

45167977

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____
 PROPERTY ADDRESS 1656 Daisy Rd Woodbine 21797-8416
STREET TOWN ZIP
 TAX ACCOUNT # 309030 TAX MAP 0008 GRID 0013 PARCEL 0152 LOT NO. N/A PROPOSED LOT SIZE (ACRES) 1.00
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) John & Donna Blazek
 DAYTIME PHONE _____ CELL 443-277-9909 EMAIL _____
 MAILING ADDRESS 1656 Daisy Rd Woodbine MD 21797-8416
STREET CITY, STATE ZIP

APPLICANT Freedom Septic Srvc RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 410-795-2947 CELL _____ EMAIL Susan@Freedomseptic.com
 MAILING ADDRESS 2809 Liberty Rd Sykesville 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

Property Transfer

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 or directly related to the requested permit/service.

[Handwritten Signature]

9/4/20

SIGNATURE OF APPLICANT

DATE

Freedom stated that
they are just doing
the piece, but sent
the repair app just
in case they need it
later.

2015/11/19

AP 567977

A

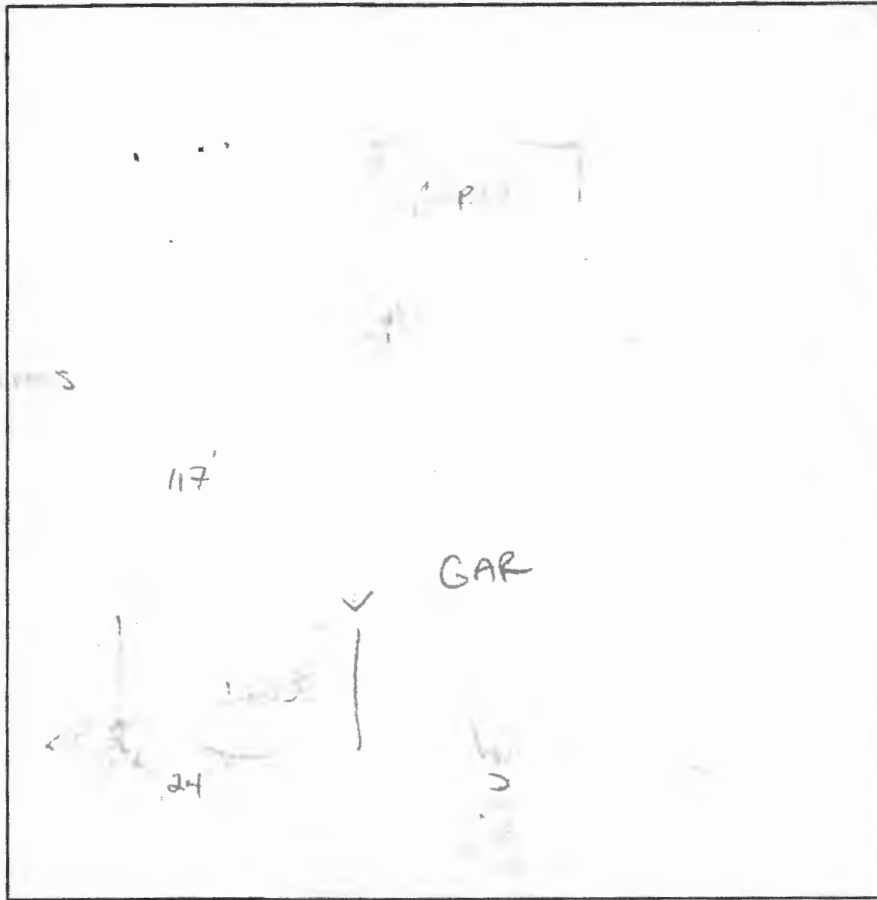
3.

15

7

RE
SCL
FR WR
5% SAT

B' = STES



| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|------------|--------|-------|-------|---------------|--------------|------------------|-------|
| 10/15/2020 | | 3' | | | 10.00 | | |
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REMARKS REPORTED FAILING DRAINS

SANITARIAN CABATHUB BACKHOE FREEDOM OTHERS HORNER

TEST HOLES USED IN SDA 1 (DANS) AVG. PERC TIME 0.8 SQ. FT/BR 3/750 TAN

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

$382 \times 150 = 450 \text{ gpd}$
 $1.2 = 375$
 $0.8 = 562.5 / 3' = 187.5$
 $4' \text{ side}$
 $.42$
 $.42$
 $53'$
 $75'$

