

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Old Lisbon Estates Linden Grove LOT # 38 37 21
PROPERTY ADDRESS 15775 Frederick Rd. Woodbine
TAX ACCOUNT # 04315448 TAX MAP 8 GRID 7 PARCEL 5 LOT 31 LOT SIZE (ACRES) 1
ZONING CATEGORY RC TIER 3

PROPERTY OWNER(S) Kimberthy/Heritage, LLC

DAYTIME PHONE 410-489-7900 CELL 410-984-0408 EMAIL Tim@heritagemaryland.com
MAILING ADDRESS PO Box 482 Lisbon, MD 21765

APPLICANT Heritage Land Development

RELATIONSHIP TO OWNER: Developer

DAYTIME PHONE 410-489-7900 CELL 410-984-0408 EMAIL Tim@HeritageMaryland.com
MAILING ADDRESS PO Box 482 Lisbon, MD 21765

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

- BUILDING:
[checked] RESIDENTIAL WITH Four EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
[ ] COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

- PROPERTY:
[checked] SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: 40
[ ] CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
[ ] REPAIR OR REPLACE FAILING OSDS
[ ] UPGRADE EXISTING OSDS

- IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?
[ ] YES
[checked] 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.

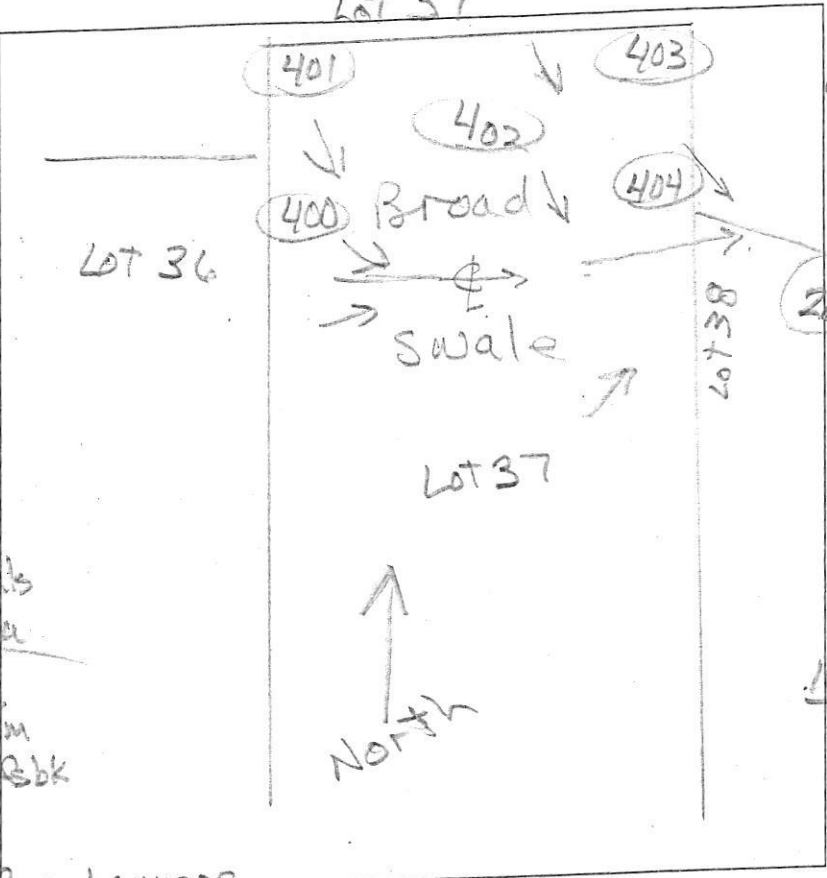
SIGNATURE OF APPLICANT [Signature] DATE 3/3/16

AP

LOT 37

403

401  
 0.5' dk. brn L, 2fsbk  
 1.5' yel-red L, 2fsbk  
 2.5' yel-red chsl platy, many mica  
 5' red & yel-red vch ls, platy many mica  
 11.5' red-yel & yel-red chls platy, many mica



403  
 0.5' dk brn & yel-red L, 2fsbk  
 1.2' yel-red & brn L, 2fsbk  
 2.5' yel-red & brn vch sl platy, many mica  
 4' red-yellow & pale yellow ls, thin platy many mica 10% channers  
 red-yellow, pale yellow, red & pale brn chls platy, many mica  
 10.7' red-yellow & pale yellow chls platy many mica few flags  
 \*WATER

400  
 1' dk brn L, 2fsbk  
 2.4' red-brn L, 2fsbk  
 3' yel-red sl thick platy many mica, few channers

3' red-yel & yel-red vch ls 35% rock many mica  
 5' red-yel & yel-red chls thin platy many mica few flags below 10' water

404  
 0.5' dk brn L, 2fsbk  
 1.3' yel-brn L, 2fsbk  
 2.3' yel-red chsl, 2fsbk, many mica  
 10' yel-red & red-yel & pale yellow ls thin platy many mica csp (ind. brn) min water

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/8/16	401	4' 11.5"	2:45	2:50	3:09	19	P
3/8/16	402	5' 8" 11"	2:48	3:09	3:35	24	P
3/8/16	400	4' 8" 11.5"	2:51	3:01	3:20	19	P
3/8/16	403	4' 6" 10"	3:28	3:36	3:58	22	P
3/8/16	404	4' 3" 10"	3:54	4:04	4:20	16	P

402  
 0.5' dk brn L, 2fsbk  
 2' yel-red & red-brn chsl  
 3' lens of vchls  
 3' red, yel-red & red-yel ls thin platy many mica 5% channers  
 6' yel-red & red-yel chls platy, many mica csp (ind. brn) min water

REMARKS  
 SANITARIAN R. Bricker BACKHOE Level Land OTHERS Tim Feago  
 TEST HOLES USED IN SDA S. Collins AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_