



HOWARD COUNTY HEALTH DEPARTMENT

64802

DATE
3/25/19

AS

Received
From

Halbelds Equip

PHONE #



CASH



CHECK

For

Bro App/ 14035 Clarksville
Pa

NO.

4093

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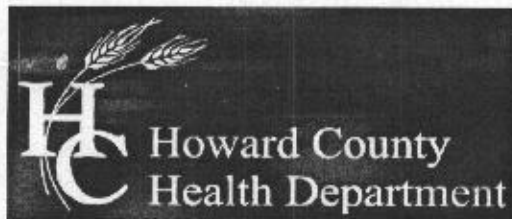
Dollars

\$

500.00

Received By

[Signature]



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

4544802

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

STREET

TOWN

ZIP

TAX ACCOUNT #

TAX MAP

GRID

PARCEL

LOT NO.

PROPOSED LOT
SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

DAYTIME PHONE

CELL

EMAIL

MAILING ADDRESS

STREET

CITY, STATE

ZIP

APPLICANT

RELATIONSHIP TO OWNER:

DAYTIME PHONE

CELL

EMAIL

MAILING ADDRESS

STREET

CITY, STATE

ZIP

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

PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) ☐ MAJOR ☐ MINOR
- ☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- ☐ REPAIR OR REPLACE FAILING OSDS
- ☐ UPGRADE EXISTING OSDS

BUILDING:

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

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.

SIGNATURE OF APPLICANT

DATE



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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- ☐ Failing System
- ☐ System relocation for proposed addition
- ☒ System upgrade for proposed addition
- ☐ Inadequate treatment zone
- ☐ Collapsed septic tank
- ☐ Collapsed drywell

Has the septic tank been pumped within the last month?

- ☐ Yes Date pumped: _____
- ☒ No

Was a visual inspection of the septic tank and/or drain fields conducted?

- ☒ Yes Explain observations: _____
- ☐ No

Existing system design

- ☐ Drywell
- ☒ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: _____

Was a visual inspection of the sewage line conducted?

- ☐ Yes
- ☐ Blockage leading to the tank
 - ☐ Yes. Explain: _____
 - ☐ No
- ☐ Blockage leading to the field
 - ☐ Yes. Explain: _____
 - ☐ No

Is discharge surfacing on the ground?

- ☐ Yes
- ☒ No

Additional Comments: Honk

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: Hatfield Equipment Inc Contractor's Phone: 301-496-4289

Contractor's Address: P.O. Box 519 Annapolis Junction MD

Property Address: 14035 Clarksville Pike County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: Kachemov (Dave) Owner's Phone: _____

Name of previous owners: _____ Existing bedrooms: _____

Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): Hank

Public Sewer available/nearby: _____

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

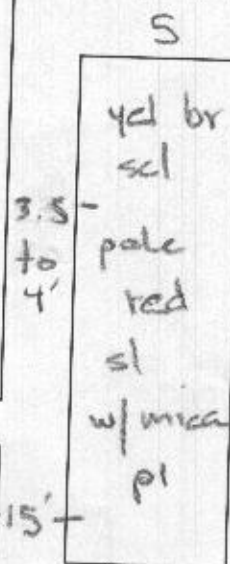
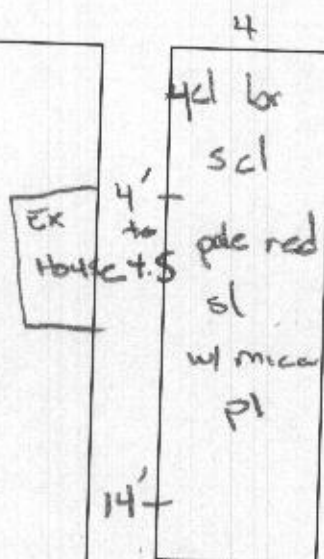
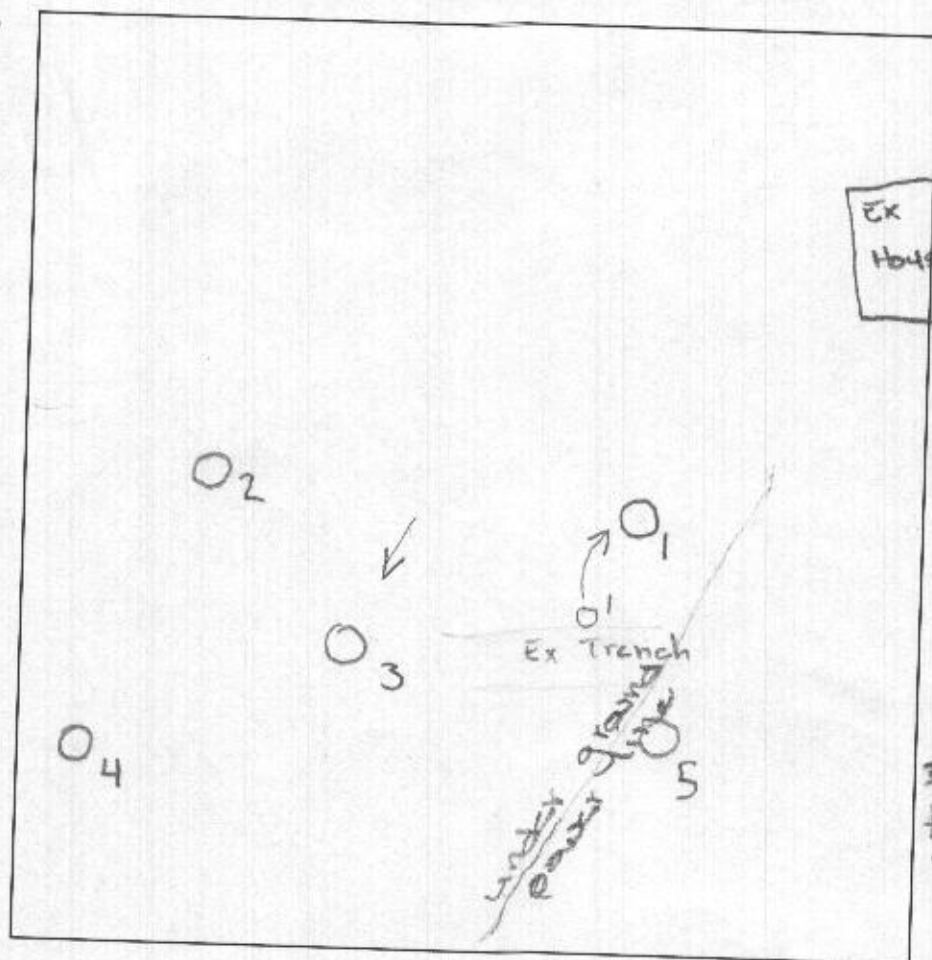
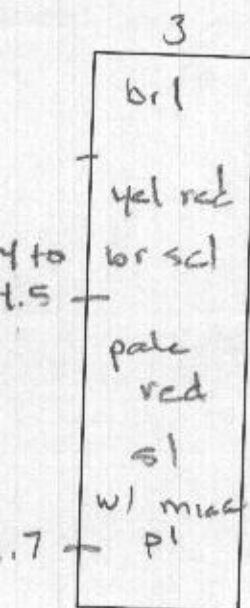
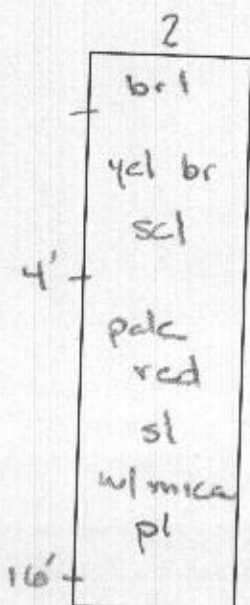
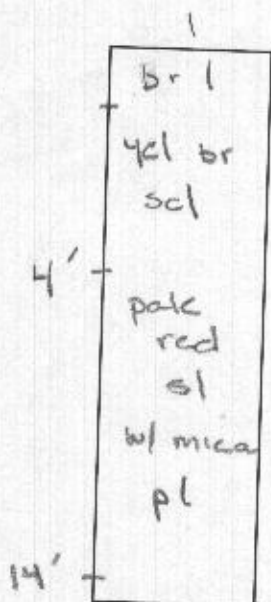
If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.

AP 64802



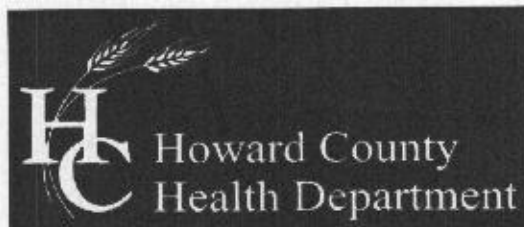
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/1/19	1	7.5/14'	9:25	9:27	9:30	3	P
4/1/19	2	7'/16'	8:17	8:19	8:23	4	P
4/1/19	3	8' 14.7	8:42	8:46	8:51	5	P
4/1/19	4	8'/14'	8:23	8:31	8:43	12	P
4/1/19	5	5.5/15'	8:58	9:02	9:04	2	P

REMARKS _____

SANITARIAN H. Oswald BACKHOE Halfelds OTHERS owner

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____



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

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 14035 Clarksville Pike

Subdivision: Fox Haven Lot:

Initial system: Application rate: 1.2 Effective area beginning depth: 4.5 Bottom maximum depth: 8' (1,23)

1st Replacement: Application rate: 1.2 Effective area beginning depth: 4.5 Bottom maximum depth: 8' (3,5)

2nd Replacement: Application rate: 0.8 Effective area beginning depth: 4.5 Bottom maximum depth: 8' (near hole #4)

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

$$\frac{W + 2}{W + 1 + 2D} \times 100 = \text{Percent of length of standard trench where } W = \text{trench width and } D = \text{depth between effective area beginning depth and trench bottom.}$$

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is $2D + W$ up to a maximum spacing of 18'.
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

Approved: Hank Oswald Date: 4/1/19



HOWARD COUNTY HEALTH DEPARTMENT

64771

DATE 2/28/19

A5

Received From

Chelo Kachemov

PHONE #

210 646-1141

☐ CASH

☒ CHECK

NO.

722

For

Penc App/14035 (Clarksville) Rino

\$ 50.00

Five hundred sex

Dollars

Received By

King

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

AS4741

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME KACHEMOV & BRELIA PROPERTY
PROPERTY ADDRESS 14035 CLARKSVILLE PIKE, HIGHLAND, MD., 20777
STREET TOWN ZIP

TAX ACCOUNT # 05-375142 TAX MAP 40 GRID 21 PARCEL AAA LOT NO. PROPOSED LOT SIZE (ACRES)
ZONING CATEGORY RR-DEO TIER III

PROPERTY OWNER(S) DAVID KACHEMOV & MICHELE BRELIA
DAYTIME PHONE CELL (240) 676-1191 EMAIL dkachemov@aol.com
MAILING ADDRESS 14035 ROUTE 108, HIGHLAND, MD. 20777
STREET CITY, STATE ZIP

APPLICANT OWNER RELATIONSHIP TO OWNER:
DAYTIME PHONE CELL 240 676 1191 EMAIL DKachemov@aol.com
MAILING ADDRESS
STREET CITY, STATE ZIP

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

PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:
SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) ☐ MAJOR ☐ MINOR
☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
☐ REPAIR OR REPLACE FAILING OSDS
☐ UPGRADE EXISTING OSDS

BUILDING:

- ☒ RESIDENTIAL WITH 5 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
☐ COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- ☐ YES
☒ NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

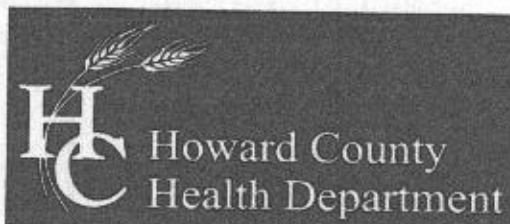
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By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE

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Maura J. Rossman, M.D., Health Officer**APPLICATION FOR VARIANCE
TO COMAR ONSITE WATER/SEWER FOR MDE APPROVAL**

Date Submitted

14035 CLARKSVILLE PIKE, HIGHLAND, MD. 20777

Property Address

FOX HAVEN (UNRECORDED)

PAR 5

40**21****444****05-375142**

Subdivision

Lot

Tax Map

Grid

Parcel

Tax Account #

Provide a brief site history including previously submitted and active plans with the Health Department or the County (subdivision plans, perc test applications, Building Permit applications):

EXISTING HOUSE, WELL, AND SEPTIC. PERC TESTED UNDER A-64802 TO ADD AN ADDITION TO THE HOUSE.

In the area below, list the specific section of the Code of Maryland Regulations (COMAR) to which a variance is being requested and provide a brief summary of the regulation and an explanation of why the variance is being requested (Attach a separate sheet if necessary).

Regulation Section

Summary and Explanation

1. **COMAR 26.04.02.05.B.(2)**

Specifies that on-site sewage disposal system is to be located downgradient from a private water well.

Variance requested to allow a private sewage area to be upgradient from a neighboring water well. Closest distance

2. _____

from existing septic trenches to well is 294.6'. Closest distances from replacement systems to water well are 253.4' and 279.7'. Closest distance from SDA to water well is 249.7'.

Property Owner's Signature

Health Department Use Only

Reviewed by

HCHD Staff

Date

Recommendation:

☒

Recommended

☐

Not Recommended

HCHD Supervisor

Date

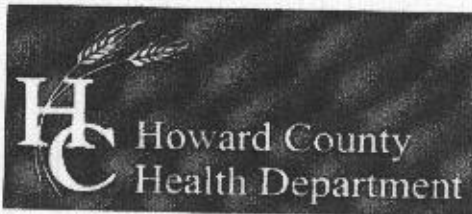
Comments/Conditions:

BAT unit

Approved by:

MDE Representative

Date

**Bureau of Environmental Health**

8930 Starford Boulevard, Columbia, MD 21045

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Maura J. Rossman, M.D., Health Officer**APPLICATION FOR VARIANCE
TO COMAR ONSITE WATER/SEWER FOR MDE APPROVAL**

Date Submitted

14035 CLARKSVILLE PIKE, HIGHLAND, MD. 20777

Property Address

FOX HAVEN (UNRECORDED)

PAR 5

40**21****444****05-375142**

Subdivision

Lot

Tax Map

Grid

Parcel

Tax Account #

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Property Owner's Signature

Health Department Use Only

Reviewed by

HCHD Staff

Date

Recommendation:

☒

Recommended

☐

Not Recommended

HCHD Supervisor

Date

Comments/Conditions:

BAT unit

Approved by:

MDE Representative


Date


SEPTIC SYSTEM TRENCH DESIGN SPECIFICATIONS 14035 CLARKSVILLE PIKE			
1. INITIAL HOSTING SYSTEM:		2. REPLACEMENT SYSTEM #1:	
APPLICATOR RATE: 1.2		APPLICATOR RATE: 1.2	
EFFECTIVE AREA BEGINNING DEPTH: 4.5'		EFFECTIVE AREA BEGINNING DEPTH: 4.5'	
BOTTOM MAXIMUM DEPTH: 10'		BOTTOM MAXIMUM DEPTH: 6'	
3. DESIGN FLOW:		4. DESIGN FLOW:	
a) BEDROOMS AT 150 GPD		a) BEDROOMS AT 150 GPD	
5 x 150 GPD = 750 GPD		5 x 150 GPD = 750 GPD	
b) SQUARED FOOTAGE OF DRAIN FIELD REQUIRED:		b) SQUARED FOOTAGE OF DRAIN FIELD REQUIRED:	
DESIGN FLOW (750 GPD) / APPLICATION RATE (1.2) = 625 SF		DESIGN FLOW (750 GPD) / APPLICATION RATE (1.2) = 625 SF	
c) SORMAL REDUCTION CIRCUMFERENCE:		c) SORMAL REDUCTION CIRCUMFERENCE:	
TRENCH WIDTH (W) = 2'		TRENCH WIDTH (W) = 2'	
TRENCH EFFECTIVE DEPTH (D) = 3.5'		TRENCH EFFECTIVE DEPTH (D) = 3.5'	
(W)(2)(PI) = 2(2)(3.14) X 100 = 251.3 SF		(W)(2)(PI) = 2(2)(3.14) X 100 = 251.3 SF	
d) LINEAR LENGTH OF TRENCH REQUIRED:		d) LINEAR LENGTH OF TRENCH REQUIRED:	
DRAIN FIELD SQUARE FOOTAGE (625) / SORMAL REDUCTION CIRCUMFERENCE (251.3) = 2.5 LINES		DRAIN FIELD SQUARE FOOTAGE (625) / SORMAL REDUCTION CIRCUMFERENCE (251.3) = 2.5 LINES	
e) LINEAR LENGTH OF TRENCH REQUIRED:		e) LINEAR LENGTH OF TRENCH REQUIRED:	
DRAIN FIELD SQUARE FOOTAGE (625) / SORMAL REDUCTION CIRCUMFERENCE (251.3) = 2.5 LINES		DRAIN FIELD SQUARE FOOTAGE (625) / SORMAL REDUCTION CIRCUMFERENCE (251.3) = 2.5 LINES	
f) TWO END TRENCHES ARE ADEQUATE TO TREAT DEPARTMENT		f) TWO END TRENCHES ARE ADEQUATE TO TREAT DEPARTMENT	
TRENCH 1L = 412.5' (3.0 LINES) TRENCH 1R = 412.5' (3.0 LINES)		TRENCH 1L = 412.5' (3.0 LINES) TRENCH 1R = 412.5' (3.0 LINES)	
TRENCH 2L = 412.5' (3.0 LINES) TRENCH 2R = 412.5' (3.0 LINES)		TRENCH 2L = 412.5' (3.0 LINES) TRENCH 2R = 412.5' (3.0 LINES)	
7. INVERT:		7. INVERT:	
TRENCH 1L = 417.9'		TRENCH 1L = 414.8'	
TRENCH 1R = 416.8'		TRENCH 1R = 413.6'	
8. INVERT:		8. INVERT:	
TRENCH 2L = 417.9'		TRENCH 2L = 414.8'	
TRENCH 2R = 416.8'		TRENCH 2R = 413.6'	


1. TOPOGRAPHIC SURVEY SHOWN HEREON IS FROM 2013 HOWARD COUNTY LIDAR AND FROM APRIL 12, 2019 TOPOGRAPHIC SURVEY BY SHANABERGER & LANE. LIMITS OF FIELD-RUN TOPOGRAPHY ARE SHOWN AND ACCURATELY REPRESENTS THE RELATIVE CHANGES ON THE SUBJECT PROPERTY.


2. IMPROVEMENTS SHOWN HEREON ARE FROM 2013 HOWARD COUNTY LIDAR AND FROM APRIL, 2019 TOPOGRAPHIC SURVEY BY SHANABERGER & LANE. LIMITS OF FIELD-RUN TOPOGRAPHY ARE SHOWN.

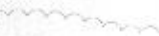
3. EXISTING WELL AND SEPTIC SYSTEM LOCATIONS SHOWN HEREON ARE FROM AVAILABLE HOWARD COUNTY HEALTH DEPARTMENT RECORDS AND FROM APRIL, 2019 TOPOGRAPHIC SURVEY BY SHANABERGER & LANE. LIMITS OF FIELD-RUN TOPOGRAPHY ARE SHOWN.

4.  DESIGNATES EXISTING PRIVATE SEWAGE AREA

 PROPOSED WELL AREA

 EXISTING WELL

 SOIL TYPE BOUNDARY


 WOODS/LINE/TREES

6. SOIL TYPES PER N.R.C.S WEB SOIL SURVEY:

MaB—Manor loam, 3 to 8 percent slopes
MaC—Manor loam, 8 to 15 percent slopes
MaD—Manor loam, 15 to 25 percent slopes

7. BEARINGS AND DISTANCES SHOWN HEREON ARE FROM A BOUNDARY SURVEY BY SHANABERGER & LANE.

8. SOIL TYPE BOUNDARIES SHOWN HEREON ARE FROM N.R.C.S WEB SOIL SURVEY MAP.


9.  DESIGNATES FIELD-LOCATED SUCCESSFUL PERC TEST LOCATION.

10. THE EXISTING ONSITE WELL (TAG #HO-73-4339) WAS FIELD-LOCATED BY SHANABERGER & LANE ON APRIL 12, 2019.

11. THE MARYLAND DEPARTMENT OF THE ENVIRONMENT HAS REVIEWED THE PROPOSED WELL AND SEWAGE DISPOSAL AREA LOCATIONS (ILLUSTRATED ON THIS PLAN AS RECOMMENDED BY THE HOWARD COUNTY HEALTH DEPARTMENT AND HAS GRANTED A VARIANCE TO ALLOW THE WELL LOCATION ON 14045 CLARKSVILLE PIKE TO BE DOWNGRADIENT OF THE SEWAGE DISPOSAL AREA ON 14035 CLARKSVILLE PIKE, PURSUANT TO THE FOLLOWING CONDITIONS: A BAT UNIT MUST BE INSTALLED.

12. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

13. THE LOT(S) SHOWN HEREIN COMPLIES/COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT

14.  THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE 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 EASEMENT RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

PERC CERTIFICATION PLAT
14035 CLARKSVILLE PIKE
PROPERTY OF ANGELO KACHEMOV
AND MICHELE BRELIA
TITLE DEED: 1138449
TAX MAP 40, GRID 21, PARCEL 444
5TH ELECTION DISTRICT, HOWARD COUNTY, MD.
ZONED RR-DEO
SCALE: 1" = 50' DATE: 6/31/19

I HEREBY CERTIFY THAT THE INFORMATION SHOWN ON THIS MAP REFLECTS
WORK DONE BY ME OR UNDER MY DIRECT SUPERVISION USING AVAILABLE
PUBLIC AND PRIVATE INFORMATION AND IS CORRECT TO THE BEST OF MY
PROFESSIONAL KNOWLEDGE AND BELIEF.

G. Scott Shanabarger

G. SCOTT SHANABARGER
PROFESSIONAL LAND SURVEYOR #10849
LICENSE EXPIRATION DATE 4/2/2020

STATE OF MISSISSIPPI
MISSISSIPPI
10849
PROFESSIONAL LAND SURVEYOR
DATE 6/2/19

Written for Maura Rozsman 6/14/2019
HEALTH/OFFICER, HOWARD COUNTY HEALTH DEPT. DATE 9/20/2019