

Bureau of Environmental Health

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

1558016

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Roberta Booth

PROPERTY ADDRESS 7535 Brown Bridge Rd Highland MD 20777

TAX ACCOUNT # _____ TAX MAP 0040 GRID 0018 PARCEL 0236 LOT NO. 2 PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Roberta Booth

DAYTIME PHONE _____ CELL 301-332-3435 EMAIL _____

MAILING ADDRESS 189 Tucker Dr. Chambersburg PA 17201

APPLICANT Gary King RELATIONSHIP TO OWNER: Installer

DAYTIME PHONE 301-924-4218 CELL 301-807-5762 EMAIL _____

MAILING ADDRESS 8605 Augusta Farm Ln Hyattsville MD 20882

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

PROPERTY:

- Subdivision: Number of lots including residue: _____
Subdivision classification (per Dept. of Planning and Zoning) [] Major [] Minor
[] Construct new OSDs on undeveloped lot
[X] Repair or replace failing OSDs
[] Upgrade existing OSDs

BUILDING:

- [X] Residential with 3 existing or proposed bedrooms in the completed structure
[] Commercial (provide detail of type of use and numbers of employees/customers on accompanying plan)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- [] YES
[X] 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]

March-3-16

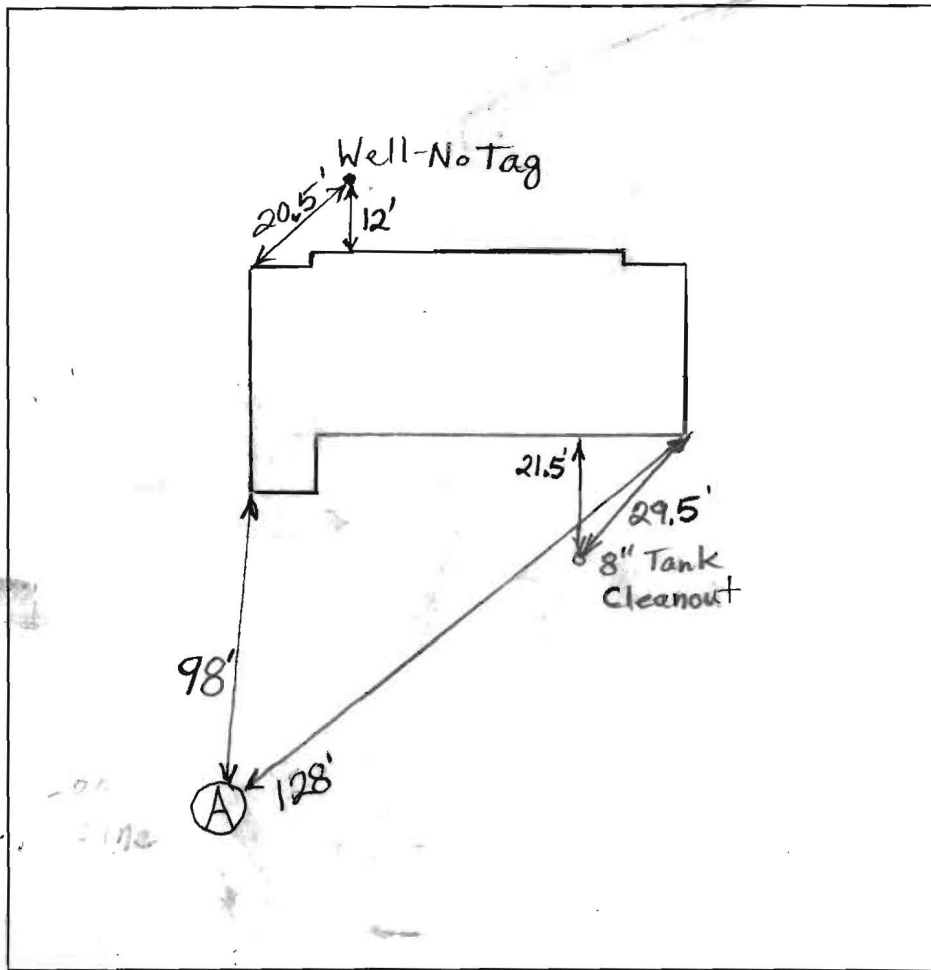
SIGNATURE OF APPLICANT

DATE

AP 558016

(A)

0.5'-1' Br Granular Topsoil
 2.5'-3' Med Br Mod. Dense Si Cl Loam
 5' Dense Red Si Cl Loam
 Mod. Dense Red Br Very Fine Sa Loam
 6'-6.5' - Sa Cl Loam
 Light Br Mod Dense Very Fine Sa Loam
 ~15% Saprolite Getting Wet
 14.5'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/16/2016	A	8'/14.5'	11:50	12:04	12:23	19	P

REMARKS _____
 SANITARIAN B. Baker BACKHOE G. King OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

SECTION 2
CLARKSVILLE DIS
HOWARD COUNT
MARYLAND

LOT 2
43,702

LOT 1

Frame Shed

Brick Steps

Brick Stoop & Steps

Cellar Well

Screen Porch

1 Story Frame, w/ Basmt. # 7535

10'6" Block Walls
Frame Garage

10'6" Block w/ 211

Stoop & Steps

Stone Drive

1" ~ 30'

511.85'

512.16'

75' B.R.!

Man Fd

N 44° 23' 50" E

BROWNS & BRIDGE RD

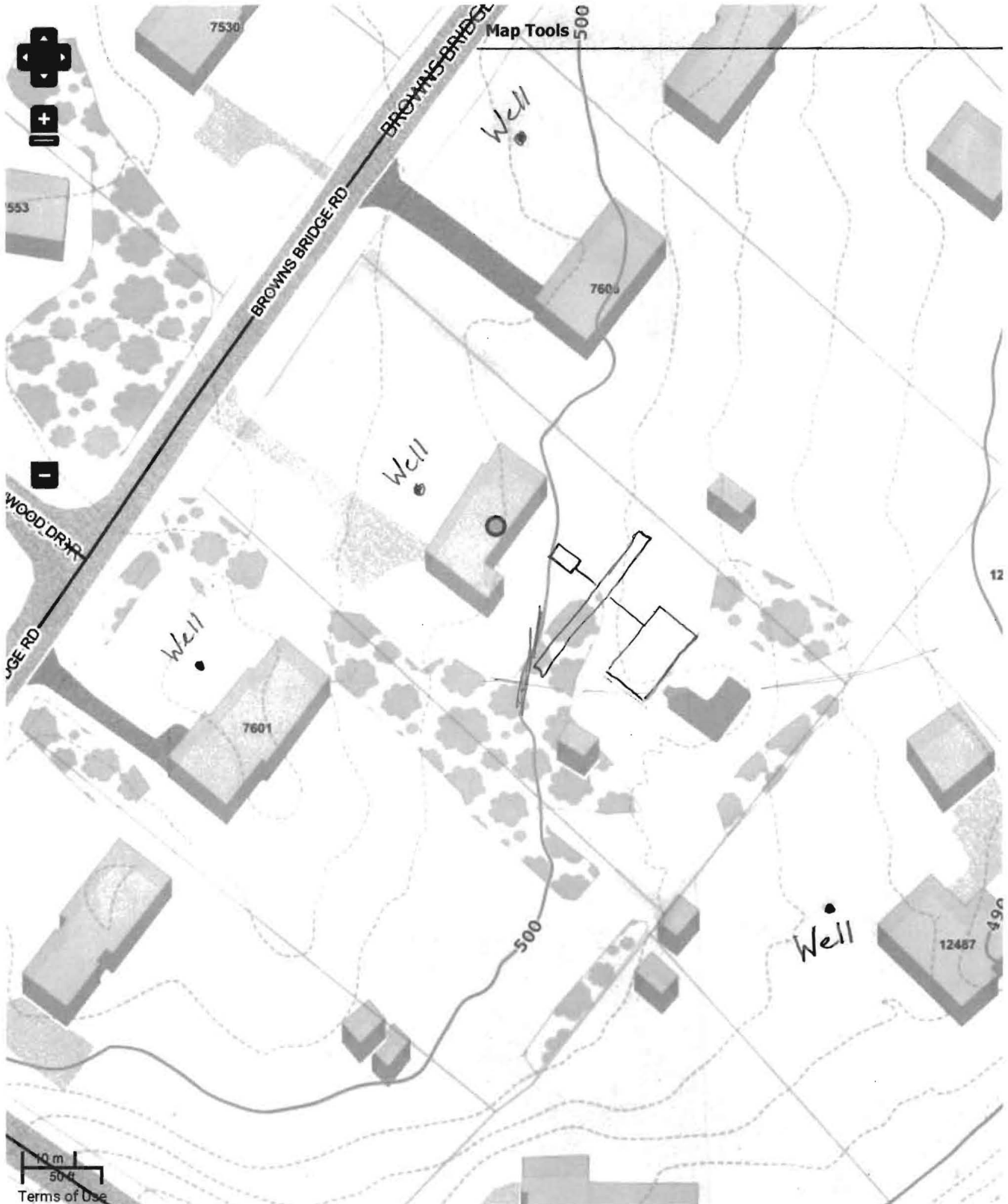
140.00'

by this survey unless otherwise indicated.

REFERENCE
PLAT BOOK

veyed the property
with record
g improve

Howard County
maryland





HOWARD COUNTY HEALTH DEPARTMENT

58016

3 / 3 / 14
DATE

A5

Received From

B. M. Barth

PHONE #

301-924-2121

189 Turkey Drive, Chambersburg, PA 17201

For

PERM PERMIT - HD Brake repair - 5K

7535 Browns Bridge Road

CASH

CHECK

NO.

5229

Three hundred thirty

00
100

Dollars

\$ 330 | 00

Received By

Marion Curry