

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 Clyde Frank Gibson III

PROPERTY ADDRESS 1605 Old Annapolis Rd Woodbine MD 21797

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Clyde Frank Gibson III

DAYTIME PHONE 301 854 6474 CELL 413 340 5596 EMAIL

MAILING ADDRESS STREET CITY, STATE ZIP

APPLICANT Marc D Hereta Const RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 301 580 5977 CELL EMAIL marc.d.hereta@heretaconstruction.com

MAILING ADDRESS 2551 Florence Rd Woodbine MD 21797

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 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.

Marc D Hereta

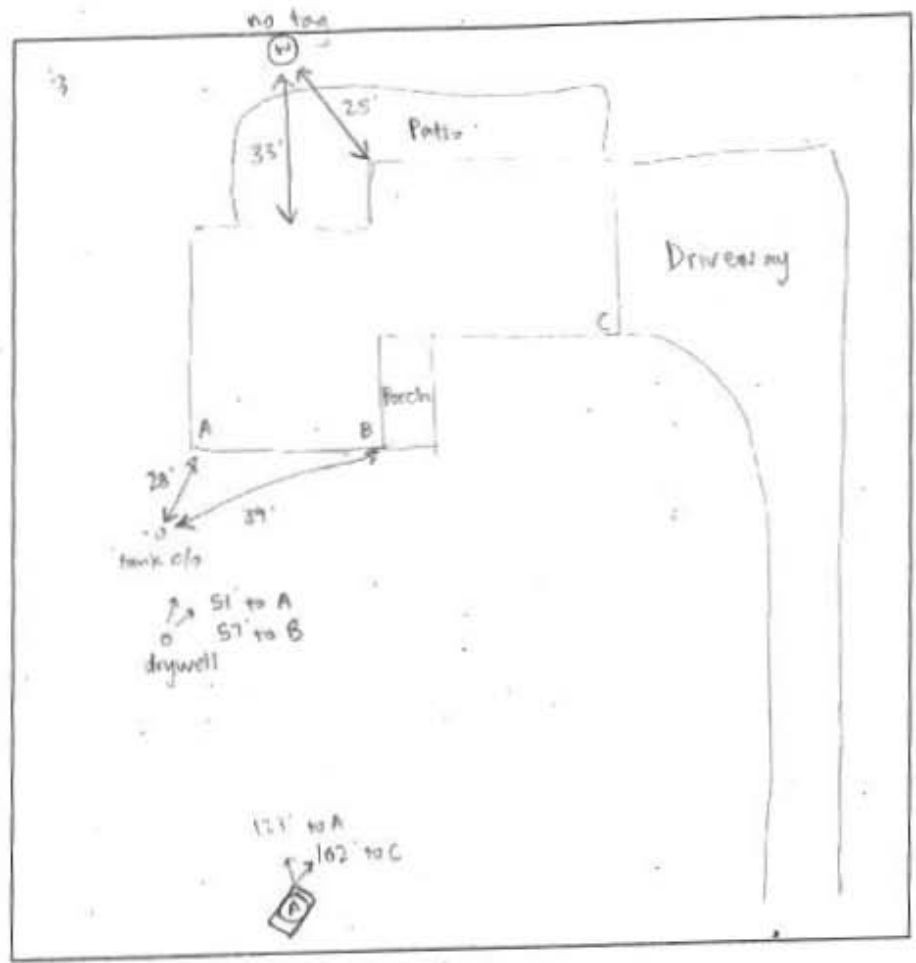
4/25/18

SIGNATURE OF APPLICANT

DATE

A/P _____

- (A)
- 8" dk. brn loam
msbk roots
- 3' brn cl loam
wvnt msbk
roots
10% rock
- 5' red brn/lt
brn vfst
many mica
roots 10% rock
- 14' red brn/lt
brn fst
many mica
30% supsbtio



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/FH
5/9/18	(A)	5' / 14'	0:00	5:05	11:45	5:40	P
		H ₂ O poured @ bottom			~10 mins/inch		

REMARKS _____

SANITARIAN Sarah Collins BACKHOE Marc Hereth OTHERS _____

TEST HOLES USED IN SDA (A) _____ AVG. PERC TIME 6 mins SQ. FT/BR 3 BR

TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 8' EFFECTIVE SW @ 5'