE STREET TOWN/POST OFFICE	
TAX MAP PAGE(S) 28 GRID 1493 PARCEL(S) 381 PROPOSED LOT SIZE 3.021 AC
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED 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 APPLICANT. SIGNATURE OF APPLICANT	

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 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

Peter L. Beilenson, M.D., M.P.H., Health Officer

April 18, 2007

Al Gleeson 13006 Twelve Hills Rd Clarksville, Maryland 21029

> RE: PERCOLATION TEST RESULTS –A#526224 13006 Twelve Hills Rd

Dear Mr. Gleeson,

Percolation testing conducted March 29, 2007 on the referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

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 and original test holes
- 2) Existing house site, other structures, and driveway location
- 3) Existing property lines
- 4) Existing well location and septic location.
- 5) Existing SDA and modified SDA,
- 6) Description of use and intent designated for existing structures and systems, e.g. 'to remain' or ' to remove.'
- 7) Proposed pool location
- 8) A note must be included certifying that all existing wells and septic systems within 100 feet of property
- 9) boundaries have been shown
- 10) A note stating the engineer used all reasonable efforts to find the location of all surrounding wells and septic systems
- 11) 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
- 12) A MDE sewage disposal area statement is required
- 13) MDE minimum lot width statement
- 14) Include the statement, "Any changes to a private sewage easement shall require a revised perc certification plan"
- 15) Identification of streams, ponds, wetlands, floodplains, slopes >25%, soil types and soil type boundaries
- 16) 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
- 17) A health officer signature block stating "approved for private water and private sewer systems."
- 18) 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."
- 19) 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

- 20) Name, address and telephone number of each owner, developer and the plan author.
- 21) 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 Cc:

