

Bureau of Environmental Health

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

August 18, 2015

Jeremy and Vamsee Derstine
7295 Meadow Wood Way
Clarksville, MD 21029

RE: Waiver Approval
7295 Meadow Wood Way
Clarksville, MD 21029

Mr. and Mrs. Derstine:

This letter is being issued in response to your waiver request dated July 22, 2015. This agency will grant **approval** of the waiver to the required Percolation Certification Plan and perc testing to establish a septic reserve area as required by the *Howard County Code, Subtitle 8, Section 3.805*. The waiver has been approved on the basis that the proposed addition does not impact the available area for on-site sewage disposal and does not increase the number of bedroom in the home. Please note that any future addition of living space or other property improvements will likely require testing and a percolation certification plan. Any deviations from the site plan submitted with the building permit will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

A handwritten signature in black ink that reads 'Michael J. Davis'.

Michael J. Davis
Assistant Director

Bureau of Environmental Health



ARCHITECTURAL & DEVELOPMENT CONSULTANTS

1619 Mussula Road, Baltimore, MD 21286
Telephone: (443) 465 6899 Facsimile: (410) 853 7436
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July 22, 2015

Mr. Mike Davis,
Deputy Director of Environmental Health
Howard County
7178 Columbia Parkway Drive
Columbia, MD 21046

Waiver to the Percolation Certification Plan Requirements
7295 Meadow Wood Way, Clarksville MD 21029

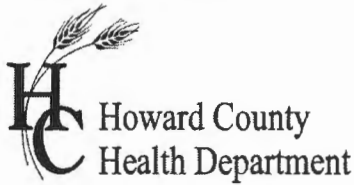
We refer to our discussions with your Mr Hank Oswald. As related to him, that while our client is increasing living space; the house will ultimately only have 3 bedroom and the existing septic system is designed for 3 bedrooms. We also wish to add that the proposed 2nd story and deck will not impede on the existing well, septic system or area for future septic repairs.

We thank you for your attention in this matter.

Truly

8/18/15
Approved
Michael J. Davis

Carl Dyhrberg (M.N.Z.I.A., A.A.I.M.) Principal
C. D. Design Consultants



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

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 3 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) Jeremy and Vamsee Derstine

DAYTIME PHONE 202-489 7844 CELL _____ FAX _____

MAILING ADDRESS 7295 Meadow Wood Way Clarksville MD 21029
STREET CITY/TOWN STATE ZIP

APPLICANT Carl Dyhrberg

DAYTIME PHONE 443-465 6899 CELL 443-465 6899 FAX 410-853 7436

MAILING ADDRESS 1619 Mussula Road Towson MD 21286
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Simpson Woods LOT NO. 5

PROPERTY ADDRESS 7295 Meadow Wood Way Clarksville
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 0041 GRID 0002 PARCEL(S) 0430 PROPOSED LOT SIZE 3.06 Acres

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 OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
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