



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Old Lisbon Estates LOT # 39 22

PROPERTY ADDRESS 15775 Frederick Rd. Woodbine

STREET

TOWN

ZIP

TAX ACCOUNT # 04315448 TAX MAP 8 GRID 7 PARCEL 5 LOT 38 22 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

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 PO 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: 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
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

A/P

Lot 38 ± 39



406

dk. brn L  
2v sbsk  
dk. brn & brn  
chl, 2f sbsk  
dk. brn L, 1msbk  
27' yel-brn cl  
to yel-brn L  
f. mica  
4' pale brn &  
yel-red L  
thick platy  
common mica  
6.5' red chls  
thick platy  
many mica  
10.5' water

405

brn L, thin  
platy  
0.7' red-brn sl  
1msbk  
1.7' yel-red &  
yel-brn sl  
thick platy  
many f. & v. mica  
4' brn-yel &  
red-brn  
sl thin platy  
many f. & v. mica  
10.7' water

407

brn L  
thick platy  
red-brn L  
2f sbsk  
common mica  
1.2' red sl  
thick platy  
10% channers  
red chsl  
thick platy  
many f. & v. mica  
10' water

409

dk. brn chl  
2v sbsk  
brn chl  
thick platy  
red-brn chl  
2msbk  
red & yel-brn  
chl, thick  
platy  
many f. & v. mica  
3.8' red & brn-yel  
chls, many mica  
8' water

408

dk. brn L  
thick platy  
brn L, thick  
platy  
0.8' red sl  
thick platy  
many f. & v. mica  
2' brn-yel, pale brn,  
red-yel, yel-red  
& v. dk. brn (m)  
conc.  
1f s, thick platy  
many f. & v. mica  
10' brn-yel & red-yel  
chls  
many mica  
platy

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/7/16	406	6' 10.5"	2:03	2:35		>> 30	F
3/7/16	405	4.2' 10.7"	2:24	2:31	2:42	11	P
3/2/16	407	4.5' 10'	2:48	2:53	3:03	10	P
3/7/16	409	4' 8"	3:06	3:13	3:20	7	P
3/7/16	408	3.6' 10'	3:29	3:32	3:41	8	P

REMARKS \_\_\_\_\_  
 SANITARIAN V. Bricker BACKHOE Level Land OTHERS Tom Feaga  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_