

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 # 36
PROPERTY ADDRESS 15775 Frederick Rd. Woodbine
TAX ACCOUNT # 04315448 TAX MAP 8 GRID 7 PARCEL 5 LOT 35 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]

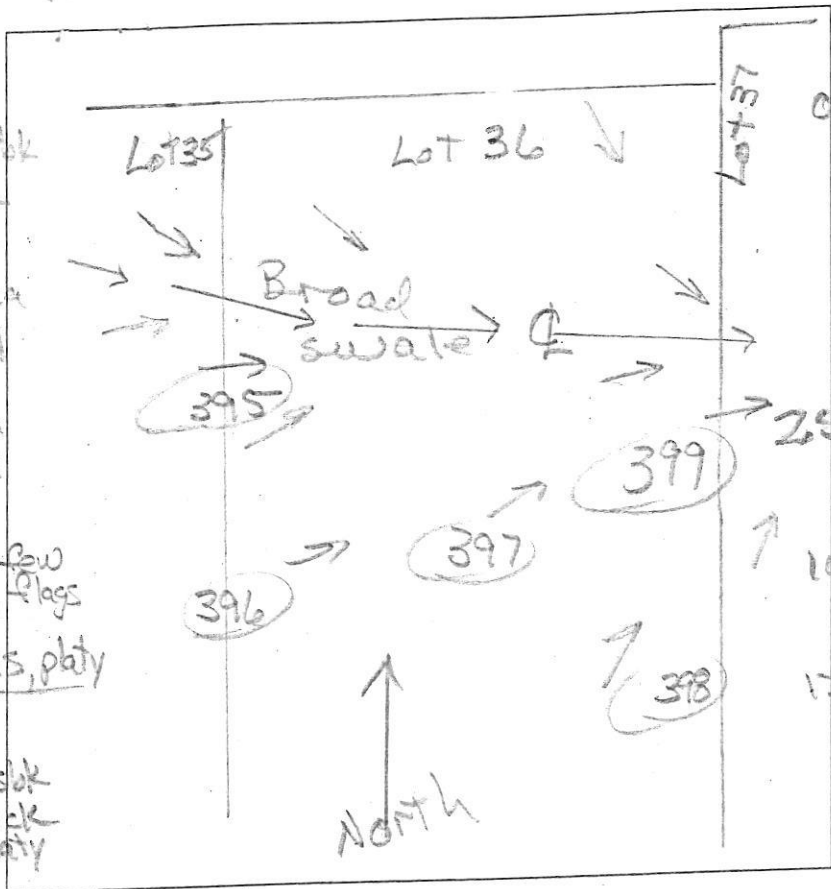
3/3/16

SIGNATURE OF APPLICANT

DATE

AP

398
 0.8' brn L, 2 f s bk
 brn L, 2 f s bk
 red-brn chl
 2 f s bk
 many v. & mica
 1.9' red-yel chl
 thick platy
 many mica
 2.3' red, yel-red
 pale brn
 chls, thick
 many mica
 10.5' pale brn
 red-yel chls, platy
 12'



397
 dk brn L
 thick platy
 0.8' brn & yel red
 L 2 f s bk
 common v. & mica
 2' red & yel-red
 chl, thick
 platy, many
 mica
 2.5' red & yel-red
 chls, thick
 platy
 many red v. & mica
 10' red, yel-red
 & pale brn platy
 chls, many mica
 12'

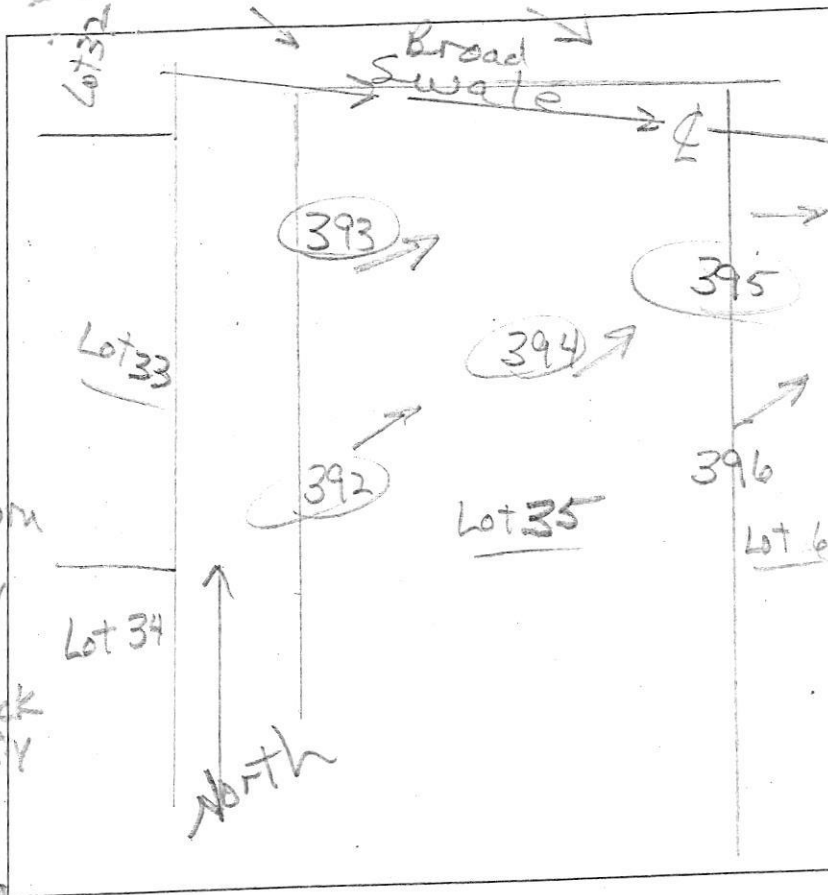
399
 0.9' dk brn L, 2 f s bk
 dk brn L, thick
 platy
 2' brn-yel
 2 f s bk, many v. & mica
 yel-red &
 red-yel
 thin platy
 many v. & mica
 3.5' yel-red
 pale brn L
 thin platy
 many v. & mica
 6.5' much Mn
 at layer boundary
 feet chls
 thick platy
 11.5' pale brn,
 pale yellow,
 & pale red
 chls, thick
 platy
 * WATER

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/8/11	398	4.3 1/2'	10:10	10:21	10:45	24	P
3/8/16	397	4.5 1/2'	10:15	10:18	10:26	8	P
3/8/16	399	7.5 1/2'	10:25	10:35	10:52	17	P
3/8	396	3.7 1/2'	11:11	11:19	11:33	14	P

396
 dk, brn L
 thick platy
 0.9' brn L, 2 f s bk
 yel-red, red
 & brn f s l
 thin platy
 few channels
 common v. & mica
 2' red & brn-yel
 thin platy
 many v. & mica
 s-s channels
 6.8' red & brn
 chls, platy
 many mica
 10' red & brn
 f lls, platy
 many mica
 12'

REMARKS _____
 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 _____

AP



394
 dk brn L
 thick platy
 0.7' yel-brn
 2csbk
 few channers
 1.8' red & yel-brn
 chsl thick
 platy
 3' red & pale brn
 chls, thick
 platy
 many mica

393
 dk brn L, thick
 platy
 0.9' red-brn L
 2csbk
 1.3' red & yel-brn
 chsl to yel-brn sl
 thick platy
 many f. & v. mica
 2.5' red chls
 thin platy
 many mica

3.8' red & yel-brn
 chls, thick
 platy
 many f. & v. mica
 10' red, yellow
 & yellow brn
 chls, platy
 25-30'
 few Mn coatings
 many mica
 12'

392
 dk brn L
 fcsbk
 0.7' red-brn L
 platy
 10-12% channers
 1.3' yel-red L
 platy
 few channers
 1.7' red-brn L
 thin platy
 w/ red-yel
 chls
 3' many channers
 few slags
 brn-yel ls
 thin platy
 many mica
 12'

395
 dk brn L
 fcsbk
 1' brn L
 2msbk
 few channers
 2.5' yel-brn sl
 thick platy
 many f. & v. mica
 3.5' yel-red sl
 thick platy
 many f. & v. mica
 few channers,
 few slags
 below 10 ft.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/8/16	394	3.7/12'	11:31	11:35	11:45	10	P
3/8/16	393	4.0/12'	11:57	12:10	12:31	21	P
3/8/16	392	3.5/12'	11:50	11:55	12:04	9	P
3/8/16	395	4.7/11.5'	11:01	11:13	11:20	17	P

REMARKS _____

SANITARIAN R Bricker BACKHOE Level land OTHERS Tim Feaga

TEST HOLES USED IN SDA 3 Collins AVG. PERC TIME _____ SQ. FT/BR _____

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