

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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

1550484-0

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Old Lisbon Estates LOT # 17
 PROPERTY ADDRESS 15775 Frederick Rd., Woodbine 21797
STREET TOWN ZIP
 TAX ACCOUNT # 04315448 TAX MAP 8 GRID 7 PARCEL 5 LOT 25 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

A/P _____

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

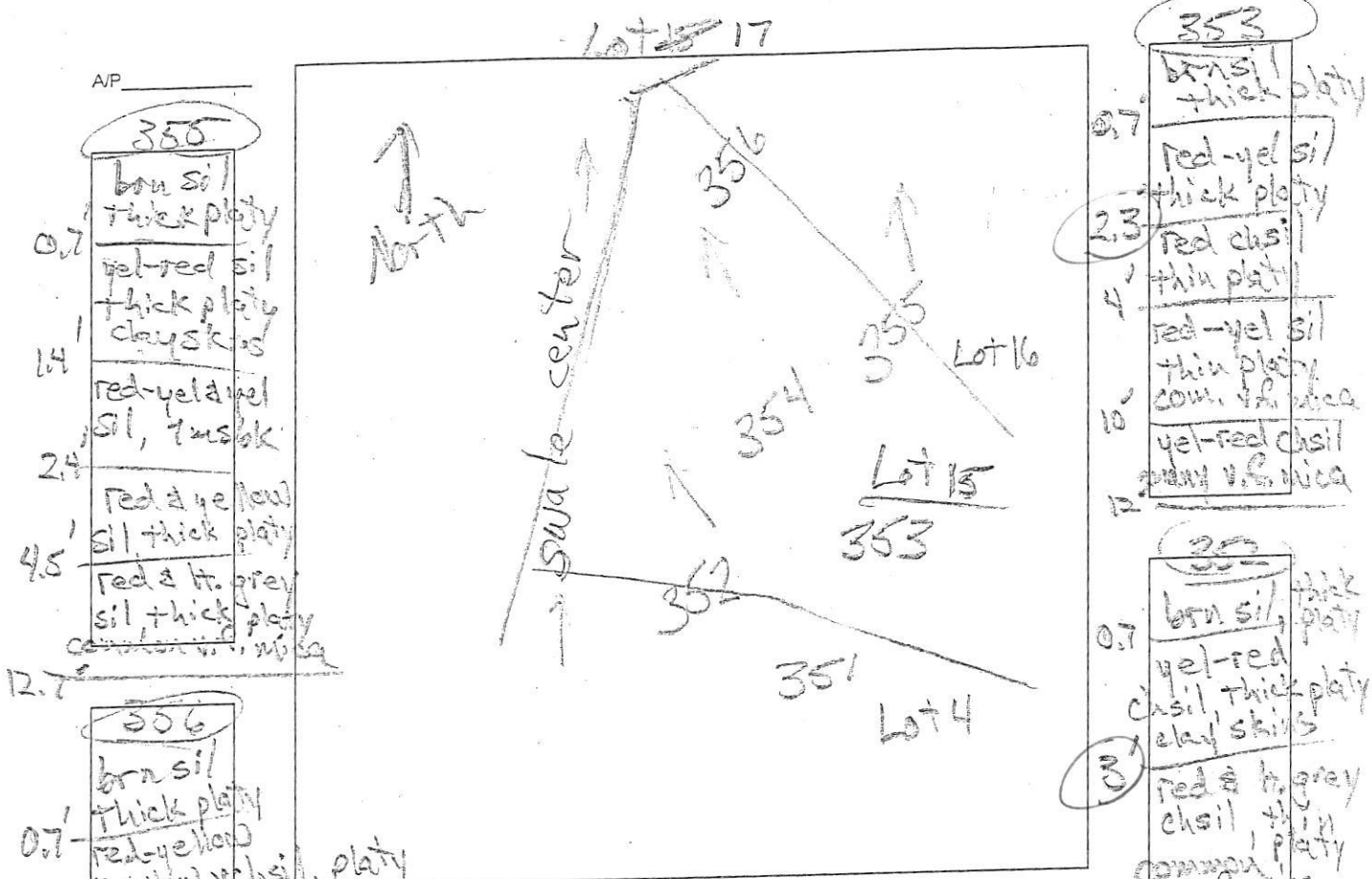
REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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

AP



350
 0.7' brn sil thick platy
 1.4' yel-red sil thick platy clay skins
 2.4' red-yel sil, tussock
 4.5' red & yellow sil thick platy
 12.7' red & lt. grey sil thick platy common v.l. mica

356
 0.7' brn sil thick platy
 4.9' red-yellow & yellow chsil, platy 50%-60% channels
 13' red chsil thin platy common v.l. mica

354
 0.5' brn sil thick platy
 2' red-yel to red sil, thick platy clay skins
 10' red & lt. grey sil, thin platy many v.l. mica
 13' red chsil (20% rock) thick platy many v.l. mica

353
 0.7' brn sil thick platy
 2.3' red-yel sil thick platy
 4' red chsil thin platy
 10' red-yel sil thin platy common v.l. mica
 12' yel-red chsil many v.l. mica

352
 0.7' brn sil thick platy
 3' yel-red chsil thick platy clay skins
 10' red & lt. grey chsil thin platy common v.l. mica
 12' red & yellow chsil platy many v.l. mica

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/21/15	355	7.12'	10:08	10:11	10:18	7	P
9/21/15	356	4.8/13'	10:12	10:19	10:34	15	P
9/21/15	354	3.3/13'	10:14	10:20	10:30	10	P
9/21/15	353	3.8/12'	10:52	10:59	11:13	14	P
9/21/15	352	3.7/12'	10:59	11:04	11:16	12	P

REMARKS: P. & V.P. = fine and very fine
 SANITARIAN R. Bricker BACKHOE Level Land OTHERS Tim Feago
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____