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

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PI, MI, BI Tract I

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

JAN 1 0 2006

APPLICATION FOR SOIL EVALUATION FOR ON-SITE WASTEWATER DISPOSAL

1

Tax Map	Block	Narcel	Lot Numb	ete /	Section		
Owner's/Applicant's N Mailing Address:	Tame: <u>Gary</u> 22020		USAN DUN	N PI	none # <u>4/0 ~ 8</u> ax #	3 <u>86-2</u> 6	,40
Contact Person's Name Mailing Address:	: <u>SUSAN</u> 22020		λ	Pt Fa	none # <u>416 - 8</u> nx #	86-26	10
Lot of	n is for: vision – # of lot Record for Accessory S			_	ate Existing SD		
Sand M	ion: ntional Trench Mound - \$400.0 g - \$100.00			Bermed Infiltr Re-evaluation Site Visit Only		00.00	
BRIDGE	BOR FARM	SUBDIVISI E GONE AL	ON) IF T	OU GET	70 TILG	HMAN	
I hereby give the staff of evaluations on the above installation with freque equipment and material	re referenced pa nt return visits.	rcel. This may in I also agree to pr	clude backhoe proceed to the contract of the contract of the Office	rofiles, auger to of Environme	oorings and piez	zometer	
Signature of Owner/Pov	ver of Attorney	<u> </u>	1/10/06 Date	Receipt Fee Paid Wet Sea		5.00	(5 TESTS
					Yes	No 🚱	

ons of all identify before the finate the finate between Disposal proved for a Sa	ied soil prof il plat is sub Area as pre nd Mound o ed Engineer	iles and pomitted for viously ap or Berme or Registe	iezometers Health Off proved and d Infiltration red Sanitar	must be sub ficer signatu I platted is a on Pond (Brian for revie	acceptable. IP), a design must be ew and approval by this
proved for a Sa tted by a Licenso	nd Mound o ed Engineer	or Berme or Registe	d Infiltratio	on Pond (B.	IP), a design must be ew and approval by this
tted by a Licenso	ed Engineer	or Registe	ered Sanitar	rian for revie	ew and approval by this
onal Comments: pk on€	The S	DA m	ay nee	d to be	e shifted
					<u> </u>
			-		
e Talbot County on(s):	Health Depa	artment an	ed as d been foun	nd to be UNA	has been ACCEPTABLE for the
				•	
ation/Infiltration	Rate Not A	cceptable			
Meet Treatmen	t Zone Requ	irements			_
ached Letter					
			_		nent Zone
questions or cor	nmonta cono				
h S S S S S S S S S S S S S S S S S S S	the Talbot County son(s): Seasonal Ground lation/Infiltration of Meet Treatment ttached Letter sistent/Insufficient to the sistent of the si	the Talbot County Health Departments on(s): Seasonal Ground Water Table lation/Infiltration Rate Not Act Meet Treatment Zone Requittached Letter sistent/Insufficient Permeable y questions or comments concess 819-5660 to set up an apport Health Director.	the Talbot County Health Department and son(s): Seasonal Ground Water Table lation/Infiltration Rate Not Acceptable of Meet Treatment Zone Requirements ttached Letter sistent/Insufficient Permeable Soil Above y questions or comments concerning the	Seasonal Ground Water Table Seasonal Ground Water Table Ilation/Infiltration Rate Not Acceptable of Meet Treatment Zone Requirements ttached Letter sistent/Insufficient Permeable Soil Above the Requirements y questions or comments concerning the above-des 819-5660 to set up an appointment with the Sa Health Director.	the Talbot County Health Department and been found to be UNA son(s): Seasonal Ground Water Table Ilation/Infiltration Rate Not Acceptable of Meet Treatment Zone Requirements ttached Letter Sistent/Insufficient Permeable Soil Above the Required Treatment y questions or comments concerning the above-described results 819-5660 to set up an appointment with the Sanitarian list Health Director.

SOIL/SIT : EVALUATI IN WORKSHEET

11

LOT NO.	<u> </u>	SITE NO.		SOIL TYPE (scs) <u>KpA</u>
	ENT AREA				sholve
PROFILE DE PERCOLATI	SCRIBED BY ON MADE BY	ms/4w			DATE 6 18 06
	STEM IN VIC		***		
	COLOR			-	
DEPTH IN.	MATRIX	MOTTLES	ABUN.	TEXTURE	NOTES/COMMENTS
)-6 <u>_</u>				ŞĻ	
1-25			<u> </u>	12/01	FOOT GROUNDSHILL & 12"
R-124					
5- 61				VVFSCL	Situ.
70-82				(VYFHSL/SL	VVESCE INCLUDES
27 - 27 12 : 00				VEHSI/SI	water at 85" situ
0-100		•		961	water at as sing
7-133.				VF9(some indusing of SICL, Silly
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	TY RESULTS:			•	WATER TBLE READINGS
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Sites Pa, Ma

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

JAN 1 0 2006

APPLICATION FOR SOIL EVALUATION FOR ON-SITE WASTEWATER DISPOSAL

38 Tax Map	Block	Parcel		rc Site	2 Section	
Owner's/Applicant's Mailing Address:	2202	DUNN + DENDERS DOOD MD	<u> </u>	DUNN	Phone # <u>4/0 -8</u> Fax #	86-2640
Contact Person's Na Mailing Address:	22.02	N DUNN O BENDERS WOOD MD			Phone # <u>415 - 83</u> Fax #	<u>36-26</u> 40
· Lot	ion is for: livision – # of of Record for Accessory				Relocate Existing SD. Existing Residential S	
Sand	eation: ventional Trend Mound - \$400 lag - \$100.00			Re-evalua	nfiltration Pond - \$40 ation - \$200.00 Only - \$100.00	00.00
BRIDGA	RBOR FAR	Y SUBDIVIS	10N) 1	F YOU GA	LANE (JUST ET TO TILGA FAR JEDILL	YMAN
evaluations on the ab-	ove referenced ient return visi	parcel. This may ts. I also agree to	include backl provide the C	noe profiles, au Office of Enviro	ission to conduct all n ager borings and piezo numental Health with	ometer
Gignature of Owner/Po	Dower of Attorn	еу	<u>) /10/0</u> Date	E Fee	Paid 4/338 Paid 4/875 t Season V Yes N	2 00 (5-78575
			•			()

1 aibu	Sewage Disposal Area (SDA) identified as P2 M2 has been evaluated by the county Health Department and complies with current criteria for on-site sewage disposal tioned 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.
\bigvee	Additional Comments: SDA will need to be shifted to
Mer	L set bades once pot is received
	-
followin	ed by the Talbot County Health Department and been found to be UNACCEPTABLE for the ng 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:
	eve any questions or comments concerning the above-described results, please contact this
office at	ive any questions or comments concerning the above-described results, please contact this (410) 819-5660 to set up an appointment with the Sanitarian listed below and/or the nental Health Director.

SOIL/SITE EVALUATION WORKSHEET

TAX MAP # LOT NO MANAGEMI	ENT AREA 🔝	SITE NO			SCS) <u>KpB2</u>	
	SCRIBED BY ON MADE BY STEM IN VIC				DATE 4/26	6/06
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DEPTH IN.	MATRIX	MOTTLES	ABUN.	TEXTURE	NOTES/CO	MMENTS .
0-6				SiL	roots	
6-35		greylorgeo		S.CL.		
35-64				I CL	Comported, NUF	5Ch
70-80				UF SCL	Silvy Stickey	
20-104				VIFSL -		2
104-110				(VF) HSL/SL	Stickier that	a abaie
11/4 110				101111111111111111111111111111111111111	3 40 50	· · · · · · · · · · · · · · · · · · ·
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PERMEABILITY WATER ON WATER ON WATER ON WATER ON WATER ON WATER OF	ATER YES YES TEST HOLE ATER USED	S NO S NO	PERTI		WATER TBLE RE	O TABLE BGS
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	PACE	c depth s	? <i>1</i>	IMM. 1. AZ	1 B65	
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Orainage, slope p			SIGNAT	URE OF REGIST	TERED SANAITARI	6/11/06 AN

DATE

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