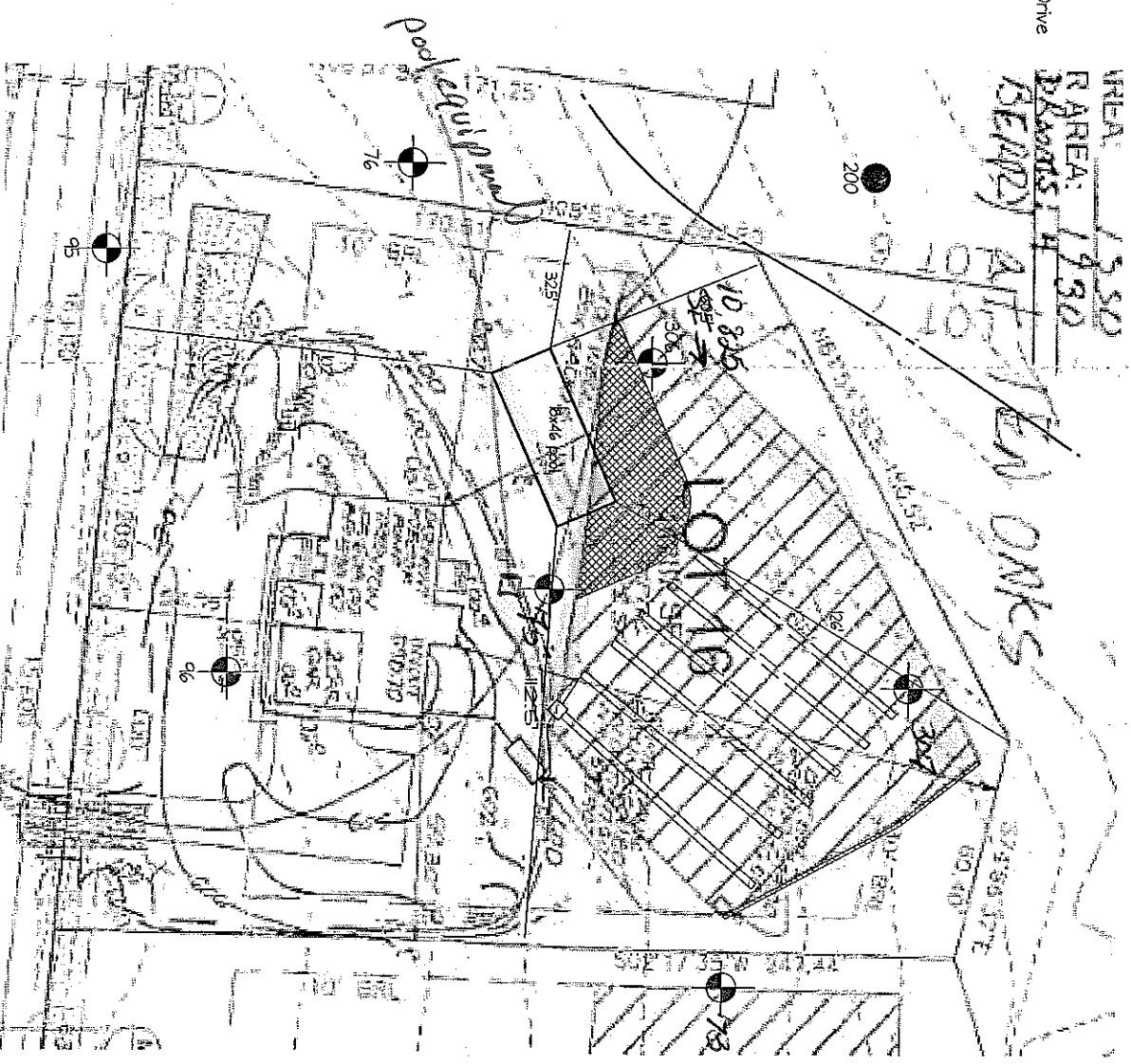


4042 Candle Light

PERCOLATION CERTIFICATION PLAN

4042 Candle Light Drive
Dayton, MD 21036

AREA: 1.330
R AREA: 1.930
B AREAS: 4
BEARDS: 2
ATT: 1
EN: 1
ONKS



SCALE: 1" = 50' 0"

LEGEND

	SEPTIC TANK
	PERC TEST PASS
	PERC TEST FAIL
	9957 sf SEPTIC EASEMENT REMAIN
	1265 sf SEPTIC EASEMENT REMOVE
	85 SF SEPTIC EASEMENT ADD
	CONTOUR LINES
	SOL MAP UNIT LINE

- NOTES:
1. ALL EXISTING WELLS ON THE SUBJECT PROPERTY AND WITHIN 100 FEET OF SUBJECT PROPERTY BOUNDARIES ARE REPRESENTED TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 2. TOPOGRAPHY AND WELL LOCATIONS ON THIS PLAN ARE FROM THE BUILDING PERMIT APPLICATION SITE PLAN FOR THE EXISTING RESIDENCE AND ARE VERGED TO ACCURATELY REPRESENT WELL LOCATIONS AND THE RELATIVE ELEVATION CHANGES ON AND NEAR THE SUBJECT PROPERTY.
 3. THE LOT SHOWN HEREON CORRELATES WITH THE FINISH OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
 4. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
 5. THE AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 9,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT IS RESTRICTED.
 6. THE EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE EASEMENT. THE COUNTY HEALTH OFFICE SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 7. THE EXISTING RESIDENCE, SEPTIC TANK, DISTRIBUTION BOX AND DISTRIBUTION TECHNIQUES WILL REMAIN.
 8. THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN REVISION IS TO ADJUST THE SEWAGE DISPOSAL AREA TO ACCOMMODATE AN ANTICIPATED INGROUND POOL.
 9. THE EXISTING SEPTIC SYSTEM MUST BE MODIFIED TO MEET CODE REQUIREMENTS FOR SETBACK TO POOL AND FOR TRENCH ABSORPTION AREA PRIOR TO HEALTH DEPARTMENT APPROVAL OF THE BUILDING PERMIT.
- I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON WORK PERFORMED IN MY PRESENCE OR BY MY DIRECTION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: Tim Spitzer DATE: 3-19-2014

SIGNATURE: _____ DATE: _____

Approved For Private Water and Private Sewage System

Walter for Maura Bergman
Health Office, Howard County Health Department Date 4/8/2014
ms