

Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

1308866

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 1001
 PROPERTY ADDRESS 683 E Waterville Rd mt. Airy 21771
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP 0002 GRID 0022 PARCEL 0078 LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____
 PROPERTY OWNER(S) Barbara Sabin / Angie Palmiano
 DAYTIME PHONE _____ CELL 301.928.2900 EMAIL _____
 MAILING ADDRESS 683 E Waterville Rd mt. Airy 21771
STREET CITY, STATE ZIP
 APPLICANT Freedom Septic RELATIONSHIP TO OWNER: repair
 DAYTIME PHONE 410.735.2374 CELL _____ EMAIL chrissy@freedomseptic.com
 MAILING ADDRESS 2809 Liberty Rd Sylva, MD 21784
STREET CITY, STATE ZIP

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 4 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.

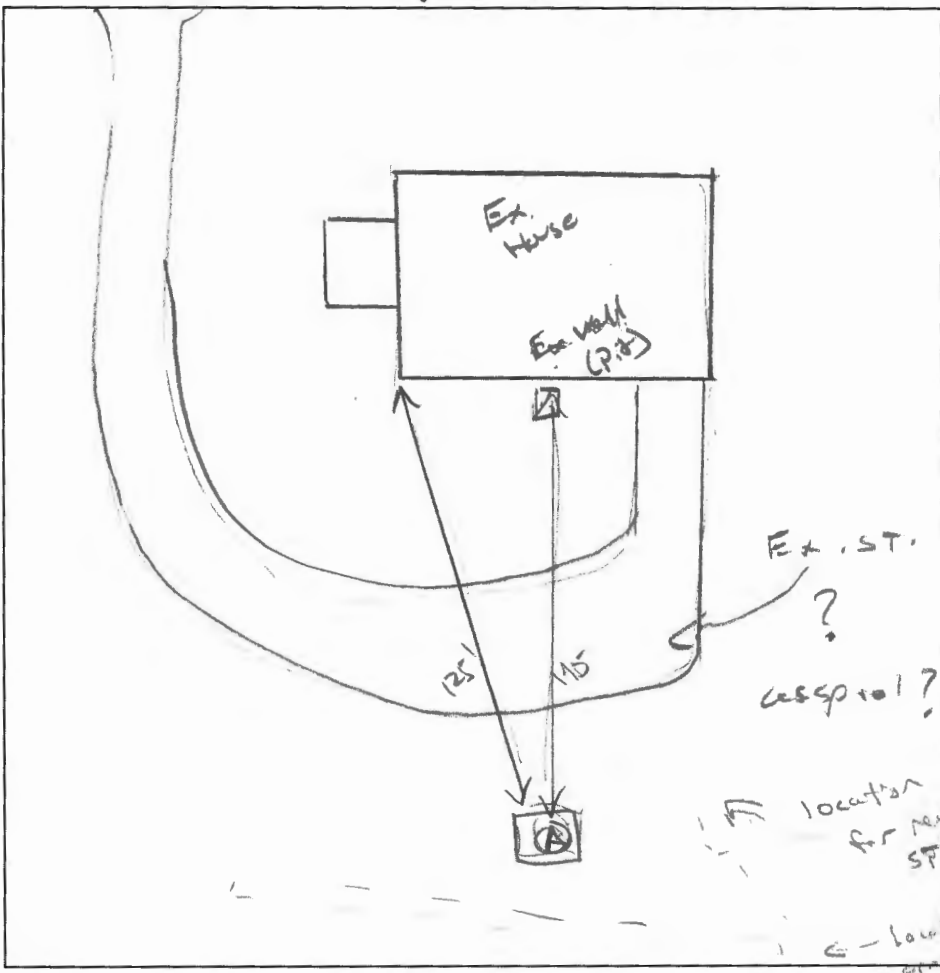
Barbara Sabin

SIGNATURE OF APPLICANT

4/15/21

DATE

A/P _____



(A)
 Br L, OM
 wk co sck, Frable
 roots
 12"
 Br Rd, CL
 m co sck,
 Frable,
 15% Pa.
 15% sep.
 4"
 Dk Br Rd CL
 m co pl;
 CS,
 25-35% slide
 ↓
 60"
 Br Rd (YSL)
 m co pl
 25-35% slide
 15% sep.
 6"
 1" Br YSL
 wk co pl.
 Frable
 10% Pa. m co sck
 10% sep.
 14"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/20/21	(A)	10' / 14"	00:31	00:33	00:36	3	P
		HO found @	14'			7-10.10'	P
		4' 10"	00:36	00:46	01:59	12	P

REMARKS Owner wanted to just put in a new system w/ tank.

SANITARIAN K. Wolf BACKHOE Bruc. Borst OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 0.8

TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 6

$3BR = \frac{450}{0.8} = 562 \div 3 = 187.5 (0.42) = \underline{78} LF$



HOWARD COUNTY HEALTH DEPARTMENT

68866

DATE 4/17/84

Received From

Freedom Septic

PHONE #

410 285-2945

For

Perc Repair
1083 E Watersville
rd.

CASH

CHECK

NO

4953

One hundred sixty five Dollars

\$ 165 00

Received By _____