

Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 1745 Old Annapolis Rd Woodbine MD 21797

TAX ACCOUNT # 333167 TAX MAP 7 GRID 20 PARCEL 347 LOT NO. PROPOSED LOT SIZE (ACRES) 2.91

ZONING CATEGORY TIER

PROPERTY OWNER(S) Contact Barbara Dorsey/Virgie Dorsey

DAYTIME PHONE CELL 301-413-0944 EMAIL

MAILING ADDRESS 1745 Old Annapolis Rd Woodbine, MD 21797

APPLICANT Freedom Septic RELATIONSHIP TO OWNER: Contractor/Buyer

DAYTIME PHONE 410-745-2941 CELL 410-984-6863 EMAIL

MAILING ADDRESS 3509 Liberty Rd Sykesville, MD 21784

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: Freedom Septic

SIGNATURE OF APPLICANT

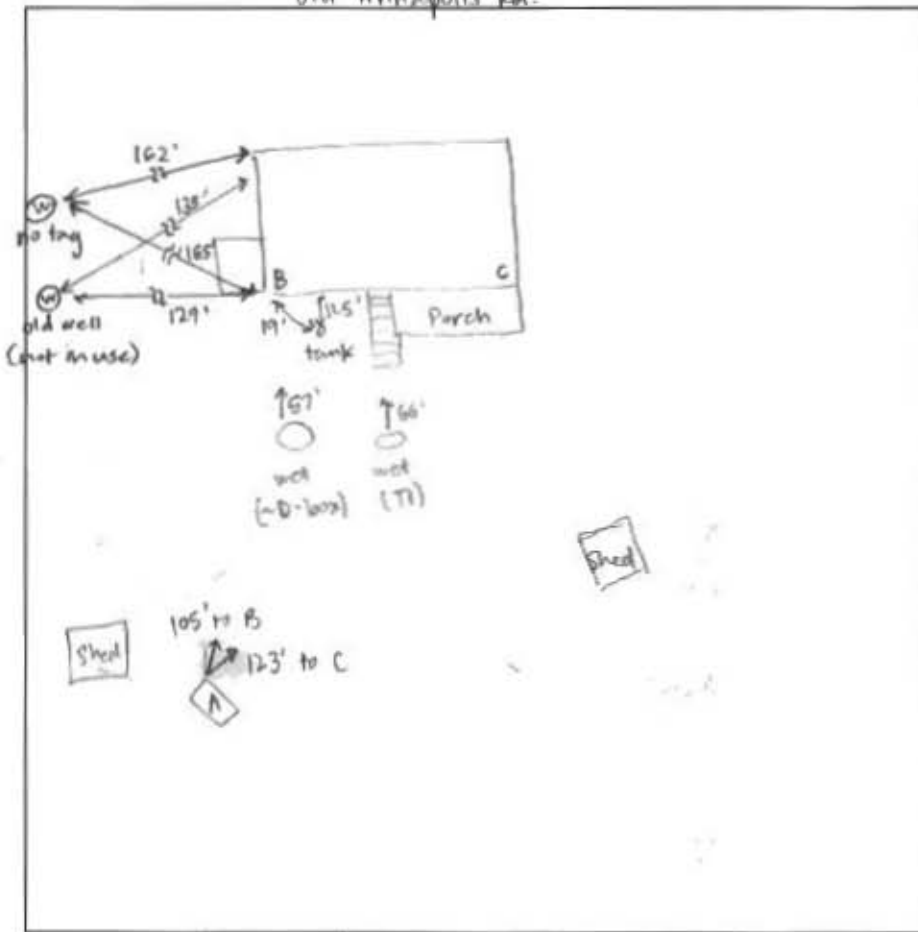
Date: 3/14/15

DATE

Old Annapolis Rd.

AP _____

- (A)
- 8" ~~brn beam~~
musk roots
- red brn cl
msbk
20% rock
sticky
- 4' red brn cl
weak sbk
30% rock/
Saprotite
- 8' red brn scl
weak sbk
- 9.5' 40% Saprotite
red br scl
20% rock
- 12.5' hard bottom



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/27/10	A	4'10" / 12.5'	0:00	slow-pulled			
	A	8' / 12.5'	0:13:30	0:14:30	0:16:20	1:50	too fast
		Layer part (hole 4' diameter)	0:21:17	0:22:54	0:25:28	2:38	P
		8' / 12.5' (hole 1' diameter)	0:21:48	0:23:20	0:25:30	2:10	P

REMARKS Surfacing in yard from existing system

SANITARIAN Sarah Collins BACKHOE Don OTHERS Andy

TEST HOLES USED IN SDA A AVG. PERC TIME 2 min SQ FT/BR 3 BR

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 8' EFFECTIVE SW -