



HOWARD COUNTY HEALTH DEPARTMENT

45019

CODES

DATE

5/1/13

15

- CASH
- CHECK

NO.

10

Received From

William Klemmer

For

Persc Application - 10985 Rte 108

Five hundred six

00/100

Dollars

\$

506.00

Received By

[Signature]

AP 545019

A

6" bml

red bml
scl lcsbk

5' red sl
many mica

7' red fsl
saprolite
micaceous

↓

15' beige
ls saprolite

B

1' bml

red/org
bml scl
lmsbk

5' bml
ch sl
saprolite

8' bml fsl
saprolite
many mica

↓

16' bml ls
saprolite w/
Mn

C

8" bml
sbk

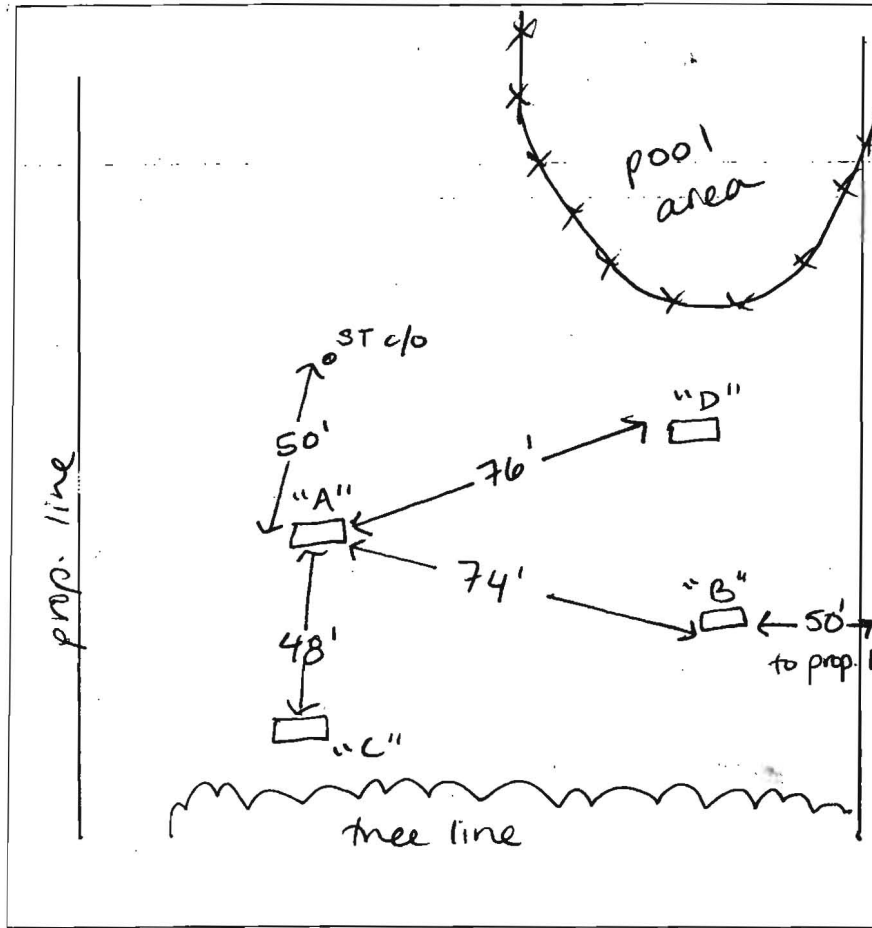
red
ch scl
zmsbk

6' red
gr sl

8' red
sl
20% rx

↓

12' red
ch sl
25% rx



D

6" bml

6" org bml
scl lcsbk
10% rx

5' yellow
sl

yellow/red
sl saprolite

7'-7.5' bml fsl
saprolite
few mica

9' beige ls

13'

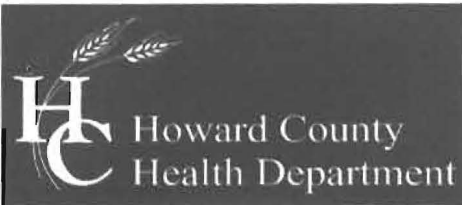
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/2/13	A	6'/15'	9:57	slow,	reshelved		
	A	7'/15'	10:17	10:42	11:03	21	P
	B	6'/16'	9:45	9:48	9:51	3	P
	C	7'/12'	10:11	pulled @ 10:27 slow			F
	D	7'/13'	10:52	11:11	11:39	28	P

REMARKS Ex. trench to be used

SANITARIAN HS BACKHOE Harrison Contracting OTHERS homeowner

TEST HOLES USED IN SDA _____ AVG. PERC TIME 17 SQ. FT/BR _____

TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 8' EFFECTIVE SW 1'



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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., Health Officer

July 5, 2013

To: William Klemmer
Applicant

RE: Perc Test Report, [10985 Route 108 Columbia, MD 21044]; A#545019

Percolation testing was conducted on the referenced property on July 2, 2013. The purpose for conducting these percolation tests was to delineate septic reserve area for a proposed addition with three additional bedrooms.

All percolation tests conducted were standard tests, measuring rate of fall for a pre-wet period followed by measurement and recordation of the time required for the water level to drop 1 inch. Soil conditions either satisfactory or unsatisfactory for onsite wastewater disposal were observed at the specified test locations. Areas that may be included in a septic reserve are represented by test locations having satisfactory soil conditions. The area of the septic reserve requires that the area be large enough to accommodate an initial drainfield and two repair drainfields for the planned residence.

Soil conditions observed were unsatisfactory and satisfactory for onsite wastewater treatment and disposal. A total of four percolation tests were conducted. Tests A, B, & D passed. Test C failed due to deep clays and an insufficient perc rate.

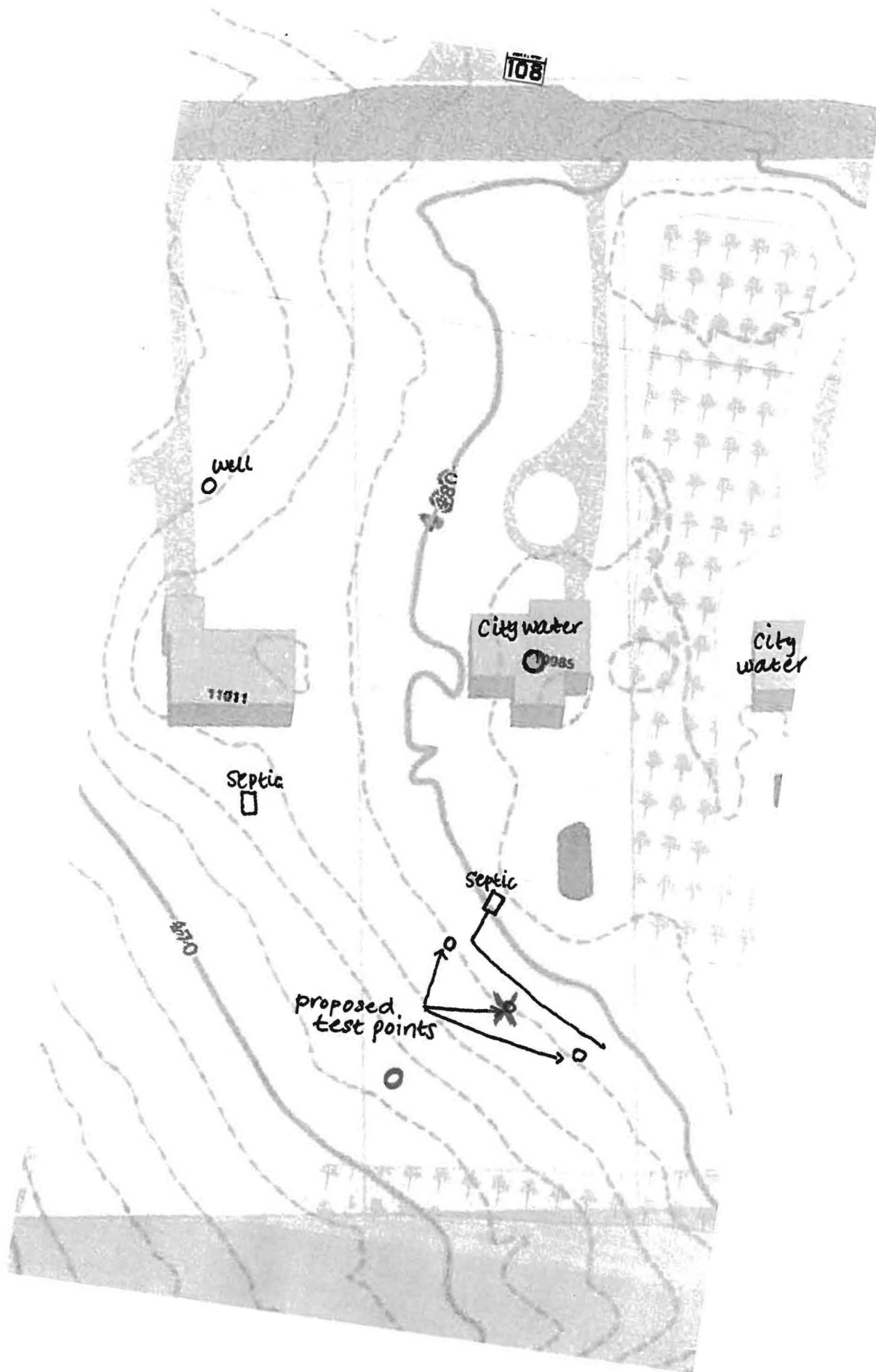
The pit well formerly serving the house must be abandoned prior to building permit approval. Installation of a BAT unit and upgrade of the existing trenches to accommodate the proposed increase in flow must also be completed prior to building permit approval.

Field data collected are shown on Percolation Test Worksheets enclosed with this letter. Recommended Inlet and Trench Bottom depths, and Usable Sidewall all are based on observed soil properties and characteristics at respective test locations as well as the particular soils materials tested. The values for the drainfield parameters will be documented during the Percolation Certification Plan process, and then maintained in the Health Department file for the subject property.

Approval of this project is contingent upon submittal of a Percolation Certification Plan. Additional field review of well or septic system conditions may be required at any time during this process. If you have any questions regarding this evaluation or requirements for the plan, please contact me at the above address or by calling (410) 313-6287.

Respectfully,

Heidi Scott, R.S.
Environmental Sanitarian
Well and Septic Program



COLOR KEY:

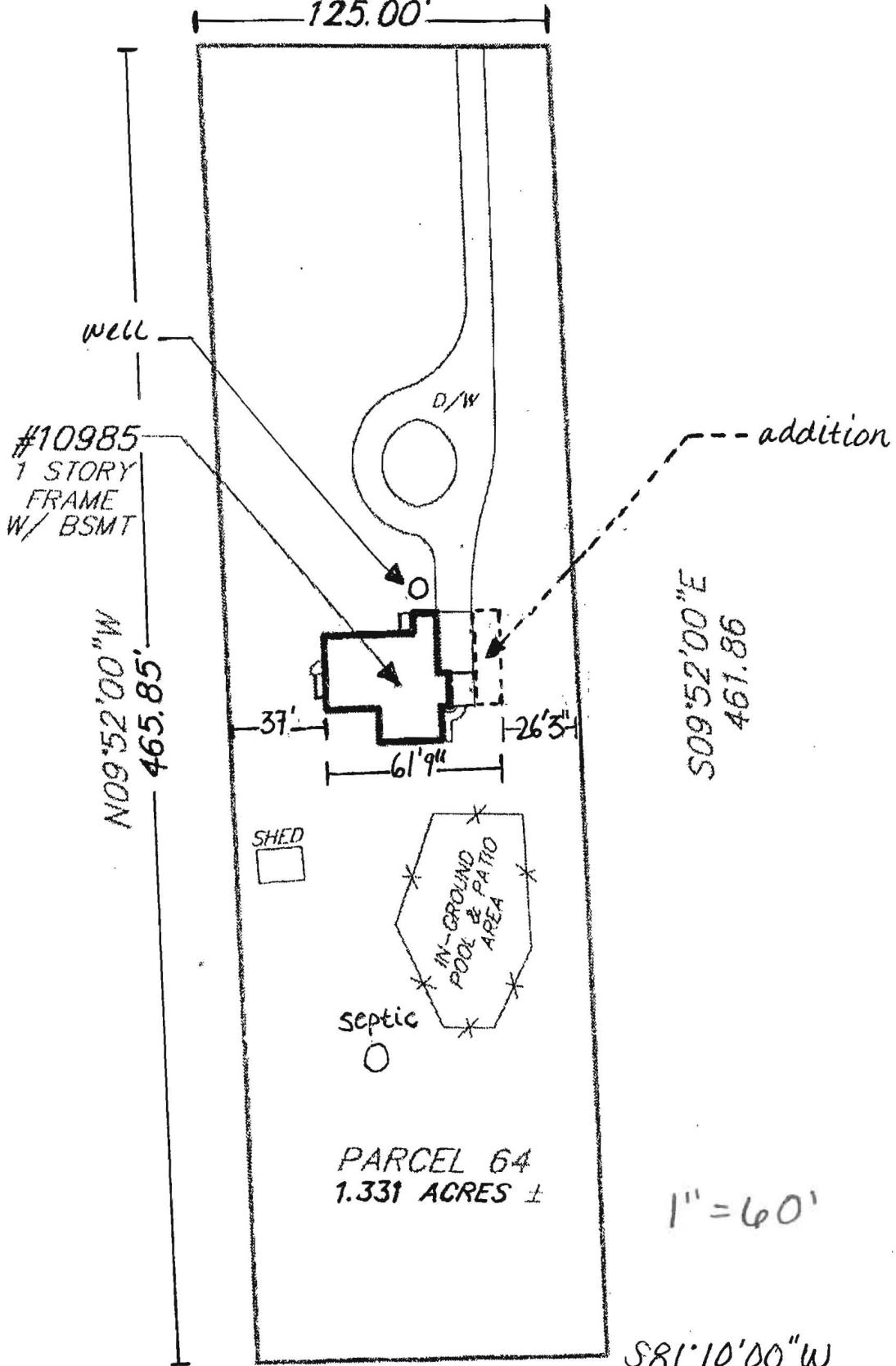
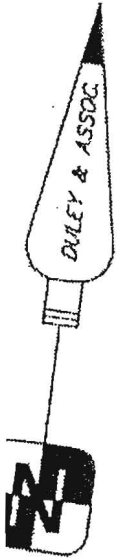
- (RED) - RECORD INFORMATION
- (BLUE) - IMPROVEMENTS
- (GREEN) - ESMTS & RESTRICTION LINES



CLARKSVILLE PIKE

N82°54'00"E

125.00'



Paid #330



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P 5 21625
AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

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

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) McCance

DAYTIME PHONE (410) 997-8692 CELL _____ FAX _____

MAILING ADDRESS 10985 Rt. 108 Columbia MD. 21044
STREET CITY/TOWN STATE ZIP

APPLICANT Fyock Septic

DAYTIME PHONE (410) 531-2939 CELL 240 882-9099 FAX 410 531-1256

MAILING ADDRESS P.O. Box 89 Glenelg MD. 21737
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 10985 Rt. 108 Columbia MD. 21044
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 15 GRID C-3 PARCEL(S) _____ PROPOSED LOT SIZE _____

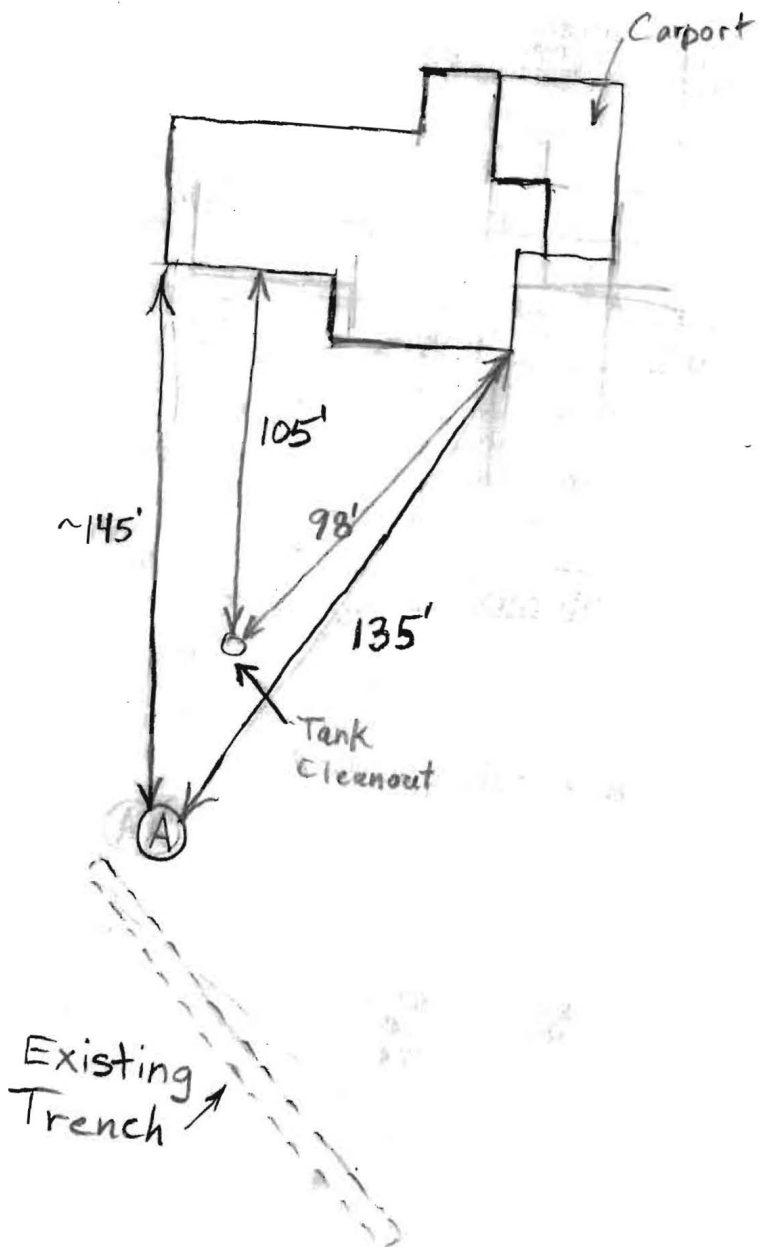
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. [Signature]
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-HELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DIEM

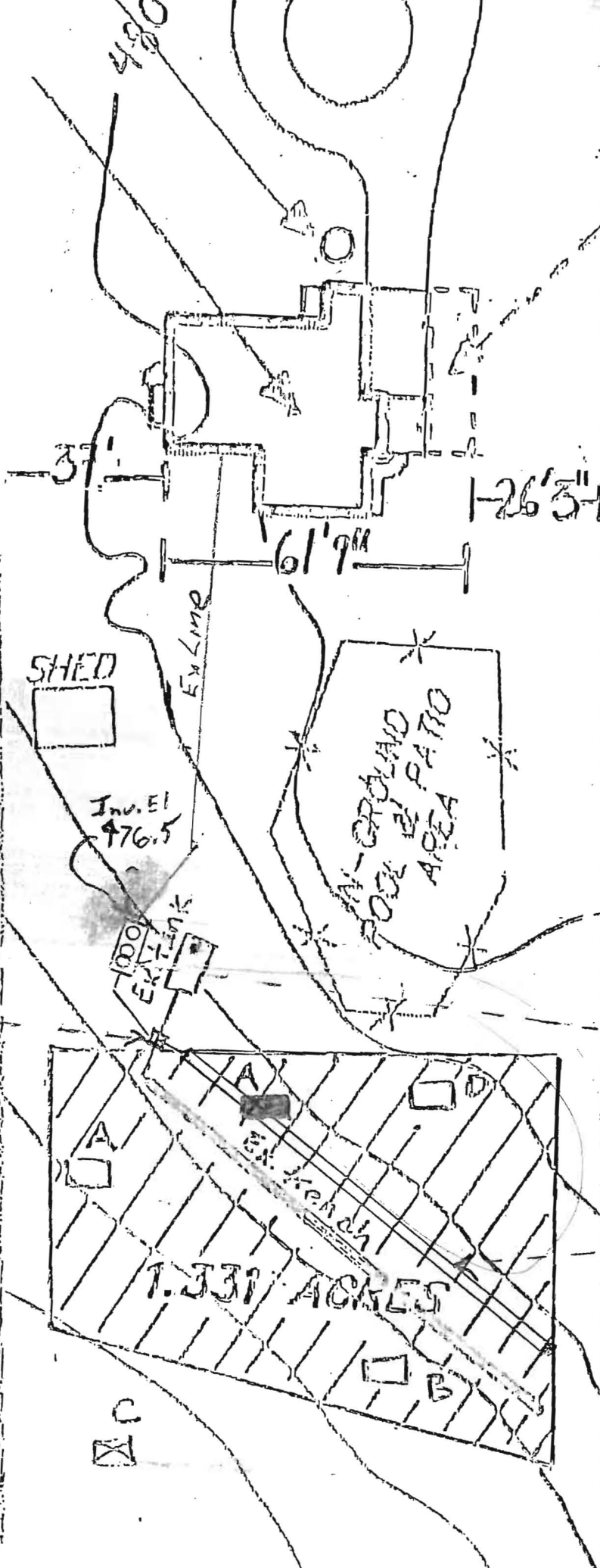
Route 108

Can't Locate Any Wells - Public Water



6' - 8 1/2 Minutes

(A)	Red Br Si Cl Loam, ~10% Rock	
	Red Br Si Loam slowly Turning to a Beige Sa Loam With 15-20% Saprolite	5.5-6'
		17'



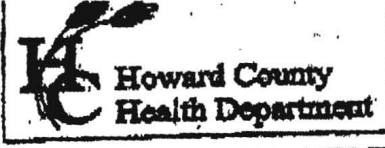
S09°52'00"E
461.85'

proposed
septic tank location
NORWECO Singulair

Proposed 110' Trench
invert y
bottom 8'

1" = 50'

COPIED FROM...



7178 Gateway Drive
(410) 313-2641
TDD (410) 313-2323
website: www.hchealth.org

Columbia, MD 21046
Fax (410) 313-2648
Toll Free 1-866-313-6900

Peter Battenson, M.D., M.P.H., Health Officer

Public Information Act Request Form

Property Information Requested: <u>Carissa Kzemma</u>	<u>10985 Route 108</u>
Current Owner's Name <u>10985 Route 108</u>	Property Address <u>1029 Doley</u>
Subdivision	Lot # Tax Map Parcel

Applicant's Name: WRF + SM Plumbing & Heating Phone # 301 829 1711

Address: 15 N Main St Mt Airy MD 21771

Select from the following records:

Well & Septic Program

- Percolation Results
- Well Completion Report
- Other (specify) _____
- Septic Construction Plan (As built)
- Complete Lot File

Food Protection Program

- Inspection Report - Food Facility Name: _____
- List of food facilities
- Other (Please explain): _____

Community Hygiene Program

- Complaint Investigation Reports
- Registered Storage Tanks
- Rabies Case Reports
- Well Water Sampling
- Pool Inspection Records
- Other

Please indicate how you would like us to respond to your request:

Regular Mail Fax 301 829 1079 wrfvikki@aol.com
or 410 795 8157

I understand that I will be charged \$.60 per page copied. If staff time in record retrieval takes more than two(2) hours, then a fee of \$25.00 per hour after two (2) hours will be assessed. Also, I do understand that I will not be able to request any proprietary information enclosed in the file and all copies larger than 11"x17" may best be provided by the proprietor of the document. I also realize that it may take up to thirty (30) days to process this request.

Betty Crisp
Applicant Signature

12.07.13
Date

FOR OFFICE USE ONLY			
Date Received	Date Completed	For Copies Made	
Record Found	Preparation Time	Staff Initials	

A-16382
P-52153

2/2

Real Property Data Search (w1)
Search Result for HOWARD COUNTY

Search Help

[View Map](#) [View Ground Rent Redemption](#) [View Ground Rent Registration](#)
Account Identifier: District - 05 Account Number - 347653

Owner Information
Owner Name: KLEMMER CARISSA L **Use:** RESIDENTIAL
KLEMMER WILLIAM A **Principal Residence:** YES
Mailing Address: 10985 ROUTE 108 **Deed Reference:** 1) /13467/ 00301
COLUMBIA MD 21044-1087 2)

Location & Structure Information
Premises Address: 10985 ROUTE 108 **Legal Description:** 1.331 ACRES
COLUMBIA 21044-0000 10985 ROUTE 108
Map: **Grid:** **Parcel:** **Sub District:** **Subdivision:** **Section:** **Block:** **Lot:** **Assessment Year:** **Plot No:**
0029 0017 0064 0000 2014 **Plot Ref:**

Special Tax Areas: **Town:** NONE
Ad Valorem: 101
Tax Class:

Primary Structure Built: 1964 **Above Grade Enclosed Area:** 1,144 SF **Finished Basement Area:** **Property Land Area:** 1.3300 AC **County Use:**
Stories: 1.000000 **Basement:** YES **Type:** STANDARD UNIT **Exterior:** FRAME **Full/Half Bath:** 1 full/ 1 half **Garage:** 2 Carport **Last Major Renovation:**

Value Information

	<u>Base Value</u>	<u>Value</u>	<u>Phase-in Assessments</u>	
		As of	As of	As of
Land:	278,300	01/01/2011	07/01/2013	07/01/2014
Improvements	90,400	278,300		
Total:	368,700	90,400		
Preferential Land:	0	368,700	368,700	

Transfer Information
Seller: MCCANCE LAURIEL **Date:** 09/29/2011 **Price:** \$335,000
Type: ARMS LENGTH IMPROVED **Deed1:** /13467/ 00301 **Deed2:**
Seller: **Date:** **Price:** \$0
Type: **Deed1:** /00729/ 00256 **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Exemption Information

Partial Exempt Assessments:	Class	07/01/2013	07/01/2014
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00	0.00

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information
Homestead Application Status: No Application

Connection Object 7101074087 ELLICOTT CITY, CLARKSVILLE PK 10985

[-] Device location 6101073963 INSIDE

Device 06/07/13-**-***.*** 43963955 6030020 Water Meter - 3/4" 1CCF4N
Device 06/07/13-**-***.*** 84653304 6040020 ERT - 3/4" WE 1CCF4D

[-] Premise 5101003112 CLARKSVILLE PK 10985, ELLICOTT CITY

[-] Utility Installation 4101217126 Water 4006935 2

[-] Utility contract 3201013812 06/07/2013 12/31/9999 06/24/2013

Move-out document 00/00/0000

Move-In Document 1000221697 06/07/2013 X

[-] UTIL ACCOUNT 221010066981

RESI

Business Partner 1201005914 OWNER OCCUPANT

Device 06/07/13-**-***.*** 43963955 Water Meter - 3/4" 1CCF4N

Device 06/07/13-**-***.*** 84653304 ERT - 3/4" WE 1CCF4D

Water Meter
ERT - 3/4"

[-] Utility Installation 4101217127 Bay Fees 4006935 7

[-] Utility contract 3201013813 06/07/2013 12/31/9999 06/24/2013

Move-out document 00/00/0000

Move-In Document 1000221698 06/07/2013 X

[-] UTIL ACCOUNT 221010066981

RESI

Business Partner 1201005914 OWNER OCCUPANT

Scott, Heidi

From: Bill Klemmer [billklemmer@hotmail.com]
Sent: Thursday, December 12, 2013 2:49 PM
To: Scott, Heidi
Subject: RE: Perc Cert
Attachments: Revised Drawings.pdf

Hi Heidi,

Here are the revisions to the drawings. I put them both in one pdf. Let me know if anything else is required.

Thanks,

Bill Klemmer

From: hscott@howardcountymd.gov
To: billklemmer@hotmail.com
Date: Tue, 26 Nov 2013 16:53:21 -0500
Subject: RE: Perc Cert

Ok great. Yes, I will need to see a revised plan showing the changes to the bedroom without the closet and the shelving. I will look out for the first floor drawings from you and the revised ones.

Thanks again.

Heidi Scott
Environmental Sanitarian
Howard County Health Dept.
Well & Septic Program
410-313-6287

CONFIDENTIALITY NOTICE

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From: Bill Klemmer [mailto:billklemmer@hotmail.com]
Sent: Friday, November 22, 2013 1:52 AM
To: Scott, Heidi
Subject: RE: Perc Cert

Hi Heidi,

I will add bookcases and remove the closet from that room. Do I need to change the drawings to show the bookcases and closet removal? If so it will take me a few days. Yes, the garage is the only addition to the first floor. I should be able to get you a first floor drawing in the next couple days.

Thanks again,

Bill

From: hscott@howardcountymd.gov
To: billklemmer@hotmail.com
Date: Tue, 19 Nov 2013 15:56:23 -0500
Subject: RE: Perc Cert

Thanks for sending this. In this set of drawings do you also have something that shows the existing house floor plan showing the other 2 rooms combined?

That would work by converting bedroom #3 except you would need to remove the closet and add one of the following:

- (1) permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
- (2) a minimum 4 foot wide opening without doors, into another room;
- (3) a half wall (4 foot max height) between the room and another room

Refer to our code here for more details on the bedroom definition (see attachment). The first floor of the addition will be the garage, correct?

Heidi Scott
Environmental Sanitarian
Howard County Health Dept.
Well & Septic Program
410-313-6287

CONFIDENTIALITY NOTICE

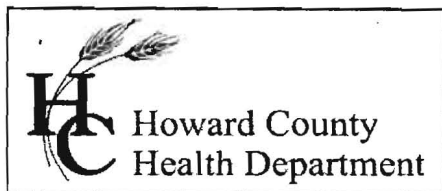
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From: Bill Klemmer [mailto:billklemmer@hotmail.com]
Sent: Friday, November 15, 2013 2:03 PM
To: Scott, Heidi
Subject: RE: Perc Cert

Here is a copy of the addition drawing. What is currently labeled as bedroom 3 can easily be called an office, which is what it will actually be used as anyways. The two bedrooms on the first floor will become one for a total of four bedrooms. Let me know if you need anything else.

Thanks,

Bill



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

1545019

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 0000 LOT # 7

PROPERTY ADDRESS 10985 Clarksville Pike Columbia 21044

STREET TOWN ZIP

TAX ACCOUNT # 347653 TAX MAP 0029 GRID 017 PARCEL 0064 ZONING DESIGNATION Residential

PROPERTY OWNER(S) William & Carissa Klemmer

DAYTIME PHONE 267-304-3074 CELL _____ EMAIL billklemmer@hotmail.com

MAILING ADDRESS 10985 Clarksville Pike Columbia, MD 21044

STREET CITY, STATE ZIP

APPLICANT William Klemmer RELATIONSHIP TO OWNER: Self

DAYTIME PHONE 267-304-3074 CELL _____ EMAIL billklemmer@hotmail.com

MAILING ADDRESS 10985 Clarksville Pike Columbia, MD 21044

STREET CITY, STATE ZIP

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

BUILDING:

- RESIDENTIAL WITH 6 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: _____
- 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.

[Signature] 1-May-13
 SIGNATURE OF APPLICANT DATE

Maryland Department of Assessments and Taxation
 Real Property Data Search (vw1.1A)
 HOWARD COUNTY

[Go Back](#)
[View Map](#)
[New Search](#)
[GroundRent](#)
[Redemption](#)
[GroundRent](#)
[Registration](#)

Account Identifier: District - 05 Account Number - 347653

Owner Information

Owner Name: KLEMMER CARISSA L
 KLEMMER WILLIAM A
Use: RESIDENTIAL
Principal Residence: YES
Mailing Address: 10985 ROUTE 108
 COLUMBIA MD 21044-1087
Deed Reference: 1) /13467/ 00301
 2)

Location & Structure Information

Premises Address
 10985 ROUTE 108
 COLUMBIA 21044-0000
Legal Description
 1.331 ACRES
 10985 ROUTE 108

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No: Plat Ref:
0029	0017	0064		0000				2	

Special Tax Areas
Town NONE
Ad Valorem 101
Tax Class

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1964	1,144 SF	1.3300 AC	

Stories	Basement	Type	Exterior
1.000000	YES	STANDARD UNIT FRAME	

Value Information

	Base Value	Value	Phase-in Assessments	
			As Of 01/01/2011	As Of 07/01/2012
Land	303,300	278,300		As Of 07/01/2013
Improvements:	140,960	90,400		
Total:	444,260	368,700	368,700	368,700
Preferential Land:	0			0

Transfer Information

Seller: MCCANCE LAURIEL	Date: 09/29/2011	Price: \$335,000
Type: ARMS LENGTH IMPROVED	Deed1: /13467/ 00301	Deed2:
Seller:	Date: 12/30/1899	Price: \$0
Type:	Deed1: /00729/ 00256	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

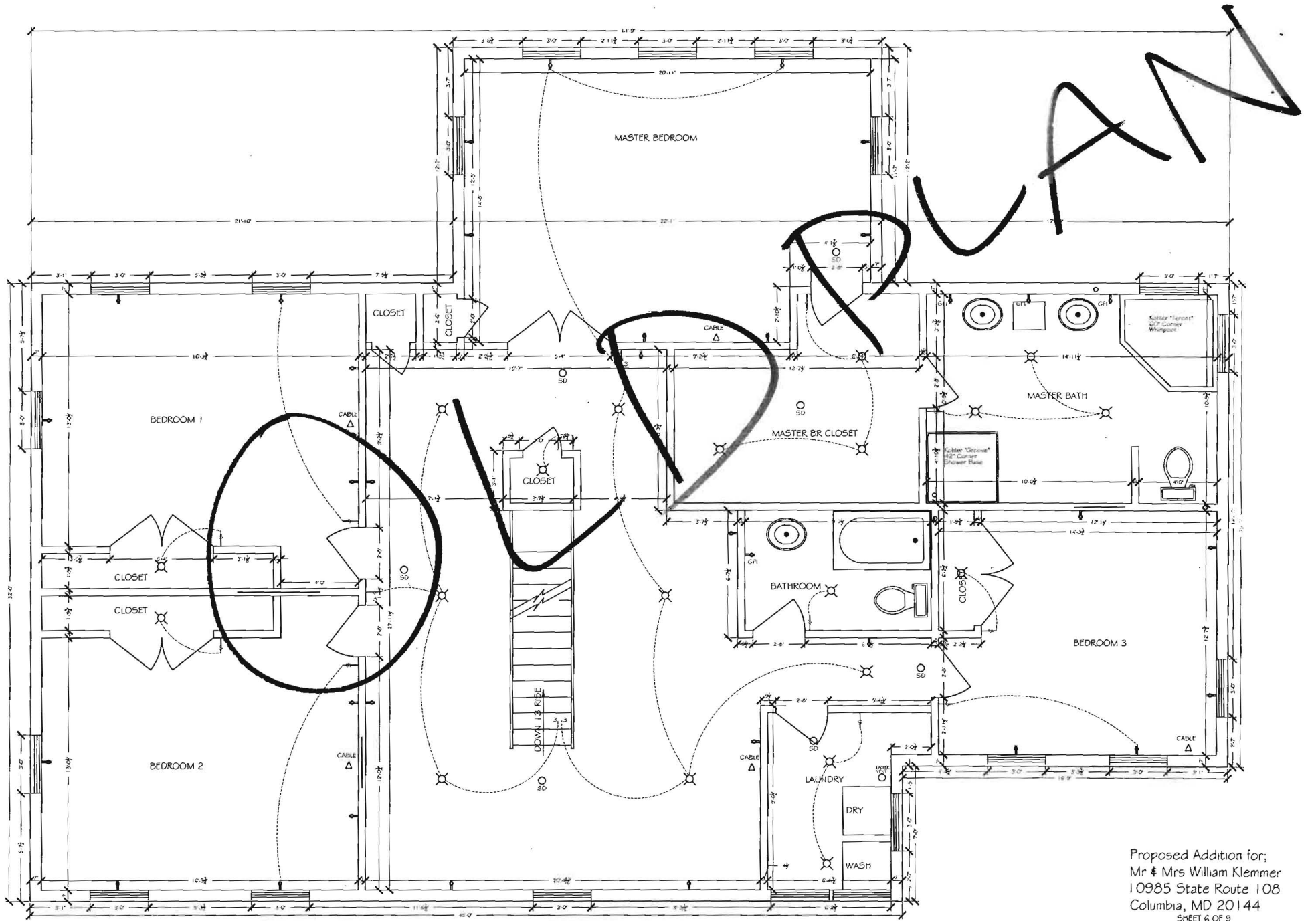
Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	0.00

Tax Exempt:
Exempt Class:
Special Tax Recapture: NONE

Homestead Application Information

Homestead Application Status: No Application



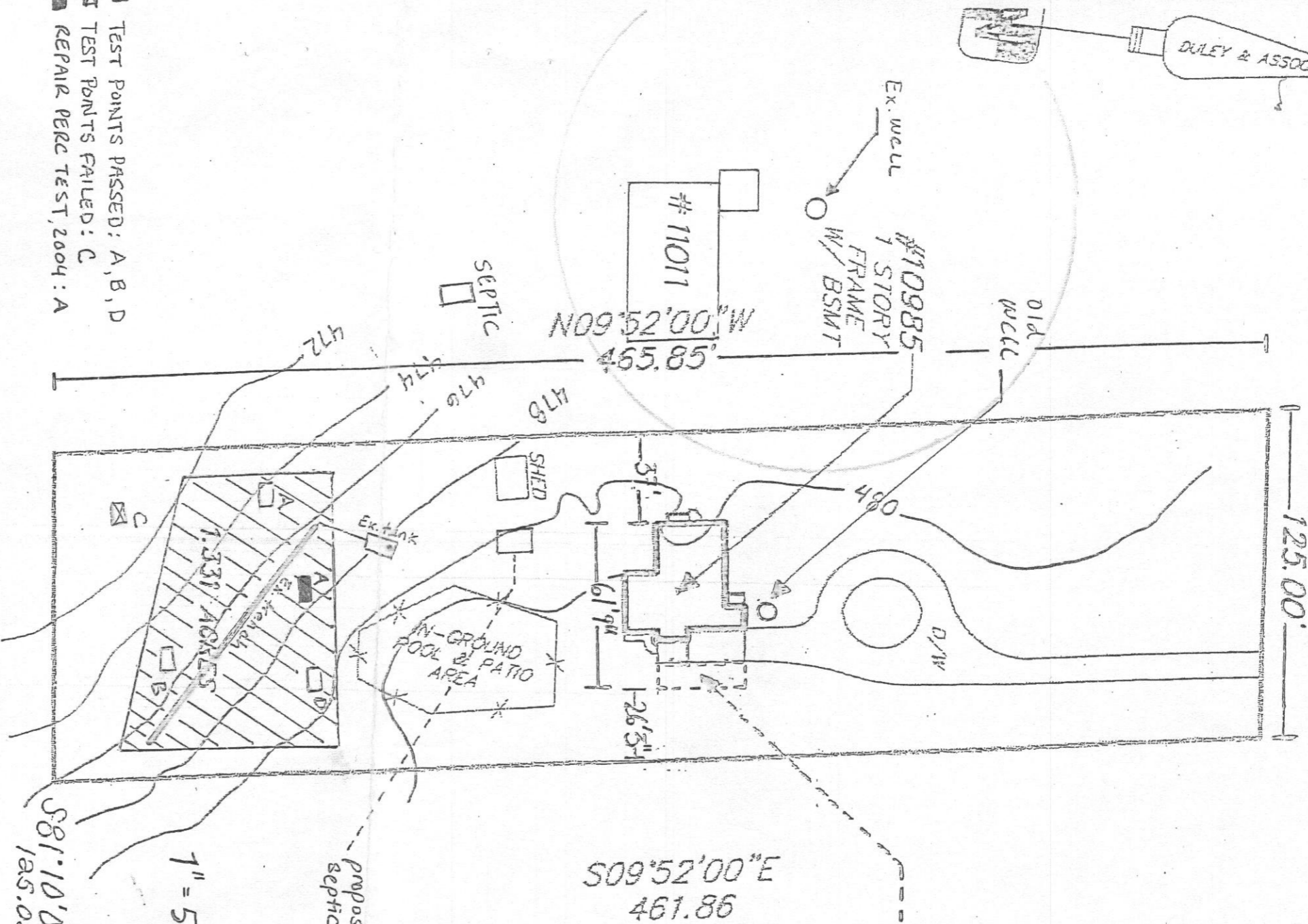
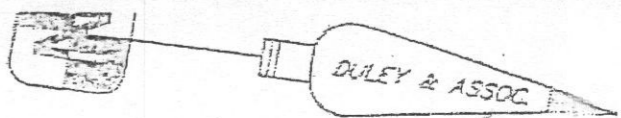
Proposed Addition for;
 Mr & Mrs William Klemmer
 10985 State Route 108
 Columbia, MD 20144
 SHEET 6 OF 9

CLARKSVILLE PIKE

NB2°54'00"E

125.00'

Percolation Certification Plan
 Mr & Mrs William Klemmer
 10985 State Route 108
 Columbia, MD 20144



RECEIVED
 OCT 11 2013
 DEPARTMENT OF HEALTH
 PERCOLATION CERTIFICATION PLAN

- TEST POINTS PASSED: A, B, D
- TEST POINTS FAILED: C
- REPAIR PERC TEST, 2004: A

"Approved For Public Water and Private Sewerage Systems"
Ruben for Muna Klemmer
 Health Officer, Howard County Health Dept. Date 11/2/2014
 15 2

- Notes:
1. Any changes to a private sewage easement shall require a revised percolation certification plan
 2. The topography of this plat is taken from the Howard County Health Dept. and is verified to accurately represent the relative changes on the subject property
 3. All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems have been shown
 4. Purpose of project: To increase the septic capacity of the property to adequately supply the proposed home addition & establish a S-D.A. The home will be 5 bedrooms.
 5. MDE statement for lots created before March 1972:

////// "This area designates a private sewage area as required by the Maryland State Department of the Environment for individual sewage disposal. For lots created prior to March of 1972 it provides at least enough area to accommodate an initial and two replacement septic systems as required by the Howard County Health Department. Improvements of any nature in this area are restricted until public sewerage is available. This area shall become null and void upon connection to a public sewerage system. The county Health Officer shall have the authority to grant adjustments to the private sewage area. Recordation of a modified sewage area shall not be necessary."

7. The septic system must be upgraded to accommodate the new addition prior to building permit approval. The replacement septic tank must utilize B.A.T.
5. A BAT site plan will be required prior to septic permit issuance for BAT upgrade.

6. The old well will be sealed and abandoned prior to building permit approval.

"I certify that the information shown hereon is based on field work performed by me or under my direct supervision, and is correct to the best of my knowledge and belief."

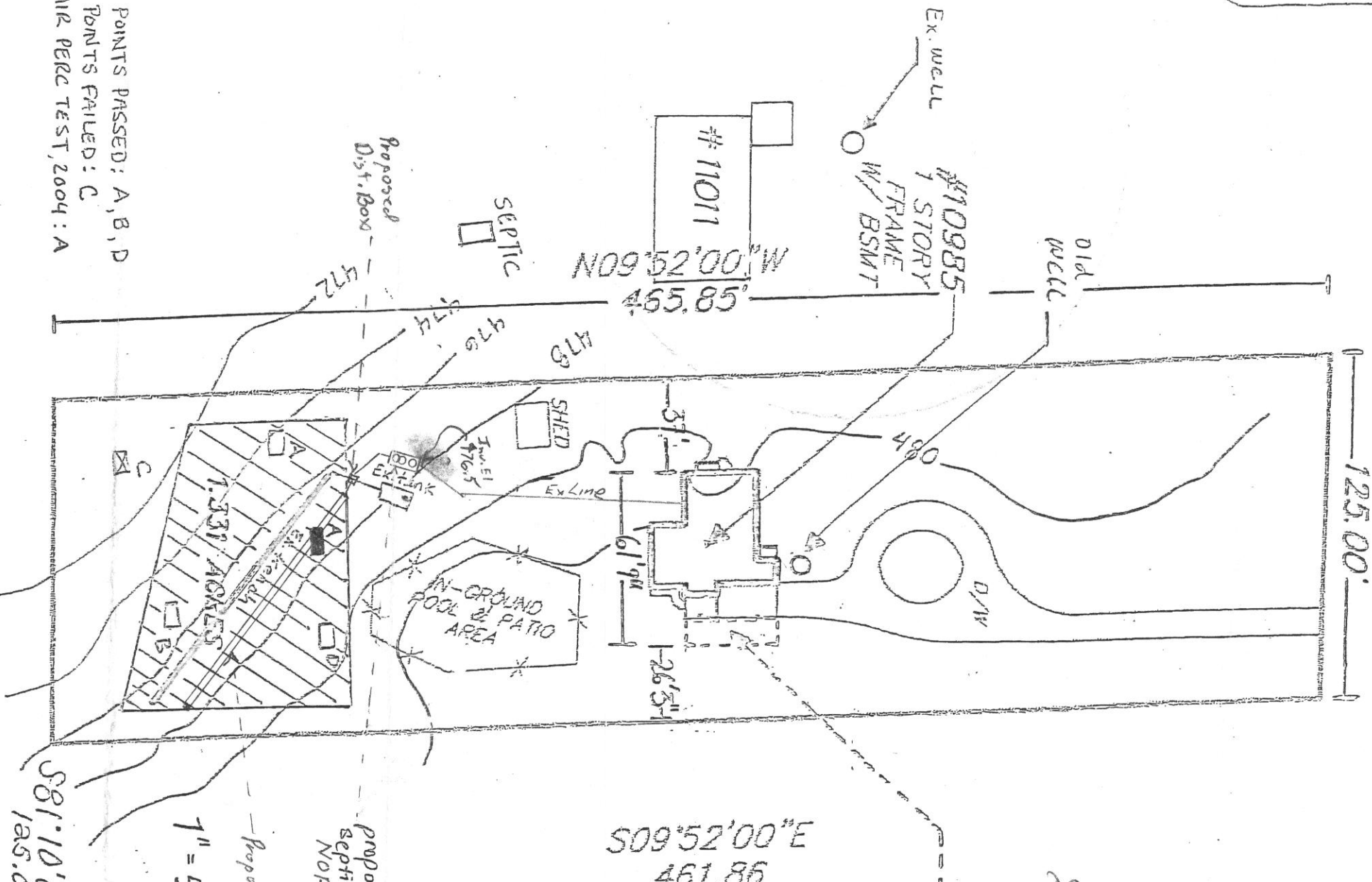
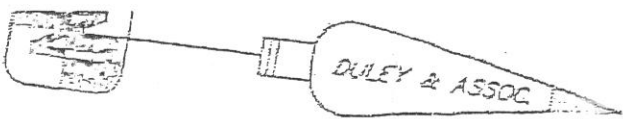
William Klemmer
 William Klemmer 21-OCT-2013

CLARKSMILLE PIKE

NB2°54'00"E

125.00'

BAT Plan
 Percolation Certification Plan
 Mr & Mrs William Klemmer
 10985 State Route 108
 Columbia, MD 20144



Approved Septic System Plan
 Howard County Health Department
 Signature: *[Signature]*
 Date: 3/10/14

proposed addition

S09°52'00"E
 461.86

proposed septic tank location
 NORWECO Singular TNT 600

Proposed 110' Trench
 invert depth
 1" = 50'
 bottom & depth

S81°10'00"W
 145.02'

- TEST POINTS PASSED: A, B, D
- TEST POINTS FAILED: C
- REPAIR PERC TEST, 2004: A

"Approved For Public Water and Private Sewerage Systems"
 Approved: *[Signature]* 1/2/2014
 Health Officer, Howard County Health Dept. Date: *[Signature]*

1. Any changes to a private sewage easement shall require a revised percolation certification plan
2. The topography of this plat is taken from the Howard County Health Dept. and is verified to accurately represent the relative changes on the subject property
3. All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems have been shown
4. Purpose of project: To increase the septic capacity of the property to adequately supply the proposed home addition & establish a S.P.A. The home will be 5 bedrooms.
5. MDE statement for lots created before March 1972:



"This area designates a private sewage area as required by the Maryland State Department of the Environment for individual sewage disposal. For lots created prior to March of 1972 it provides at least enough area to accommodate an initial and two replacement septic systems as required by the Howard County Health Department. Improvements of any nature in this area are restricted until public sewerage is available. This area shall become null and void upon connection to a public sewerage system. The county Health Officer shall have the authority to grant adjustments to the private sewage area. Recordation of a modified sewage area shall not be necessary."

6. The old well will be sealed and abandoned prior to building permit approval.

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[Signature]
 William Klemmer 21-dcf-2013

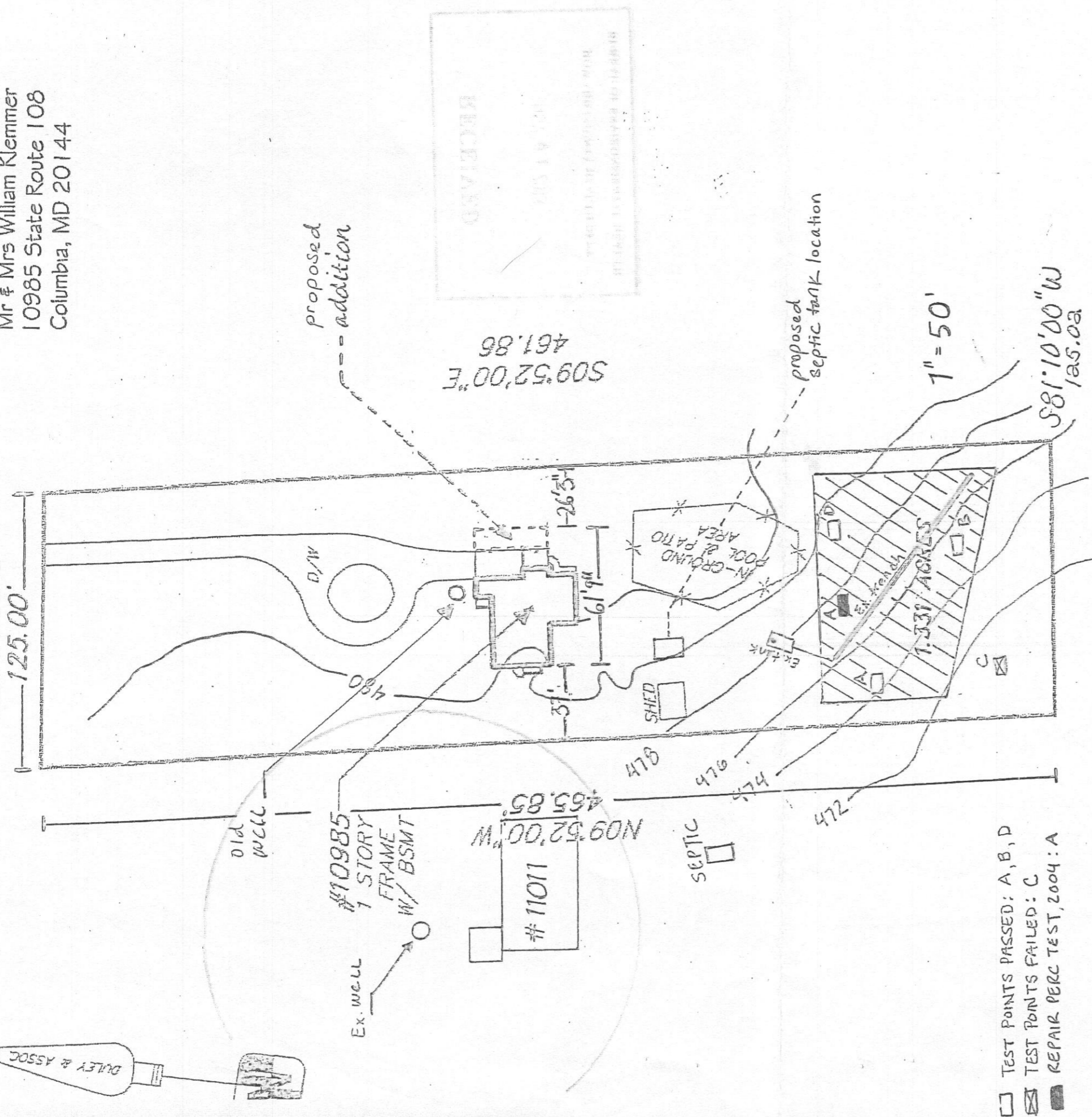
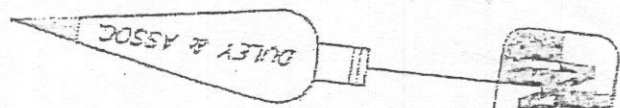
7. The septic system must be upgraded to accommodate the new addition prior to building permit approval. The replacement septic tank must utilize B.A.T.
8. A BAT site plan will be required prior to septic permit issuance for BAT upgrade.

BAT Notes

1. Any change to the locations or depths to any components must be approved by the engineer and the Howard County Health Department prior to installation. A revised site plan may be required.
2. The maximum depth of the BAT per the manufacturer's specification is 3 feet.
3. The blower may not be located more than 1/4 feet from the tank based on the manufacturer's specifications.
4. The BAT system shall be maintained and operated for the life of the system.
5. The BAT shall be operated by and maintained by a certified service provider.
6. Within one month of installation, a person installing the BAT system shall report to the Maryland Department of the Environment (MDE) in a manner acceptable to MDE, the address and date of completion of the BAT installation and the type of BAT installed.
7. Electrical work for the BAT installation must be performed by a licensed electrician.
8. An Agreement and Easement must be completed and signed by all applicable parties, and recorded in Land Records of Howard County.
9. The Health Department requires documentation for the start-up certification from the manufacturer prior to final approval of the installation.

CLARKSVILLE PIKE

Percolation Certification Plan
 Mr & Mrs William Klemmer
 10985 State Route 108
 Columbia, MD 20144



- TEST POINTS PASSED: A, B, D
- TEST POINTS FAILED: C
- REPAIR PERC TEST, 2004: A

"Approved For Public Water and Private Sewerage Systems"

By Msgr. Neena Kozlowski 11/20/14
 Health Officer, Howard County Health Dept. Date
 MS 9W

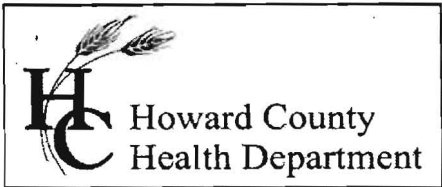
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William Klemmer William Klemmer 21-oct-2013



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

1545219

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 0000 LOT # 7

PROPERTY ADDRESS 10985 Clarksville Pike Columbia 21044
STREET TOWN ZIP

TAX ACCOUNT # 347653 TAX MAP 0029 GRID 017 PARCEL 0064 ZONING DESIGNATION Residential

PROPERTY OWNER(S) William & Carissa Klemmer

DAYTIME PHONE 267-304-3074 CELL _____ EMAIL billklemmer@hotmail.com

MAILING ADDRESS 10985 Clarksville Pike Columbia, MD 21044
STREET CITY, STATE ZIP

APPLICANT William Klemmer RELATIONSHIP TO OWNER: Self

DAYTIME PHONE 267-304-3074 CELL _____ EMAIL billklemmer@hotmail.com

MAILING ADDRESS 10985 Clarksville Pike Columbia, MD 21044
STREET CITY, STATE ZIP

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

BUILDING:

- RESIDENTIAL WITH 6 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: _____
- 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.

[Signature]

1-May-13

SIGNATURE OF APPLICANT

DATE