



Bureau of Environmental Health

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

[Permit]

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION Brighton Farms Estate
SUBDIVISION/PROPERTY NAME 13521 Nichols Drive
PROPERTY ADDRESS 13521 Nichols Drive Clarksville 21029
TAX ACCOUNT # TAX MAP 0034 GRID 0008 PARCEL 0167 LOT NO. 10 PROPOSED LOT SIZE (ACRES) 2.52 AC
ZONING CATEGORY RBDEO TIER
PROPERTY OWNER(S) Terri McLaughlin
DAYTIME PHONE 301-415-8739 CELL 301-655-6856 EMAIL mclaughlnt22@gmail.com
MAILING ADDRESS 13521 Nichols Dr, Clarksville 21029
APPLICANT Terri McLaughlin RELATIONSHIP TO OWNER: self
DAYTIME PHONE 301-415-8739 CELL 301-655-6856 EMAIL mclaughlnt22@gmail.com
MAILING ADDRESS Same above

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
REPAIR OR REPLACE FAILING OSDS
UPGRADE EXISTING OSDS

BUILDING:

- 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
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 OF APPLICANT DATE



HOWARD COUNTY HEALTH DEPARTMENT

61537

DATE
9/27/17

PS

Received From

TERRI McLAUGHLIN

PHONE #

301 655-6356

For

Repair Perc - 13521
Nichols Dr.

CASH

CHECK

NO.

1262

One hundred sixty-five Dollars

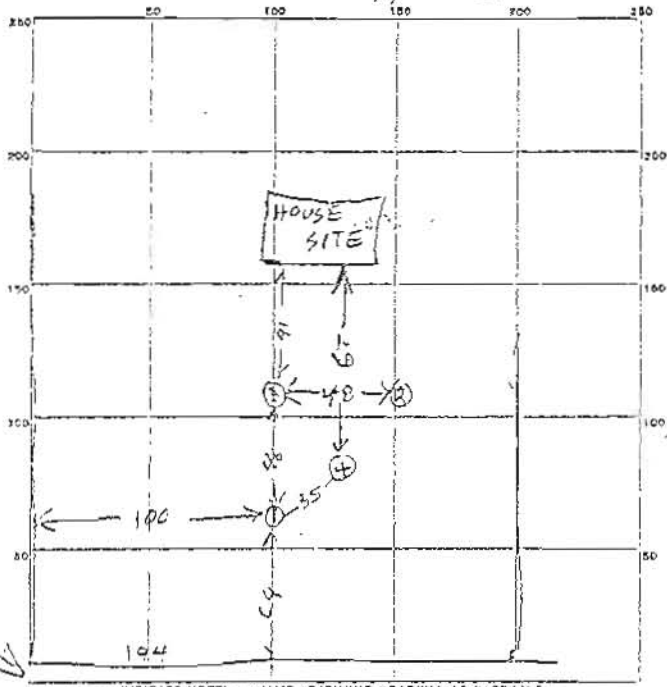
\$

165 PS

Received By

King

A # 06950



INDICATE NORTH - NAME ADJOINING ROADWAY AS SHOWN - IN THIS CASE
 NICHOLS AVE TO BRIGHAM PARK ROAD

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			ST. 1ST	STOP	START	STOP	
10-13	1	4 1/2	1128	1707			
"	2	4	1134			1206	18
"	3	4	1133	1407			
"	4	10	1205	1208	1208	1214	6

SOIL AUGER FINDING: (A) Top 3" of clay, and bottom 4" of sandy
 TESTED BY: Raymond "Red" Jones
 REMARKS: Court Approval
 ALSO PRESENT: Court Approval