

Bureau of Environmental Health
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Maura J. Rossman, M.D., Health Officer

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

AS56484-I

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Old Lisbon Estates LOT # 11
 PROPERTY ADDRESS 15775 Frederick Rd., Woodbine 21797
STREET TOWN ZIP
 TAX ACCOUNT # 04315448 TAX MAP 8 GRID 7 PARCEL 5 LOT 11 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 P.O. Box 482 Lisbon, MD 21765
STREET CITY, STATE ZIP

APPLICANT Heritage Land Development

RELATIONSHIP TO OWNER: Developer

DAYTIME PHONE 410-489-7900 CELL 410-984-0408 EMAIL Tim@HeritageMaryland.com
 MAILING ADDRESS P.O. Box 482 Lisbon, MD 21765
STREET CITY, STATE ZIP

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

BUILDING:

- 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:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: 30
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

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]

9/12/15

SIGNATURE OF APPLICANT

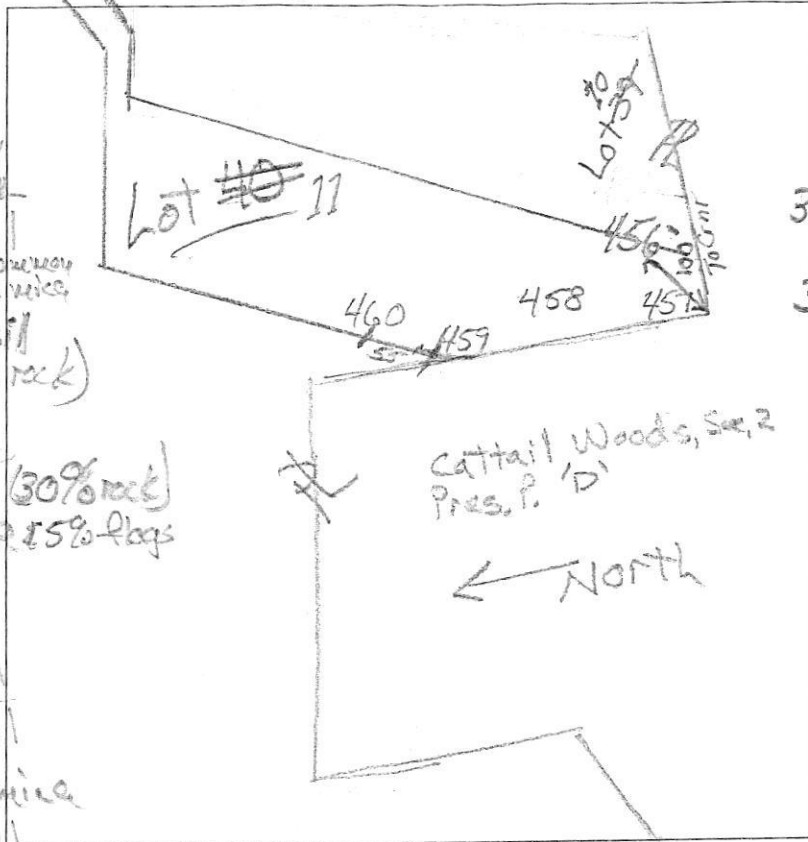
DATE

AP

457

458

0.3' brn L, thin platy
 0.7' brn L, 2' sbb
 1.8' yel-red chsil
 2msbk, common mica
 3' red-brn, yel sil
 8in, (40% rock)
 3' yel-red chls
 thin platy (30% rock)
 11' many mica 5% flags



1' dk brn L
 1' f sbb to 2 sbb
 3.2' red-brn chsil
 7msbk, common mica
 3.8' red-yel/velsil
 8in (40% rock)
 red chls
 thin platy
 (30% rock)
 many mica
 12'

456

0.6' dk brn L, 8in
 2.4' red-brn chsil
 2 sbb
 common mica
 red, br-yel
 & H. grey chls, thin platy
 many mica
 11.5' m 2 p/d kbrn

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/27/16	458	4.7/11'	10:23	10:25	10:28	3	P
4/28/16	457	5.2/12'	10:46	10:48	10:52	4	P
4/22/16	456	4.5/11.5'	11:00	11:02	11:05	3	P

REMARKS #459 Not dug, same elev./top as #460 (228' distance)
 SANITARIAN Drinker BACKHOE Level land OTHERS Tim Foaga
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

LOT 40 22

AP

460

0.5' dk brn / thick platy

1.8' red-brn ch / thick platy

3' red-brn ch / thin s bk common micaceous on rock faces

3.5' yel-red & yel-brn chs / thin platy many v. f. mica dense

10.5' red-yel & yel-red chs / thin platy many f. & v. f. mica

12' pale red & H. brn f. / thick platy many mica



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/9/16	460	4.5' / 12'	2:02	2:09	2:21	12	P

REMARKS _____

SANITARIAN Bricker BACKHOE Level Land OTHERS Tim Feaga

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____