



# HOWARD COUNTY HEALTH DEPARTMENT

72851

DATE 11/21-20

Received From

Freedom Septic Service PHONE # 410-995-2944

For

Repair / Reseal  
2906 Florence Rd.

CASH

CHECK

NO. 4871

One hundred sixty five Dollars

\$ 165.00

Received By

[Signature]

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

**APPLICATION**  
**FOR PERCOLATION TESTING AND SITE EVALUATION** A572851

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME Florence

PROPERTY ADDRESS 2906 Florence Rd Woodbine 21797  
STREET TOWN ZIP

TAX ACCOUNT # 334302 TAX MAP 0013 GRID 0001 PARCEL 0290 LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) 4.207 SF  
 ZONING CATEGORY Resident TIER \_\_\_\_\_

PROPERTY OWNER(S) David & Brenda Rickle

DAYTIME PHONE \_\_\_\_\_ CELL 410-442-0171 EMAIL david187200@gmail.com

MAILING ADDRESS 2906 Florence Rd Woodbine MD 21797  
STREET CITY, STATE ZIP

APPLICANT Freedom Septic 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

**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:

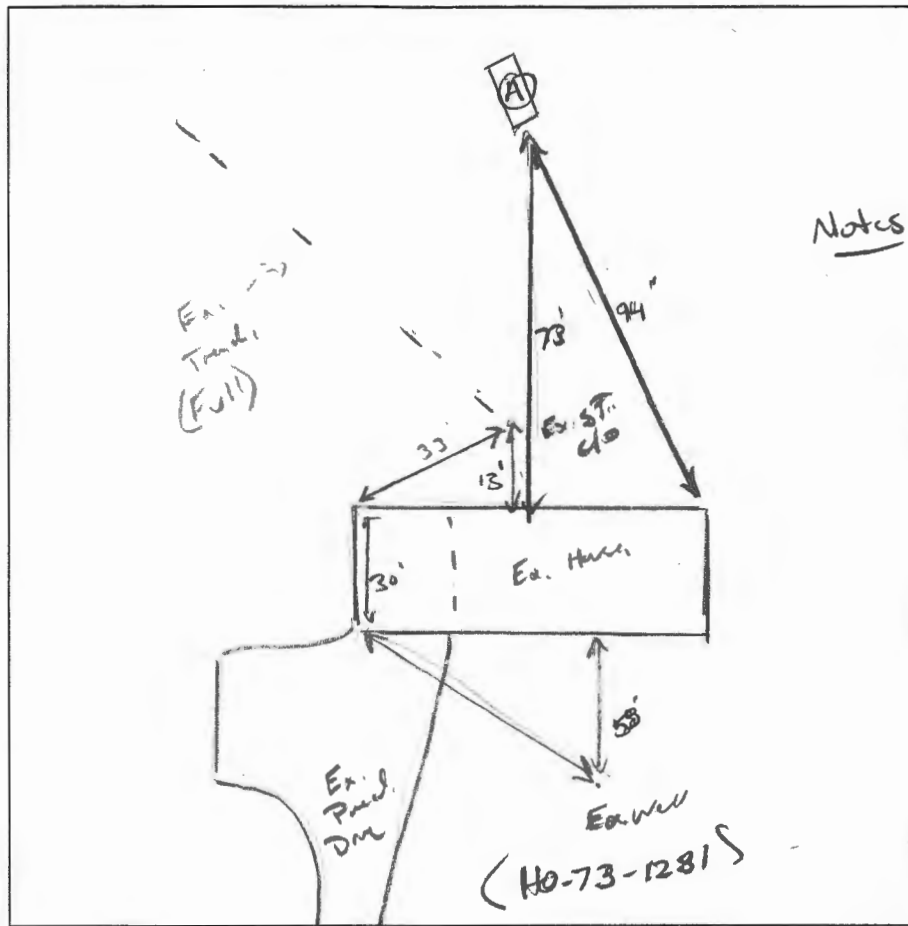
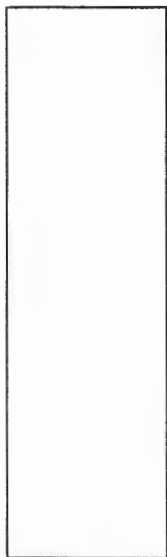
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE 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.*

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE



Notes: - Ex. S.T. → 2 1/2 Dy.  
 Could not verify outlet baffles

(A)  
 12' WK Dnk Br Dm  
 Frable 250k.  
 1" Br Cl  
 WK M 5 BK  
 Frable, 5%  
 change  
 3' 1" Br / 4" L  
 WK Co 5 BK  
 Frable,  
 10% roots  
 5' 1" Br / 4" Sil  
 WK F pl.  
 Frable,  
 10-15%  
 change  
 8' 1" Br / 4" Sil  
 WK F pl,  
 Frable  
 16' \_\_\_\_\_

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/23/2020	(A)	5' 8" / 16'	00:56	01:02	01:10	8	(P)
		H2O pond @ bottom				12:00	P

REMARKS Ex. trench full, S.T. full, (100%) Baffle unknown  
 SANITARIAN K. W. J. & BACKHOE Pen = Fader OTHERS Hammer  
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 8 SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH 2' INLET DEPTH 3.5' MAX. BOT DEPTH 9.5' EFFECTIVE SW 5 1/2"

$$3PR = \frac{450}{0.8} = 562.5 \div 2 = 281.25 (.31) = 111$$

