Calvert County HEALTH DEPARTMENT P.O. Box 980

Prince Frederick, Maryland 20678



Environmental health 1 410-536-3922 301-855-1557 Fax 410-535-5252

re-porce wet secsor

David L. Rogers, M.D., M.P.H. Health Officer

PERCOLATION TEST RESULTS

FEB 2 2 2000

THIS IS NOT A PERMIT

NAME: Milton G. Johnson

REF: 09-01100/65 LOCATION: CAF Lat 100 Set 4R

Percolation test(s) performed at the above referenced site on $\underline{A-16-00}$ were deemed satisfactory. This statement is based upon the information shown on the tentative plot sketch which was submitted with the sanitary construction permit application.

Before issuance of a sanitary construction permit is considered, four (5) copies of a scaled site plan prepared by a registered surveyor or engineer must be submitted. All pertinent information needed for this site plan can be found on the tentative plot sketch, the permit application, and this letter.

This information shall include:

- 1. Percolation test application number (County Tax I.D. #).
- 2. Scale used. Engineer's scale only (1 inch = 10, 20, 30 ft. ect.)
- 3. Lot description: Subdivision name, Lot #, Block, Section #, and total acreage, Tax Map # and Parcel #.
- The location, name and width of any abutting street or right of ways.
- 5. Indicate north with an arrow.
- 6. Indicate all the dimensions of the property lines, house, accessory structures and house set backs (front, sides and rear). Existing structures must be shaded or hatched.
- 7. If water front property, show name of waterway and location of mean high water line.
- 8. The location of all percolation tests, both passing and failing.
- 9. The location of all water wells and septic systems within one hundred (100) feet of the proposed well an proposed septic system and recovery areas.

- 10. The existing and final topography at one or two foot intervals (five foot contours may be used for slopes over 25%) of the area surrounding the house, septic systems and its replacement, water well, and any abrupt changes of grade such as walls, terraces, ect. Contour lines or arrows must show how, after grading, surface water will flow to or from street, on or off property, and away from septic areas.
- 11. The elevation of the ground floor level of the house and the location and elevation of the waste line from house.
- 12. The layout of the proposed initial septic system and 2 replacements of the same size. From the tests conducted the proposed initial septic system would consist of:

<u>TILE FIELD</u>: Total length <u>70</u> ft. # of Trenches <u>2</u> Length <u>36</u> ft. Width <u>2</u> ft. Depth <u>10</u> ft. Pipe in trenches no deeper than <u>3</u> ft. Trenches separated by <u>10</u> ft. from edge to edge. Depth of gravel in Trench <u>7</u> ft. Septic Tank <u>2000</u> gallons. OTHER:

13. Location of the proposed drilled well. If property is served by public water, show the proposed connection between the public water line and the house.

For large sites two (2) scales may be used. The scale of 1 inch = 100 or 200 ft. may be used to show the location of the house on the property and all neighboring wells of septic systems within 100 ft. of the property lines. And the scale of 1 inch = 10, 20, 30 ft. ect. could show the area around the house which should include the proposed well and septic area.

All site plans will be checked in the field by our personnel. Incomplete or inaccurate plans will be returned to the applicant thus delaying the approval of the application.

If the site plans and all the other factors that must be considered in the approval process are satisfactory, the permit shall be granted. The permit will be valid for two (2) years from the date of the percolation test, during which time you may apply for your building permit.

If the building permit is not obtained within two (2) years from the of testing, you will have to obtain a new percolation test application and additional percolation tests and site plans may be required.

If you have any questions regarding the above, please call this office between 8:00 a.m. and 9:30 a.m. at 410-535-3922 or 301-855-1557.

Approving Authorit

REVISED FEBRUARY 2, 1993

CALVERT COUNTY HEALTH DEPT DIV: ENVIRONMENTAL HEALTH DR.DAVID ROGERS,HEALTH OFFICERD PRINCE FREDERICK MD 20678

DATE : 12/09/99

RECEIPT #: 22-0009509

APP NUMBER: 99-01100165-22

APPLICANT : MILION G. JOHNSON

LOCATION : LOT: 100 SECTION: 4-R SUB-DIV : CHESAPEAKE RANCH EST CPD: 000

TYPE : SEPTIC

PERMIT FEE: \$ 100.00 BOND AMT: \$,.00

REASON : PUBLIC WATER/SEPTIC

CONTRACTOR:

ESTIMATED : * 0

DIRECTIONS:

ENVIRONMENTAL MALTH DEPT

RECEIVED :

contractor -	Tommy R. Bos	ven
	CALVERT COUNTY HEALT	H DEPARTMENT
.0799	• Application for Sanitary Const	ruction Permit ID#
1,10,1081		Tax Account CAELON P
Building	SEWAGE DISPOSAL	WATER SUPPLY
$(n)^{\nu}$ \Box New \Box Addition	Public SewerReplace Septic System	Public Water Proposed Drilled Well DEC 0 8 1559
	Replace Septic Tank Only	Existing Drilled Well
Existing	 Existing Septic System Proposed Septic System 	Existing Well – (dug, bored or driven)
Applicant: Complete all applic	able spaces: ALL COPIES MUST BE LEG	CALVERT COUNTY HEALTH DEFE
1. OWNER MILTON	G JOHNGON ADDR	19DI PANILLE Deat
CITY SILVER	DDUUG	PCODE 20902-PHONE: HOME 301-942-
Nogadrus 1073	FOR DAVISTRAIL	2136 WORK 6488
2. DIRECTIONS TO PROPE	RTY FROM MAIN GATE	= go Lefton
CATALINA D	RIVE g near the along	part go Right on ALGONQUIN
to 1073 FORT 1	DAVIS TRAIL Call	ourt)
3. SUBDIVISION CHESA	PEAKE RAM LOFNO? 100	Δ BLOCK SECTION $\underline{4R}$
OR ACREAGE	taxmapno. <u>0045</u>	BLOCK
4. BUILDING SPECIFICATI	ONS	
Residential	Commercial	
Number of Bedrooms	ABOAR 4 - How MA	ANY COULD the LAND PERK?
Basement Yes	No $(WALK-OUT)$ c tank is to be no deeper than three feet from	a ground surface
	ny part of sewage disposal system and any w	ance or inaccurate information will result in a denial of percolation test and/
or final approval.		osed house location to scale 1 inch = 10,20,30 feet etc. Plot Plan shall include
location of percolation test(s),	proposed drainfield area, proposed well along with loca	ation of any wells or disposal systems within 100 ft. of the property lines.
After conducting the satisfactor	is than 1 acre and proposed house must be staked and ic y percolation test, by a representative of this office, 4 co	opies of the site plan fulfilling the requirements of COMAR 26.04.02 must
be submitted. This site plan mo NOTE: Only after the review of the fin	ust be prepared by a registered surveyor. al site plan will approval of a sanitary construction per	mit be considered.
The applicant hereby certifies and agree	es as follows:	
(1) that he is authorized to make this app	lication; (2) that the information is correct; (3) that he will punty which are applicable hereto; (4) that he will perform	11
no work on the above property not spe	cifically described in this application; (5) that he grant property for the purpose of inspecting the work permitte	SOIL PERCOLATION INFORMATION
and posting notices; (6) it will be the resp	ponsibility of the applicant to ensure that the water suppl	V Date of lest
serving this dwelling has been tested an	A	Test Time 2// Depth 6
SIGNED Millon	I Johnson	
DATE Decempor 31	999 PHONE 301-942-6488	
MAIL T	D: PRINT OR TYPE	ADDITIONAL COMMENTS:
MITTIN C	JOHNSON	
MILION G	JOHNSON DAAD	
2906 KAD	IUS ROAD	- w/s.c./
SI VER SP	RING ND 20900	
DILVLIVI	-2136	PLANNING CATEGORY: W S
DO NOT	WRITE BELOW THIS LINE	
	HEALTH DEPARTMENT MINIMUM	RECOMMENDATIONS
Septic Tank Size	gallons ft No of Trenches Leng	th ft. Width ft. Depth ft.
Pipe in trench no de	eper than ft. Trench	hes separated by ft. from center to center
	ft. of washed gravel under the pipe	
Seepage Pit: Total depth _	ft., Diameter	ft., No. of pitssquare ft.
	em must be located as shown on the site plan is must have prior approval of the Health De	s submitted by on
Any deviations from these plan	s must have prior approval of the meanin De	parament of the permit may be revolved.
Permit Issued:		Date
	OVING AUTHORITY	
Completion Certificate Issued:	APPROVING AUTHORITY	Date
	ΑΓΓΚΟΥΙΝΟ Αυτπυκτι τ	
INSTALLER NOTE: THIS PERMIT IS NOT TRANSFERABLE 9/92 • Perk Test Form • HPG		

Mr. Milton G. Johnson 2906 Radius Rd. Silver Spring, MD 20902 Chas ins Bien Or Nep/ - 00 2-16 0-2 Scil ees airpor æ fine ADDRESS- ABSLat 100 is 1073 FORT DAVIS TRAIL LUSBY MD 20659