

TALBOT COUNTY HEALTH DEPARTMENT

Office of Environmental Health, 215 Bay Street, Suite 4, Easton, MD 21601
 Phone (410) 770-6880 Fax: (410) 770-6888

52.29/ac

Thomas J. McCarty
 Acting Health Officer

Anne F. Morse, RS, LEHS
 Director

SOIL EVALUATION APPLICATION

P2, M2
 Tract 1
 MAR 15 2020
 38-17-11

38 Tax Map 17 Block 11 Parcel Lot # Section #

Owner's Name: GARY PUNN
 Mailing Address: 22020 BENDERS LANE
 City/State/Zip: SHERWOOD, MD 21665

Phone: 410-703-0270
 Cell: _____
 Fax: _____

Contact Name: SUSAN DUNN
 Mailing Address: 22020 BENDERS LANE
 City/State/Zip: SHERWOOD, MD 21665

Phone: 410-703-0270
 Cell: _____
 Fax: _____

<u>Application</u>	<u>Type of Evaluation</u>	<u>FEE</u>
<input type="checkbox"/> Subdivision - # of lots	<input checked="" type="checkbox"/> Conventional Trench - up to 10,000 sq. ft. = (Each additional 1,000 sq. ft. \$40 will be charged.)	400.
<input type="checkbox"/> Lot of Record _____ Acreage	<input type="checkbox"/> Bermed Infiltration Pond - up to 40,000 sq. ft. = (Each additional 10,000 sq. ft. \$125 will be charged.)	500.
<input type="checkbox"/> SDA for Accessory Structure	<input type="checkbox"/> Sand Mound	500.
<input type="checkbox"/> Enlarge/Relocate Existing SDA	<input type="checkbox"/> Re-flag	150.
<input checked="" type="checkbox"/> SDA for Existing Residential Structure	<input type="checkbox"/> Site Visit	150.
<input type="checkbox"/> Other	<input type="checkbox"/> Re-evaluation (Platted SDA)	200.

Directions to property: RT 33 TO BENDERS LANE

I hereby give my permission to the staff of the Talbot County Environmental Health Office 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 of Owner/Power of Attorney

3/16/20
 Date

Receipt #:	<u>1238</u>
Amt Paid:*	<u>520.00</u>
Wet Season:	<input checked="" type="radio"/> Y <input type="radio"/> N
Mgmt Area:	A <input checked="" type="radio"/> B

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

_____ A Subdivision Plat showing the approved Sewage Disposal Area(s) and all associated soil profiles, monitoring wells and piezometers must be prepared in accordance with all applicable County and State regulations and requirements, and must be submitted to The Talbot County Office of Planning and Zoning through the Technical Advisory Committee (TAC) development review process.

_____ A Revision Plat showing the above referenced Sewage Disposal Area and all associated soil profiles, monitoring wells and piezometers must be prepared in accordance with all applicable County and State regulations and requirements and must be submitted to the Talbot County Office of Planning and Zoning through the Technical Advisory Committee (TAC) development review process.

_____ 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 Licensed Engineer or Registered Sanitarian must submit a design for review and approval by this office.

_____ Additional Comments: _____

_____ 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 Groundwater Table

_____ Percolation/Infiltration rate not acceptable

_____ Cannot meet Treatment Zone requirements

_____ See attached letter

_____ Inconsistent/Insufficient permeable soil above the required Treatment Zone

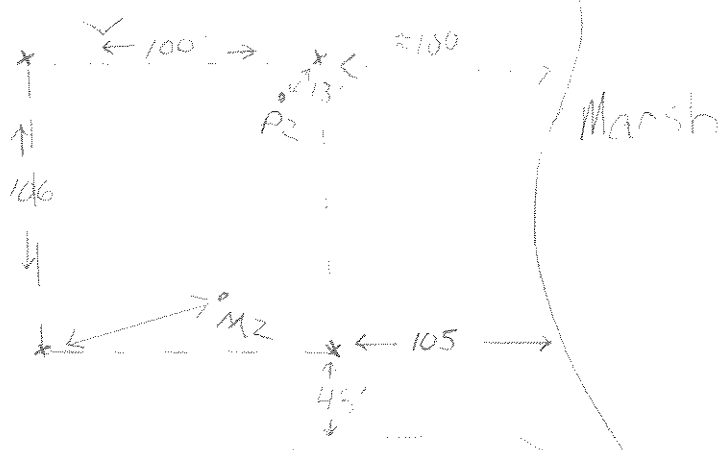
_____ Other: _____

If you have any questions or comments concerning the above-described results, please contact this office at (410) 770-6880 to set up an appointment with the Sanitarian listed below and/or the Environmental Health Director.

[Signature] LEHS 7/31/20
Registered Sanitarian Date

Results mailed to _____ owner/applicant and _____ contact.

Drive



Woods Line

Woods/Field

Towards
Marsh

TALBOT COUNTY HEALTH DEPARTMENT

Office of Environmental Health, 215 Bay Street, Suite 4, Easton, MD 21601
 Phone (410) 770-6880 Fax: (410) 770-6888

9.407ac

Thomas J. McCarty
 Acting Health Officer

Anne F. Morse, RS, LEHS
 Director

SOIL EVALUATION APPLICATION *New Site*

38 Tax Map 17 Block 11 Parcel Lot # Section # *Tract TT 15 2020*

Owner's Name: GARY DUNN
 Mailing Address: 22020 BENDERS LANE
 City/State/Zip: SHERWOOD, MD 21665

Phone: 410-703-0270
 Cell: _____
 Fax: _____

*PLIM 15-2020
 (SCHA -
 2020
 Propost
 site*

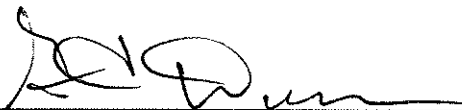
Contact Name: SUSAN DUNN
 Mailing Address: 22020 BENDERS LANE
 City/State/Zip: SHERWOOD, MD 21665

Phone: 410-703-0270
 Cell: _____
 Fax: _____

<u>Application</u>	<u>Type of Evaluation</u>	<u>FEE</u>
<input type="checkbox"/> Subdivision - # of lots	<input checked="" type="checkbox"/> Conventional Trench - up to 10,000 sq. ft. = (Each additional 1,000 sq. ft. \$40 will be charged.)	400.
<input checked="" type="checkbox"/> Lot of Record _____ Acreage	<input type="checkbox"/> Bermed Infiltration Pond - up to 40,000 sq. ft. = (Each additional 10,000 sq. ft. \$125 will be charged.)	500.
<input type="checkbox"/> SDA for Accessory Structure	<input type="checkbox"/> Sand Mound	500.
<input type="checkbox"/> Enlarge/Relocate Existing SDA	<input type="checkbox"/> Re-flag	150.
<input type="checkbox"/> SDA for Existing Residential Structure	<input type="checkbox"/> Site Visit	150.
<input type="checkbox"/> Other	<input type="checkbox"/> Re-evaluation (Platted SDA)	200.

Directions to property: RT 33 TO BENDERS LANE

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 Signature of Owner/Power of Attorney

3/16/20
 Date

Receipt #:	<u>1238</u>
Amt Paid:	<u>\$400.00</u>
Wet Season:	<input checked="" type="radio"/> Y <input type="radio"/> N
Mgmt Area:	A <input checked="" type="radio"/> B



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

_____ A Subdivision Plat showing the approved Sewage Disposal Area(s) and all associated soil profiles, monitoring wells and piezometers must be prepared in accordance with all applicable County and State regulations and requirements, and must be submitted to The Talbot County Office of Planning and Zoning through the Technical Advisory Committee (TAC) development review process.

_____ A Revision Plat showing the above referenced Sewage Disposal Area and all associated soil profiles, monitoring wells and piezometers must be prepared in accordance with all applicable County and State regulations and requirements and must be submitted to the Talbot County Office of Planning and Zoning through the Technical Advisory Committee (TAC) development review process.

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 Licensed Engineer or Registered Sanitarian must submit a design for review and approval by this office.

_____ Additional Comments: _____

_____ 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 Groundwater Table

_____ Percolation/Infiltration rate not acceptable

_____ Cannot meet Treatment Zone requirements

_____ See attached letter

_____ Inconsistent/Insufficient permeable soil above the required Treatment Zone

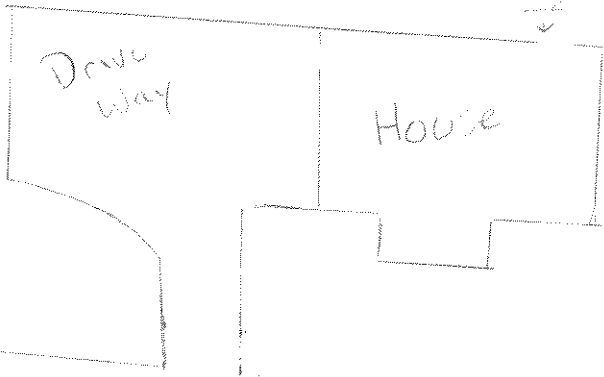
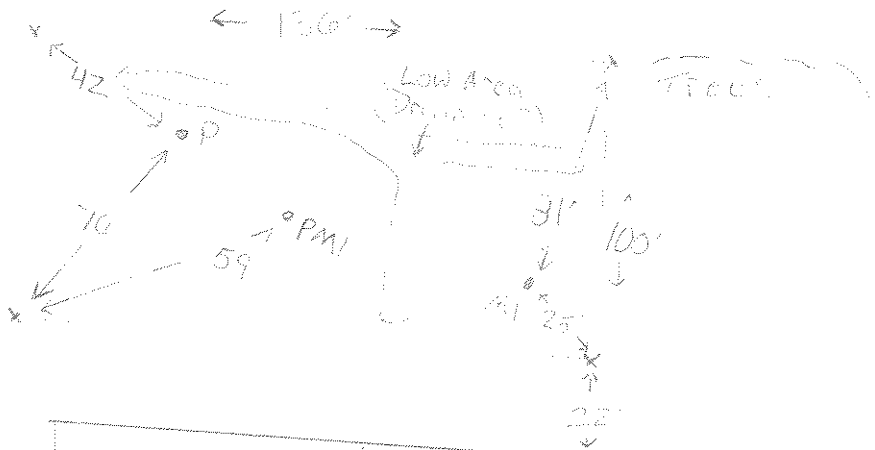
_____ Other: _____

If you have any questions or comments concerning the above-described results, please contact this office at (410) 770-6880 to set up an appointment with the Sanitarian listed below and/or the Environmental Health Director.

Philip M. Carter
Registered Sanitarian

7/31/20
Date

Results mailed to _____ owner/applicant and _____ contact.



FRONT LAINE

TIGHMAN DRIVE RT →

TALBOT COUNTY HEALTH DEPARTMENT

Office of Environmental Health, 215 Bay Street, Suite 4, Easton, MD 21601
 Phone (410) 770-6880 Fax: (410) 770-6888

47.670-
acres

Thomas J. McCarty
 Acting Health Officer

Anne F. Morse, RS, LEHS
 Director

SOIL EVALUATION APPLICATION

P4, MY
 Tract 0202
 III
 MAR 1 9 11 AM

38 Tax Map 17 Block 11 Parcel Lot #

Section # III

Owner's Name: GARY DUNN
 Mailing Address: 22020 BENDERS LANE
 City/State/Zip: SHERWOOD, MD 21665

Phone: 410-703-0270
 Cell: _____
 Fax: _____

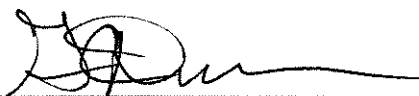
Contact Name: SUSAN DUNN
 Mailing Address: 22020 BENDERS LANE
 City/State/Zip: SHERWOOD, MD 21665

Phone: 410-703-0270
 Cell: _____
 Fax: _____

<u>Application</u>	<u>Type of Evaluation</u>	<u>FEE</u>
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<input type="checkbox"/> Other	<input type="checkbox"/> Re-evaluation (Platted SDA)	200.

Directions to property: RT 33 TO BENDERS LANE

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 Signature of Owner/Power of Attorney

3/16/20
 Date

Receipt #: <u>1238</u>
Amt Paid: <u>\$400.00</u>
Wet Season: <input checked="" type="radio"/> Y <input type="radio"/> N
Mgmt Area: A <input checked="" type="radio"/> B

The Sewage Disposal Area (SDA) identified as P4, M4 has been evaluated by the Talbot County Health Department and complies with current criteria for on-site sewage disposal conditioned on the following:

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Additional Comments: _____

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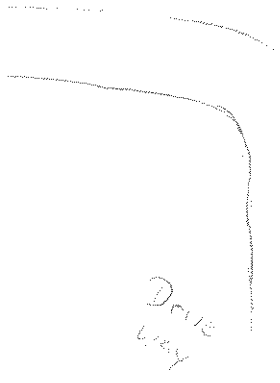
- High Seasonal Groundwater Table
- Percolation/Infiltration rate not acceptable
- Cannot meet Treatment Zone requirements
- See attached letter
- Inconsistent/Insufficient permeable soil above the required Treatment Zone
- Other: _____

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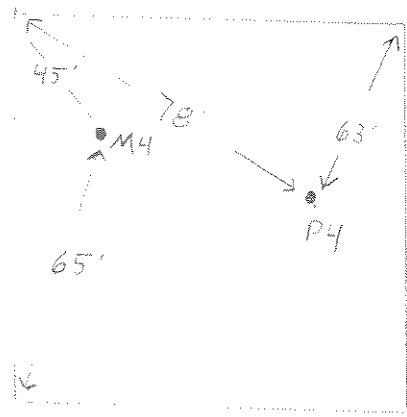
Ally McLean LEHS 7/31/20
Registered Sanitarian Date

Results mailed to _____ owner/applicant and _____ contact.

← No. house



Trigonometry
↓



>100'
to water →