

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

ASSISTANT X

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Old Lisbon Estates LOT # 34
PROPERTY ADDRESS 15775 Frederick Rd., Woodbine 21797
TAX ACCOUNT # 04315448 TAX MAP 8 GRID 7 PARCEL 5 LOT 20 LOT SIZE (ACRES) 1
ZONING CATEGORY RC TIER 3 34

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

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

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 OF APPLICANT

DATE 6/12/15

A/P _____

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

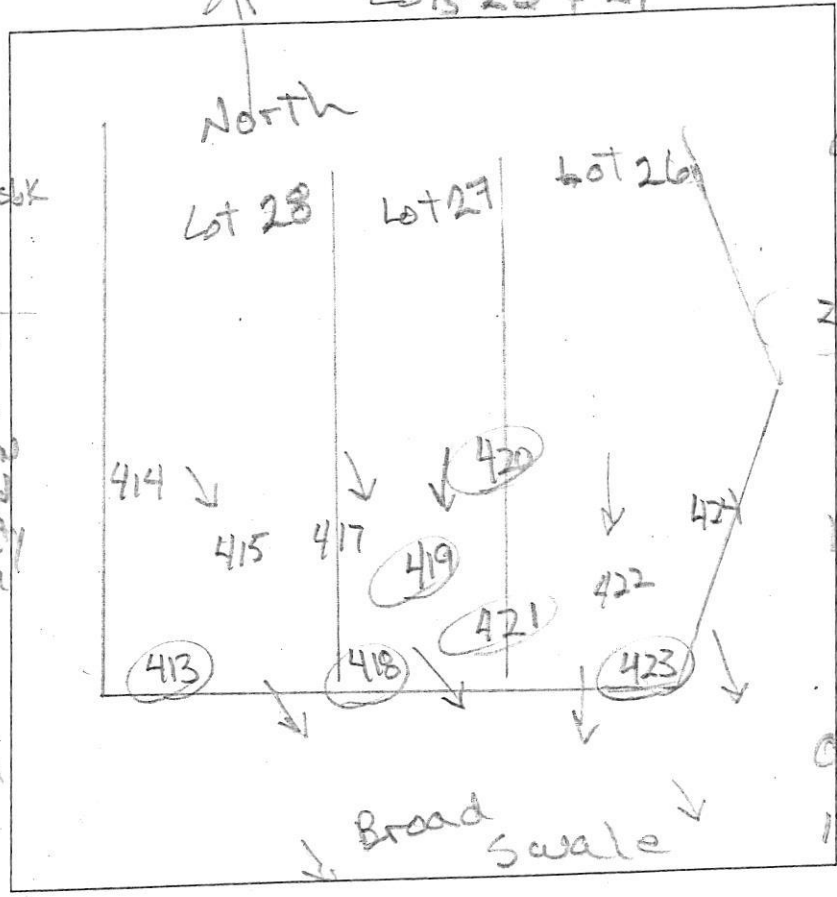
REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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

Lots 26 & 27



AP

423

29' brn L, ♂m
yel-red L, 2msbk
yel-red & brn
L, thin platy
3.5' red & brn-yel
ALS, 1/2" bk
many mica
4' yel-red, yellow
& pale yellow
chls, thin platy
many mica
11'

420

0.6' brn L, ♂m
red-brn & brn
L, ♂m
red-brn L
2msbk
1.8' yel-red chel
thick platy
many mica
3.5' red, yellow,
& yel-red chls
w/ common thin
v. dk. brn layers
thin platy
many mica
12'

418

brn & dk. brn
L, ♂m
brn & red-brn
L, ♂m
0.8' yel-brn L
2msbk, S
2'

3.5' yel-red & yel-brn
thin platy
many mica
red & yel-brn
chls, thin platy
12' many mica

421

0.8' brn L, ♂m
yel-red & brn
L, ♂m
red-yel, pale
red-brn & yellow
sl, thin platy
many mica
2.2' yel-red, yellow
& pale yellow
L thin platy
many mica
1.2' few channers

419

0.7' brn L, ♂m
red-brn & brn
L, ♂m
red-brn L
2msbk
1.5'

3' red & red-yel
chsl thin
many mica
red, pale brn
& pale yellow
chls thin platy
many mica
12'

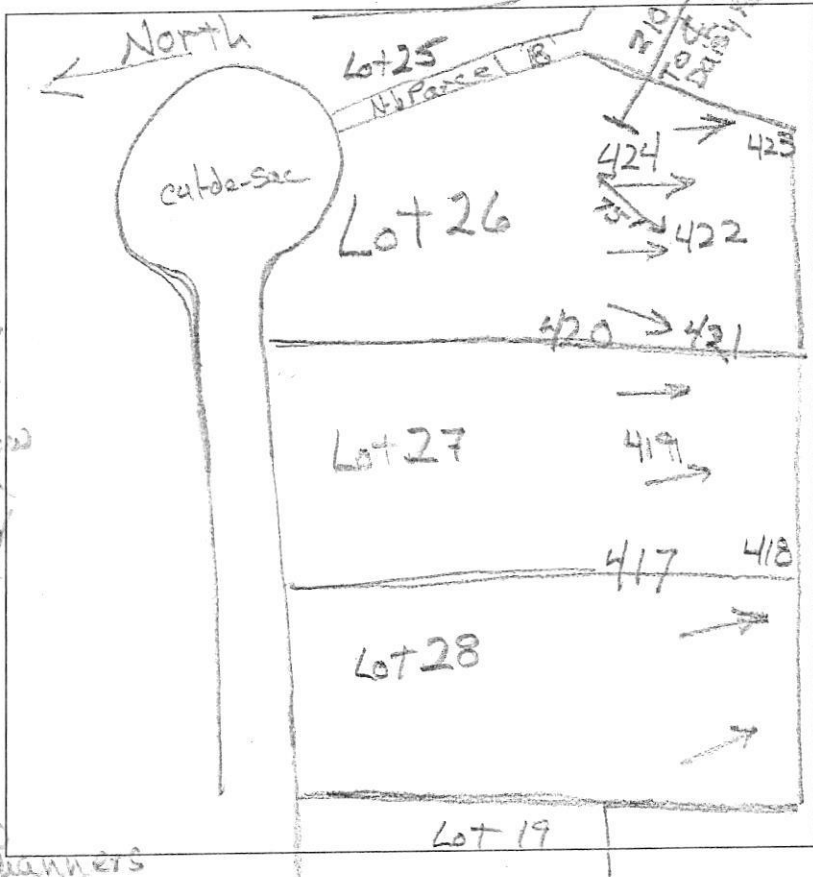
413

0.7' dk. brn L, ♂m
red-brn L, ♂m
yel-red &
red-yel chsl
thin platy
many mica
3.5' yel-red, yellow
& pale yellow
chls, thin platy
many mica
common thin
v. dk. brn layers

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/9/16	423	4.5' / 11'	9:53	9:55	9:58	3	P
3/9/16	421	3.9' / 11.2'	10:07	10:10	10:20	10	P
3/9/16	420	5' / 12'	10:13	10:19	10:29	10	P
3/9/16	419	4.2' / 12'	10:24	10:27	10:33	6	P
3/9/16	418	5.3' / 12'	10:35	10:51	11:13	24	P
3/9/16	413	4.4' / 12'	10:47	10:49	10:53	4	P

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

Lot 26



AP _____

422

0.4' dk brn L, 30 fsbk
 red-brn chl
 3msbk
 1.5' yel-red chl
 thick platy
 3' red, red yel
 & pale yellow
 ch ls, thin
 platy
 many mica
 13'

424

0.5' dk brn L
 20 fsbk
 0.9' yel-red chl
 2 fsbk, few
 channels
 1' yel-red L
 3 fsbk, S
 2.2' yel-red &
 brn-yel
 chl thick
 platy
 3.4' red, yellow
 yel-red & grey
 chls, thin
 platy
 many mica
 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/23/11	422	13'	2:10	2:13	2:18	5	P
6/23/11	424	53' 14'	2:28	2:32	2:37	5	P

REMARKS _____
 SANITARIAN R Bricker BACKHOE Zach Rood OTHERS Tim Feaga
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

Road Sewer