

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 LOT # 32 39
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.

[Handwritten signature]

3/3/16

SIGNATURE OF APPLICANT

DATE

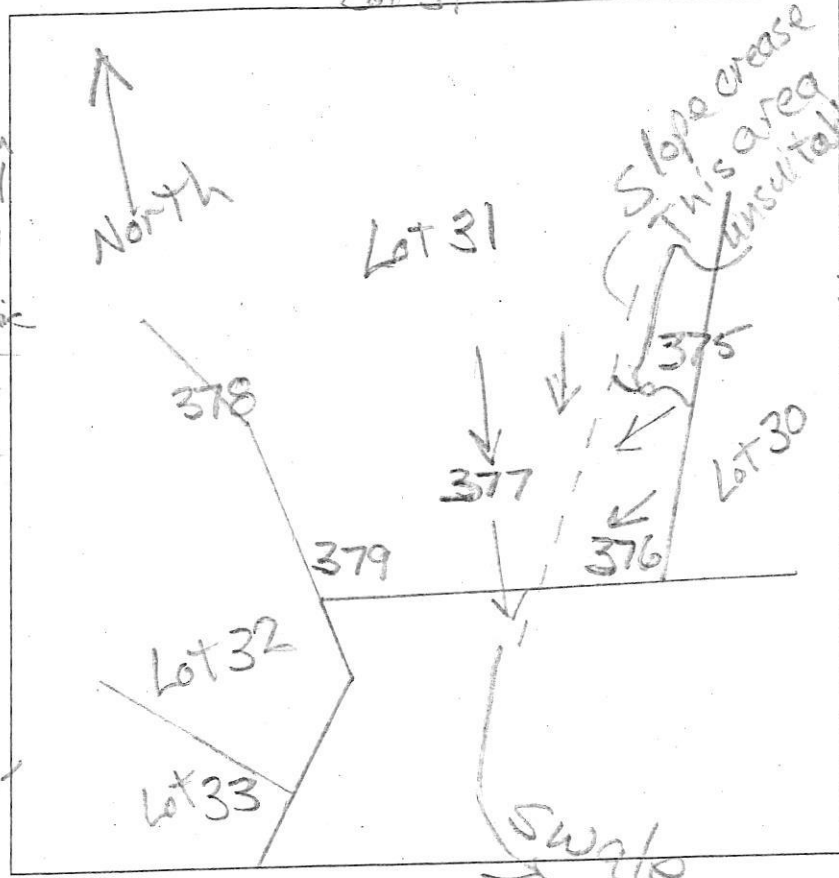
376

Lot 31

AP

379

0.4' brn sil, ϕ m
 1' red-brn sil
 thick platy
 red chsil
 coarse prismatic
 2.3' red, yellow
 & brn chsil
 10.5'



0.7' brn sil, ϕ m
 1.7' yel-brn sil
 thick platy
 1' yel-red sil
 thick platy
 3.2' red & yellow
 sil, thin platy
 5' red chsil
 thin platy
 11' chambers increase
 with depth

377

378
 dk brn & brn sil
 ϕ m, dense
 1.1'
 yel-red
 & brn sil
 coarse prismatic
 2.7'
 red, yellow
 & brn sil
 thin platy
 many fine
 & v. fine mica
 11'

1.1' brn sil
 thick platy
 2.5' yel-red chsil
 thick platy
 red sil
 ϕ m, dense
 3.8' red chsil
 thin platy
 many fine &
 v. fine mica
 11'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PI/FH
9/14/15	379	4.8/10.5	3:28	3:31	3:35	4	H
9/14/15	376	4.0/11	3:32	3:43	4:07	24	H
9/14/15	377	4.8/11	3:34	3:44	3:57	13	H
9/14/15	378	4.5/12	3:35	3:39	3:45	6	P
9/14/15	375	4.5/11	3:38	3:52 ⁺		reshelf	P
9/14/15	375	7/11	4:20	4:28	4:52	24	P

375

1.1' brn sil, ϕ m
 1.6' yel-brn sil
 thick platy
 red-brn
 sil thick
 platy
 2.2'
 red sil
 2.5' red sil, ϕ m
 common large
 5.5' yellow & blk sil inclusions
 red & h. gray chsil, thin platy 11'

REMARKS _____
 SANITARIAN P. Bricker BACKHOE Level low OTHERS Tim Feaga
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____