

Bureau of Environmental Health
 7178 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

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME HALLMARK, SECTION ONE LOT # 30

PROPERTY ADDRESS 7359 HALLMARK RD., CLARKSVILLE, MD. 21029
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 41 GRID 41-10 PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) MR. & MRS. CHARLES BARNES

DAYTIME PHONE 301-776-2941 CELL _____ EMAIL _____

MAILING ADDRESS 7359 HALLMARK RD., CLARKSVILLE, MD. 21029
STREET CITY, STATE ZIP

APPLICANT BARRY P. MESSENGER RELATIONSHIP TO OWNER: SON-IN-LAW

DAYTIME PHONE 301-570-3947 CELL 301-602-5355 EMAIL BPMESSENGER@VERIZON.NET

MAILING ADDRESS 19900 TANBARK WAY, BRINKLOW, MD. 20862
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

BUILDING:

- RESIDENTIAL WITH 3 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: 1
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
- NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

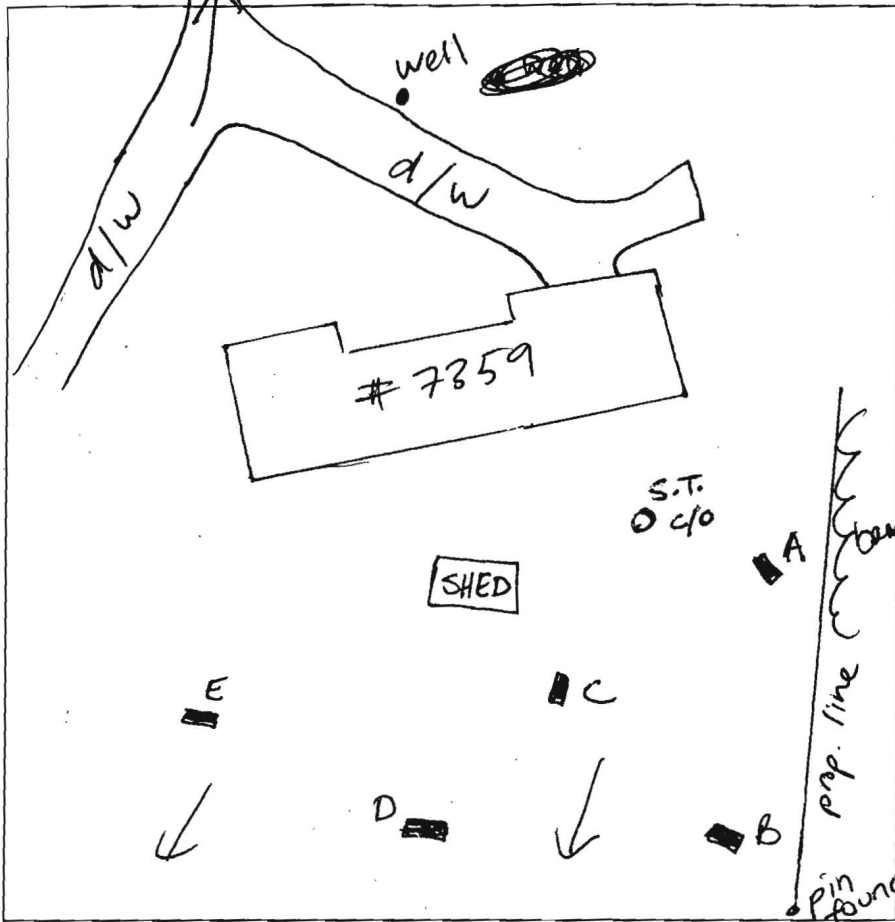
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Barry P. Messenger
 SIGNATURE OF APPLICANT

7-20-2013
 DATE

AP 545099

Hallmark Rd



A
 1' brn l roots
 4' org chscl
 6' yellow micaceous sl
 brn micaceous fsl mica schist
 ↓ 25% rx

B
 1' brn l
 3.5' org brn scl lfsbk
 yellow brn micaceous fsl

L
 7' brn fsl suprtive
 brn micaceous
 ↓
 12' w/ mica schist

C
 6" brn l
 3.5' yellow scl lfsbk
 4.5' yellow chscl
 org fsl
 6' brn ch ls
 10' brn micaceous
 14' flls

D
 1' brn l
 org scl lfsbk
 4' org gray fsl micaceous
 same as E
 ↓
 14"

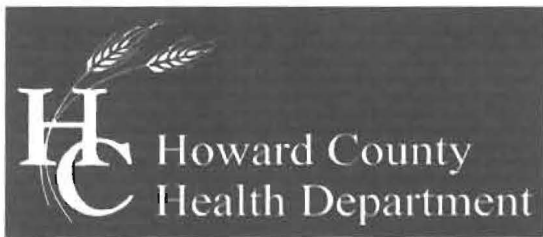
E
 8" brn l
 org scl lfsbk
 4' brn micaceous coarse ls
 9' very micaceous ls w/ mica schist & Mn

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/28/13	A	5' 1/4'	9:43	9:45	9:48	3	P
	B	5' 1/2'	9:51	9:55	10:00	5	P
	C	6' 1/4'	10:02	10:06	10:14	8	P
	D	5.5' 1/4'	10:17	10:30	10:42	12	P
	E	5' 1/4.5'	10:32	10:34	10:30	2	P

REMARKS soils consistent
 SANITARIAN HS BACKHOE Hatfields OTHERS owners
 TEST HOLES USED IN SDA 5 AVG. PERC TIME 6 SQ. FT/BR
 TRENCH WIDTH 3 INLET DEPTH 3-4 MAX. BOT DEPTH 6 EFFECTIVE SW 2'

3 BR total

tank ~ 7' deep comes out below basement



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D. Health Officer

MEMORANDUM

TO: Erik Marks
Marks & Associates

FROM: Heidi Scott, R.S.
Well and Septic Program
Development Coordination Section

RE: Percolation Test Plan
7359 Hallmark Road
Clarksville, MD 21029

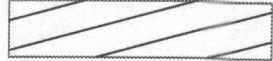
DATE: July 29, 2013

The following items must be addressed. Please revise and resubmit prior to scheduling of a percolation test.

- Revise the proposed percolation test plan per the mark-up.
- Show a 1500 sq. ft. wellbox or 2 alternate well sites spaced 50' apart.
- The proposed septic reserve area must be at least 10' from the property lines.

Copy:
Barry P. Messenger
File

NOTES


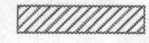
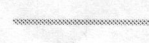

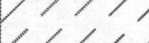
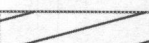
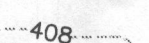
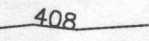
1. SITE ADDRESS: 7359 HALLMARK ROAD, CLARKSVILLE, MARYLAND 21029
2. EXISTING ZONING IS RR-DEO.
3. BOUNDARY LINES SHOWN HEREON ARE BASED ON BOUNDARY EVIDENCE AND DEED PLOTS, PERFORMED BY MARKS & ASSOC. LLC IN JUNE, 2013
4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
AREA OF PROPOSED SEPTIC EASEMENT 10,030 SQUARE FEET
5.  THIS AREA DESIGNATES A MINIMUM 10,000 SQUARE FOOT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
6. TOPOGRAPHY SHOWN HEREON IS FIELD RUN AND SUPPLEMENTED BY GIS; VERIFIED BY MARKS & ASSOCIATES.
7. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL SEPTIC SYSTEMS, WELLS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100 FEET OF BOUNDARY LINES HAVE BEEN LOCATED.
8. ALL PHYSICAL FEATURES SHOWN HEREON ARE EXISTING EXCEPT FOR THOSE LABELED AS PROPOSED.
9. DAMAGED HOUSE TO BE REBUILT WITH ADDITIONS AS SHOWN.

SOIL CLASSIFICATION DESCRIPTION

GhB GLENELG-URBAN LAND COMPLEX, 0 TO 8 PERCENT SLOPES LOAMY AND WELL DRAINED

MaC MANOR LOAM, 8% TO 15% SLOPES WELL DRAINED LOAMY RESIDUUM DERIVED FROM SCHIST PHYLLITE.

LEGEND

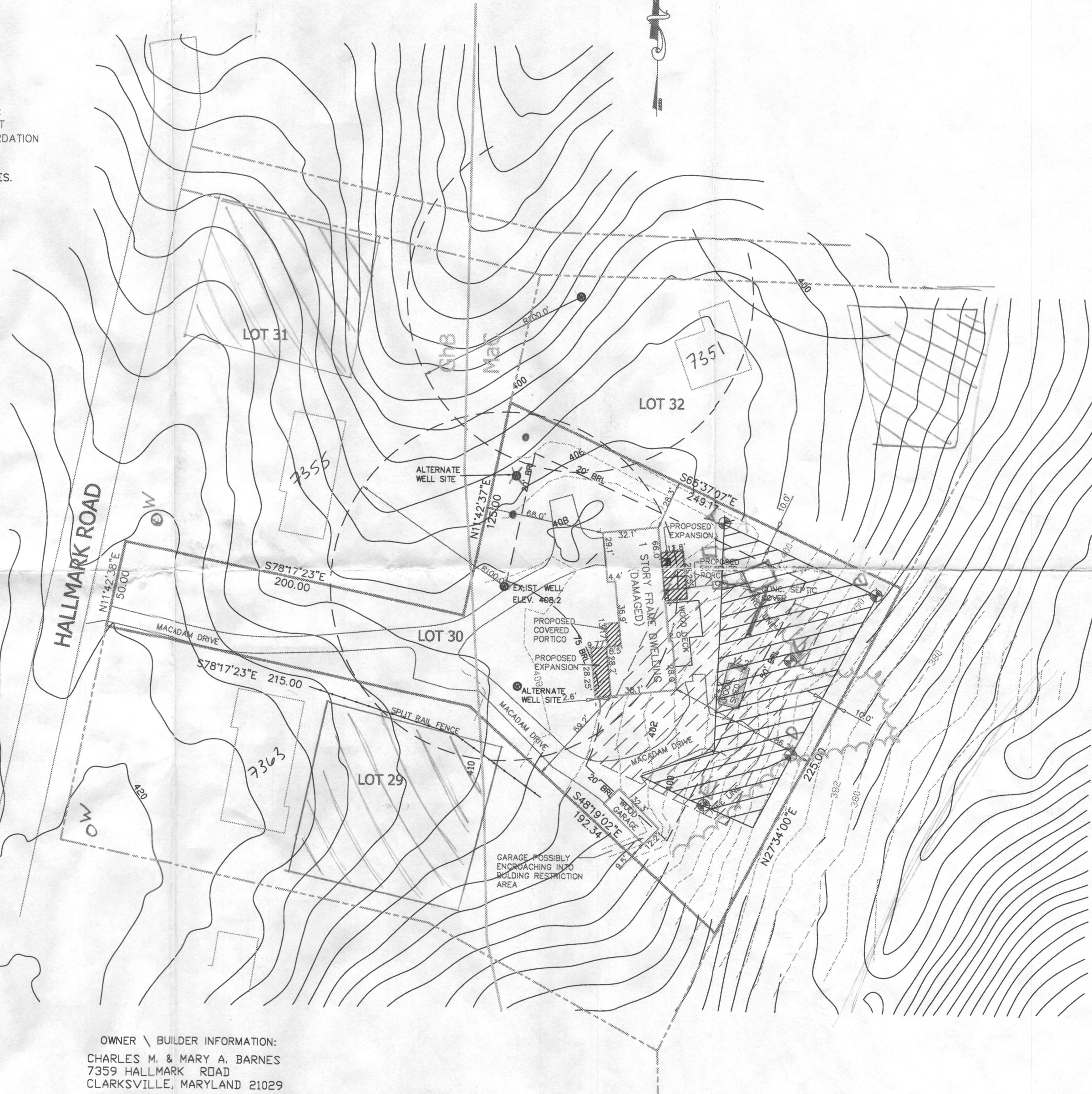
-  PERCOLATION TEST HOLE
-  PROPOSED ADDITION
-  SOIL BOUNDARY
-  EXISTING WELL
-  SEPTIC EASEMENT AS SHOWN ON RECORD PLAT
-  PROPOSED SEPTIC EASEMENT
-  408 CONTOURS FROM FIELD RUN SURVEY
-  408 CONTOURS FROM GIS

THIS IS TO CERTIFY THAT THIS SURVEY WAS PERFORMED IN ACCORDANCE WITH THE PRINCIPALS AND PRACTICE OF ACCEPTED SURVEYING PROCEDURES



ERIK C. MARKS R.P.L.S. NO. 607

OWNER \ BUILDER INFORMATION:
 CHARLES M. & MARY A. BARNES
 7359 HALLMARK ROAD
 CLARKSVILLE, MARYLAND 21029
 CONTACT PERSON: Barry Messenger Ph. 301 602 5355



APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS

HEALTH OFFICER, HOWARD COUNTY HEALTH DEPT. DATE

Marks & Associates, LLC
 Engineering-Surveying-Land Planning

4531 College Avenue
 Ellicott City, Maryland 21043

Phone (410) 747-8738 Fax (410) 747-8738

SCALE 1"=50'
 DRAWN BY J.J.
 CHECKED BY XXX
 DATE 07/16/2013
 REVISED: 08/04/2013

PERCOLATION TEST PLAT
 7359 HALLMARK ROAD
 CLARKSVILLE, MARYLAND
 HALLMARK, SECTION ONE, LOT 30

TAX MAP #41
 5TH ELECTION DISTRICT

PARCEL 422
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'