



TALBOT COUNTY  
HEALTH DEPARTMENT

**OFFICE OF ENVIRONMENTAL HEALTH**

Kathleen H. Foster, R.N., M.S.  
Health Officer

28712 GLEBE ROAD — SUITE 4  
EASTON, MARYLAND 21601  
TEL: (410) 770-6880  
FAX: (410) 770-6888

Anne F. Morse, R.S., Director  
Environmental Health

*PI, MI, BI  
Tract I*

JAN 10 2006

**APPLICATION FOR SOIL EVALUATION FOR  
ON-SITE WASTEWATER DISPOSAL**

38 Tax Map      17 Block      11 Parcel      Perc Site 1 Lot Number      \_\_\_\_\_ Section

Owner's/Applicant's Name: GARY DUNN + SUSAN DUNN  
Mailing Address: 22020 BENDERS LN  
SHERWOOD MD 21665

Phone # 410-886-2640  
Fax # \_\_\_\_\_

Contact Person's Name: SUSAN DUNN  
Mailing Address: 22020 BENDERS LN  
SHERWOOD MD 21665

Phone # 410-886-2640  
Fax # \_\_\_\_\_

**This application is for:**

Subdivision - # of lots 5  
 Lot of Record  
 SDA for Accessory Structure

Enlarge/Relocate Existing SDA  
 SDA for Existing Residential Structure  
 Re-evaluation

**Type of evaluation:**

Conventional Trench - \$375.00  
 Sand Mound - \$400.00  
 Re-flag - \$100.00

Bermed Infiltration Pond - \$400.00  
 Re-evaluation - \$200.00  
 Site Visit Only - \$100.00

Driving Instructions: RT 33 LEFT ON BENDERS LANE (JUST PAST DEEP HARBOR FARM SUBDIVISION) IF YOU GET TO TILGHMAN BRIDGE YOU HAVE GONE ABOUT 1 MILE TO FAR FOLLOW LANE ALL THE WAY BACK

I hereby give the staff of the Talbot County Environmental Health Office my permission to conduct all necessary evaluations on the above referenced parcel. This may include backhoe profiles, auger borings and piezometer installation with frequent return visits. I also agree to provide the Office of Environmental Health with the equipment and materials, which may be required to complete the soil evaluation.

*[Signature]*  
Signature of Owner/Power of Attorney

1/10/06  
Date

Receipt #	<u>43382</u>
Fee Paid	<u>\$1875.00</u> (5 TESTS)
Wet Season	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



The Sewage Disposal Area (SDA) identified as MV P1 B1 has been evaluated by the Talbot County Health Department and complies with current criteria for on-site sewage disposal conditioned on the following:

A Preliminary Subdivision Plat showing the approved Sewage Disposal Area(s) must be prepared in accordance with all applicable County and State regulations and requirements, and must be submitted to this office for review before the final plat is submitted.



A surveyed plat showing the Sewage Disposal Area(s) (SDA) as flagged, as well as locations of all identified soil profiles and piezometers must be submitted to this office for review before the final plat is submitted for Health Officer signature.

The Sewage Disposal Area as previously approved and platted is acceptable.

If approved for a Sand Mound or Bermed Infiltration Pond (BIP), a design must be submitted by a Licensed Engineer or Registered Sanitarian for review and approval by this office.



Additional Comments: The SDA may need to be shifted on the plat once reviewed by this office

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The proposed Sewage Disposal Area (SDA) identified as \_\_\_\_\_ has been evaluated by the Talbot County Health Department and been found to be UNACCEPTABLE for the following reason(s):

High Seasonal Ground Water Table

Percolation/Infiltration Rate Not Acceptable

Cannot Meet Treatment Zone Requirements

See Attached Letter

Inconsistent/Insufficient Permeable Soil Above the Required Treatment Zone

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions or comments concerning the above-described results, please contact this office at (410) 819-5660 to set up an appointment with the Sanitarian listed below and/or the Environmental Health Director.

[Signature]  
Registered Sanitarian

6/1/06  
Date

**SOIL/SIT : EVALUATION WORKSHEET**

OWNERS NAME Susan Dunn  
 TAX MAP # 38-17-11 SOIL TYPE (SCS) KPA  
 LOT NO. #2 SITE NO. \_\_\_\_\_  
 MANAGEMENT AREA B

PROFILE DESCRIBED BY MS/HW DATE 5/18/06  
 PERCOLATION MADE BY \_\_\_\_\_ DATE \_\_\_\_\_  
 FAILING SYSTEM IN VICINITY \_\_\_\_\_

**COLOR**

DEPTH IN.	MATRIX	MOTTLES	ABUN.	TEXTURE	NOTES/COMMENTS
0-8				SIL	
9-25				SICL	Red & grey mottles @ 12"
26-57				CL/L	
58-64				SICL	
65-69				VVFSCL	silty
70-82				VVHSL/SL	VVFSCL inclusions
82-87				SICL	
88-99				VVHSL/SL	water at 85" silty
100-106				SCL	
107-123				VFSL	some inclusions of SICL, silty

**PERMEABILITY RESULTS:** TREATMENT ZONE     FT. WATER TABLE READINGS

WATER ON WATER YES     NO     PERTINENT WEATHER INFO. \_\_\_\_\_  
 PRE-WET YES     NO      
 DIAMETER OF TEST HOLE \_\_\_\_\_ PIEZ #/HOLE # \_\_\_\_\_ DATE \_\_\_\_\_ H2O TABLE BGS \_\_\_\_\_  
 INCHES OF WATER USED \_\_\_\_\_  
 DEPTH TEST PERFORMED \_\_\_\_\_

TEST SITE# \_\_\_\_\_ DEPTH \_\_\_\_\_ TIME \_\_\_\_\_ CONVERTED RATE: \_\_\_\_\_

START OF TEST \_\_\_\_\_  
 -6" READING \_\_\_\_\_  
 -5" READING \_\_\_\_\_  
 -4" READING \_\_\_\_\_

**SANITARIAN'S COMMENTS & RECOMMENDATIONS  
 (INCLUDES APPROVAL OR DISAPPROVAL STIPULATION)**

Recommended shift S.M. on Plat away from  
BL towards Runway to 70'  
Test depth 11' Deep tests Favor 18" BGS

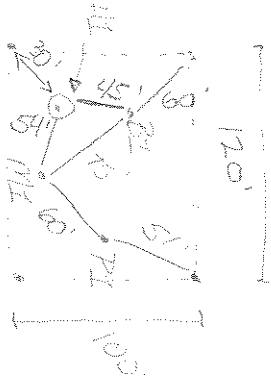
Drainage, slope patterns, site locations,  
 Drainage area, etc. (see attached sketch  
 On reverse)

[Signature] 6/1/06  
 SIGNATURE OF REGISTERED SANITARIAN  
 DATE

water

tree line

① 100' 100' 100' 100'

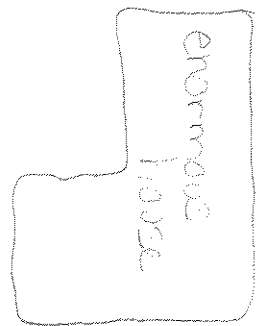


tree line

Runway

② 100' 100' 100' 100'

tree line 4



driveway





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Anne F. Morse, R.S., Director  
Environmental Health

Sites  
P2, M2

JAN 10 2006

**APPLICATION FOR SOIL EVALUATION FOR  
ON-SITE WASTEWATER DISPOSAL**

38 Tax Map      17 Block      11 Parcel      Perc Site 2 Lot Number      \_\_\_\_\_ Section

Owner's/Applicant's Name: GARY DUNN + SUSAN DUNN Phone # 410-886-2640  
Mailing Address: 22020 BENDERS LN Fax # \_\_\_\_\_  
SHERWOOD MD 21665

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Mailing Address: 22020 BENDERS LN Fax # \_\_\_\_\_  
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- SDA for Accessory Structure
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Anne C. Dunn  
Signature of Owner/Power of Attorney

1/10/06  
Date

Receipt #	<u>43382</u>
Fee Paid	<u>\$1875.00 (5-TESTS)</u>
Wet Season	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

✓

The Sewage Disposal Area (SDA) identified as P2MZ has been evaluated by the Talbot County Health Department and complies with current criteria for on-site sewage disposal conditioned on the following:

\_\_\_ A Preliminary Subdivision Plat showing the approved Sewage Disposal Area(s) must be prepared in accordance with all applicable County and State regulations and requirements, and must be submitted to this office for review before the final plat is submitted.

✓

A surveyed plat showing the Sewage Disposal Area(s) (SDA) as flagged, as well as locations of all identified soil profiles and piezometers must be submitted to this office for review before the final plat is submitted for Health Officer signature.

\_\_\_ The Sewage Disposal Area as previously approved and platted is acceptable.

\_\_\_ If approved for a Sand Mound or Bermed Infiltration Pond (BIP), a design must be submitted by a Licensed Engineer or Registered Sanitarian for review and approval by this office.

✓

Additional Comments: SDA will need to be shifted to meet setbacks once plat is received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ The proposed Sewage Disposal Area (SDA) identified as \_\_\_\_\_ has been evaluated by the Talbot County Health Department and been found to be UNACCEPTABLE for the following reason(s):

\_\_\_ High Seasonal Ground Water Table

\_\_\_ Percolation/Infiltration Rate Not Acceptable

\_\_\_ Cannot Meet Treatment Zone Requirements

\_\_\_ See Attached Letter

\_\_\_ Inconsistent/Insufficient Permeable Soil Above the Required Treatment Zone

\_\_\_ Other: \_\_\_\_\_

If you have any questions or comments concerning the above-described results, please contact this office at (410) 819-5660 to set up an appointment with the Sanitarian listed below and/or the Environmental Health Director.

[Signature]  
Registered Sanitarian

6/1/06  
Date

### SOIL/SITE EVALUATION WORKSHEET

OWNERS NAME Susan Dunn  
 TAX MAP # 38-17-11 SOIL TYPE (SCS) KpB2  
 LOT NO. # 2 SITE NO. \_\_\_\_\_  
 MANAGEMENT AREA B

PROFILE DESCRIBED BY MS/HW DATE 4/26/06  
 PERCOLATION MADE BY \_\_\_\_\_ DATE \_\_\_\_\_  
 FAILING SYSTEM IN VICINITY \_\_\_\_\_

#### COLOR

DEPTH IN.	MATRIX	MOTTLES	ABUN.	TEXTURE	NOTES/COMMENTS
0-6				S:L	roots
6-35		grey/olaceous	18"	S:CL	
35-64				CL	compacted, VVFSCL
64-70				VF SCL	
70-80				VF HSL	silly, sticky
80-104				VFSI	
104-110				(VF) HSL/SL	stickier than above

**PERMEABILITY RESULTS:** TREATMENT ZONE    FT. WATER TABLE READINGS  
 WATER ON WATER YES    NO    PERTINENT WEATHER INFO. \_\_\_\_\_  
 PRE-WET YES    NO     
 DIAMETER OF TEST HOLE \_\_\_\_\_ PIEZ #/HOLE # \_\_\_\_\_ DATE \_\_\_\_\_ H2O TABLE BGS \_\_\_\_\_  
 INCHES OF WATER USED \_\_\_\_\_  
 DEPTH TEST PERFORMED \_\_\_\_\_

TEST SITE#    DEPTH \_\_\_\_\_ TIME \_\_\_\_\_ CONVERTED RATE: \_\_\_\_\_  
 START OF TEST \_\_\_\_\_  
 -6" READING \_\_\_\_\_  
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**SANITARIAN'S COMMENTS & RECOMMENDATIONS**  
 (INCLUDES APPROVAL OR DISAPPROVAL STIPULATION)

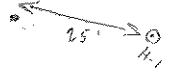
SDA must be shifted away from wetlands to meet setback.  
Test depth 8' interval 2" BGS.

Drainage, slope patterns, site locations, Drainage area, etc. (see attached sketch on reverse)

S. Hasan L. Khan R.S. 6/11/06  
 SIGNATURE OF REGISTERED SANITARIAN  
 DATE

Vann Cove

Wetland Prunella



SDA

Must  
be shielded  
in this  
direction



1000' boundary