

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Flamewood - Lot 7

PROPERTY ADDRESS 11507 Blue Flame Court Clarksville 21029
STREET TOWN ZIP

TAX ACCOUNT # 05-381088 TAX MAP 41 GRID 15 PARCEL 415 LOT NO. 7 PROPOSED LOT SIZE (ACRES) 2.12

ZONING CATEGORY RR-DEO TIER III

PROPERTY OWNER(S) Salin Nawaey

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS 11507 Blue Flame Court Clarksville, MD 21029
STREET CITY, STATE ZIP

APPLICANT CLSI - Matt Shipley

RELATIONSHIP TO OWNER: Agent

DAYTIME PHONE 410-871-4480 CELL _____ EMAIL mshipley@clsimail.com

MAILING ADDRESS 439 E. Main Street Westminster, MD 21157
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
 SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH 5 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

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.

M Shipley LEHS
 SIGNATURE OF APPLICANT

7/14/23
 DATE

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Thursday, October 26, 2023 12:02 PM
To: Matt Shipley
Cc: Bernard, Dana
Subject: 11507 Blue Flame Ct PC

Hello Matt. I've been reviewing the perc cert for this lot and discussed the issue with our Director. The sticking point is that the initial well and both proposed replacement well sites are less than 100' from the neighboring sewage disposal area and existing OSDS. It is the determination of our Director that this condition leads to the following limitations for the proposed PC and project:

1. We cannot approve an increase in the wastewater flow for the lot unless we have a perc cert we can approve that shows a well and replacement well site meeting setback distances. The PC doesn't state it, but the file seems to indicate that the existing system was sized for 4 bedrooms and the proposed addition is for 5 bedrooms.
2. We could entertain the square footage addition as shown if there were no increase in the volume, i.e. the proposed house stayed at 4 bedrooms or less by our definition in HoCo Code 3.801 while keeping the existing well. In this case, we'd look for a PC to not show any replacement well sites. It would include a note stating that site conditions limit the available area for replacement wells and a note stating that the proposed addition will not increase bedrooms above existing and the Health Dept. will review floorplans as part of a building permit review.

Thanks

Jeff Williams
Deputy Director
Bureau of Environmental Health
Howard County Health Dept.
8930 Stanford Blvd. Columbia, MD 21045
410-313-4261
www.hchealth.org

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Bureau of Environmental Health8930

Stanford Blvd | Columbia, MD 21045

410.313.2640 - Voice/Relay

410.313.2648 - Fax

1.866.313.6300 - Toll Free

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

TO: CLSI – Matt Shipley
C/O Matt Shipley
Sent via email to: mshipley@clsimail.com

FROM: Dana Bernard, R.E.H.S./L.E.H.S.
Environmental Specialist II

RE: 11507 Blue Flame Court
Clarksville, Maryland 21029

DATE: August 25, 2023

Percolation testing was conducted on the referenced property on August 23, 2023. The purpose for conducting these percolation tests was for an anticipated establishment of a sewage disposal area to establish a new septic area.

A total of five (5) test holes were evaluated and five (5) were found to be satisfactory to establish a sewage disposal area for the existing lot. The perc testing holes has passed and can be used for a conventional system. The Percolation Test Worksheet is enclosed with this letter and if you have any questions, you can email me at any time.

All percolation tests conducted were standard tests, measuring rate of fall for a pre-wet period followed by measurement and recordation of the time required for the water level to drop 1 inch. Areas that may be included in a septic reserve are represented by test locations having satisfactory soil conditions. The area of the septic reserve must be at least 10,000 square feet, though Howard County Code [3.805.A.2.X] requires that the area be large enough to accommodate an initial drain field and two repair drain fields for the residence.

If you have any questions or correspondence regarding this evaluation contact me at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard 

Dana Bernard, REHS/L.E.H.S.
Environmental Specialist II
Well and Septic Program
Enclosures (2)

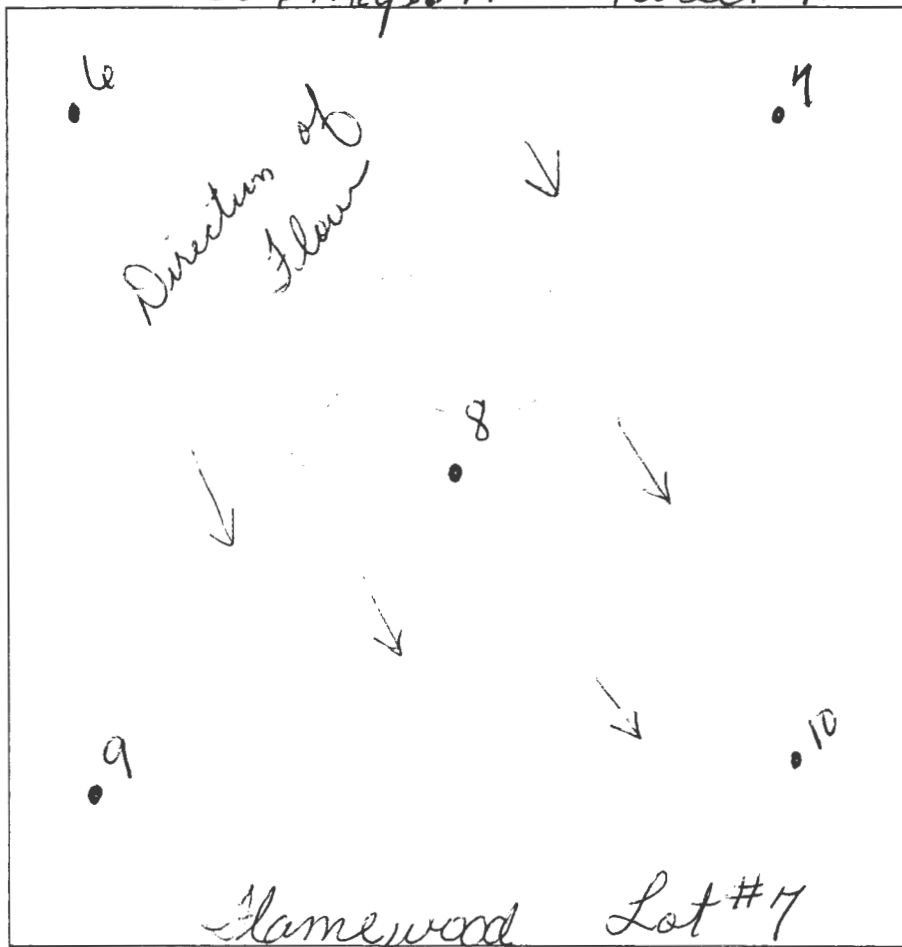
by Map: 41 Parcel 415

AP

#7
 Red Brown
 yellow
 Sh 3
 Layer of
 Quartz -4'
 10-15%
 5'
 Red Brown
 yellow
 Sh 5-10%
 many
 mica 12'

#8
 Red Brown
 Sh 3
 Red Brown
 Sh
 Layer of
 Quartz
 @ 4' 5'
 Red Brown
 Sh
 5-10% RY
 many mica 14'

#9
 Red Brown
 yellow
 Sh
 5-10%
 RY quartz
 4'
 Red Brown
 yellow
 Sh
 Pockets of
 Laminated
 @ 16'
 Sh 14'



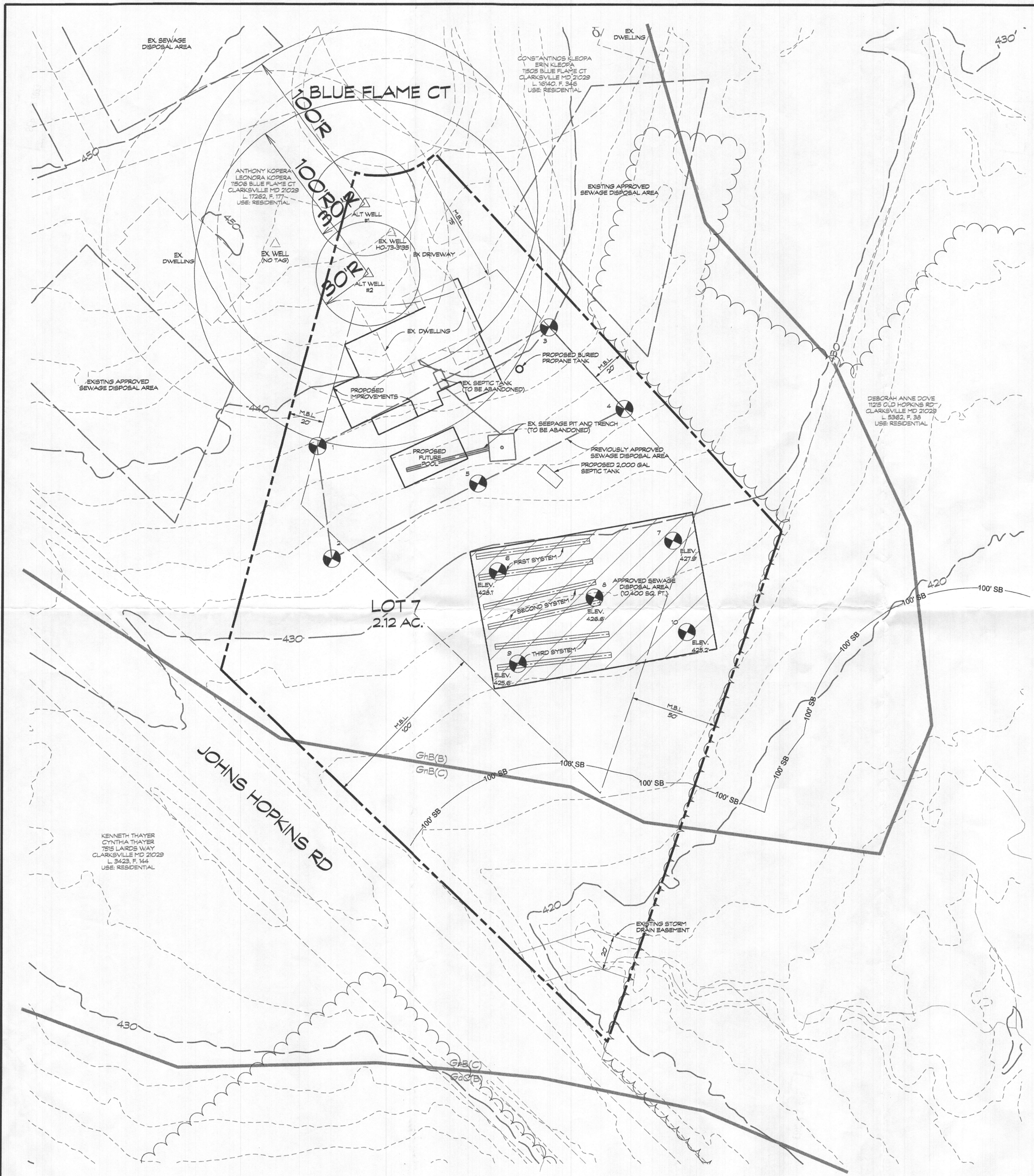
#10
 Red Brown
 yellow
 Sh 4'
 Red Brown
 yellow
 Sh
 ↓ 12'

#6
 Red/Brown
 yellow
 Sh
 @ 1.5'
 Quartz 2'
 Red Brown
 Sh
 5-10%
 RY
 ↓ 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8-23-22	7	5.5/10	11:28	11:33	11:43	10min	P
8-23-22	8	5.0/14	12:46	1:00	1:09	9min	P
8-23-22	9	5.5/12	12:05	12:16	12:30	14min	P
8-23-22	10	5.4/12	11:46	11:51	11:58	7min	P
8-23-22	6	5/14	12:52	1:04	1:14	10min	P

REMARKS _____
 SANITARIAN Devard BACKHOE Young OTHERS Mr. Watkins CLSI
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

Meant to talk to you about this one. The current well is <100' from neighbor SDA + OSDS. Well came first and we have permit but not WCR. We knew neighbor septic was <100' and allowed it to be installed in 2001. Problem is there is maybe one spot on property near old well 2 that would be 7100' from both neighbor SDAs. No room for replacements. Current locations shown are best we can do while showing 2 replacements. They want pretty big addition. We could require water test?
Alt. well sites must be 100' from addition.
Appl. OSDS permit 4 bedrooms and now 5 ^{10/20}



THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THIS PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

SEPTIC SYSTEM DESIGN REQUIREMENTS:

TRENCHES
 150 GAL X 5 BEDROOMS = 750 GPD
 APPLICATION RATE = 0.8 GPD/SF
 EFFECTIVE DEPTH = 4 FT OF SIDEWALL
 MAX BOTTOM DEPTH = 8 FT
 TRENCH WIDTH = 3 FT
 750 GPD / 0.8 GPD/SF = 937.5 SF
 937.5 SF / 3 FT WIDE TRENCH = 312.5 LF
 312.5 LF X .42 = 131.25 LF OF DEEP TRENCH
 USE (2) 66 FT TRENCHES PER SYSTEM

SEPTIC TANK
 SQUARE FOOTAGE OF HOUSE = 3,500
 USE (1) 2,000 GALLON SEPTIC TANK

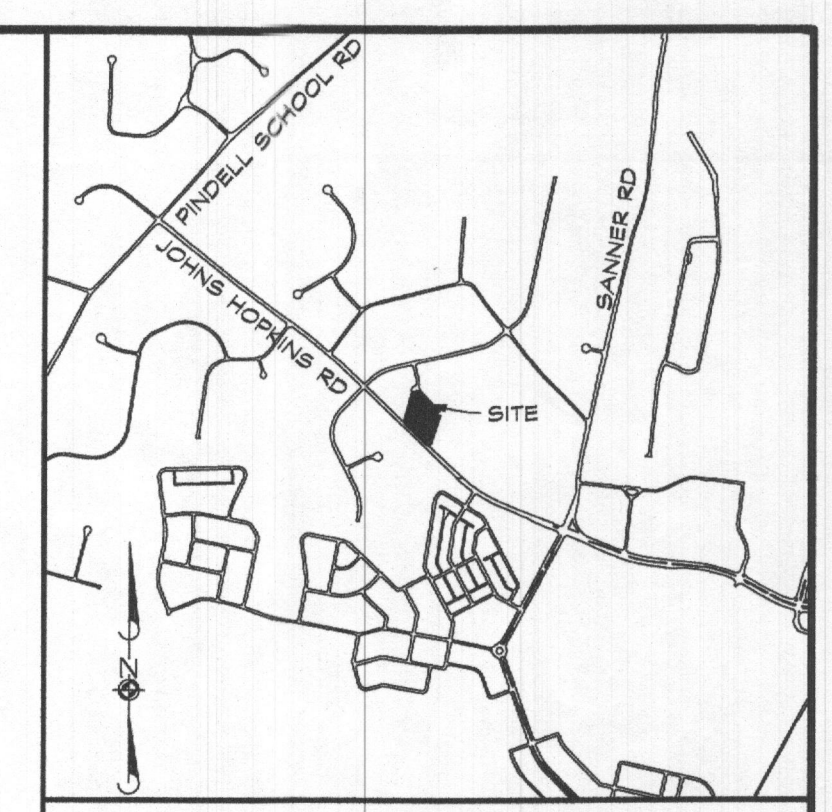
NO WELLS OR SEPTICS WITHIN 200 FEET OF THE PROPERTY BOUNDARY UNLESS OTHERWISE SHOWN HEREON

NOTE: THE PURPOSE OF THIS PLAN IS TO ESTABLISH A REVISED 10,000 SQ. FT. SEWAGE DISPOSAL AREA FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT FOR THE CONSTRUCTION OF AN ADDITION TO THE EXISTING DWELLING

NOTE: APPROVAL OF AN OSDS PLAN IS REQUIRED. THE EXISTING SEPTIC SYSTEM MUST BE PROPERLY ABANDONED AND A NEW SEPTIC SYSTEM MUST BE INSTALLED PRIOR TO BUILDING PERMIT APPROVAL BY HCHD.

LEGEND

- PROP. ADDITION
- EX 1'0" CONTOUR
- EX 2'0" CONTOUR
- PROP. SEPTIC AREA
- EX. SEPTIC AREA
- PASSING PERC TEST
- PROPOSED WELL SITE
- EX. WELL LOCATION
- SOL LINES
- EX. TREE CANOPY
- MINIMUM BUILDING LINE



VICINITY MAP Scale: 1"=2000'

DATA TABULATIONS

1. ZONING DISTRICT: RR-C60
2. NUMBER OF BUILDING SITES: 1
3. TOTAL AREA OF LOT: 2.12 ACRES

GENERAL NOTES

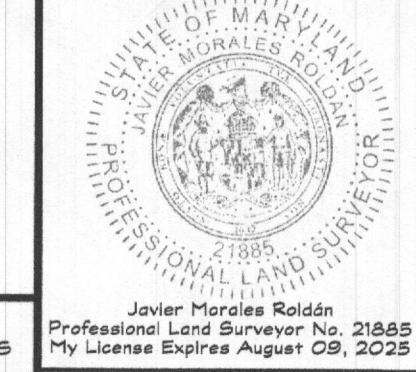
1. CURRENT TITLE REFERENCE
 OWNER: SALIN NAWAWEY
 DEED REFERENCE: L. 21972, F. 199
 DATE: MAY 15, 2023
 GRANTOR: RODOLFO M. QUINO
 DEPARTMENT OF THE ENVIRONMENT
2. THE LOT SHOWN HEREON COMPLES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. THE TOPOGRAPHY SHOWN HEREON IS BASED ON HOWARD COUNTY 200 SCALE TOPO MAPS AND VERIFIED TO ACCURATELY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY. TOPOGRAPHY OF THE PROPOSED SEWAGE DISPOSAL AREA WAS FIELD VERIFIED BY CLSI.
4. ALL EXISTING WELLS AND/OR SEWER DISPOSAL AREA WITHIN 100' OF THE LOT LINES HAVE BEEN SHOWN. THERE ARE NO WELLS 200' DOWN GRADIENT OF THE SEPTIC DISPOSAL AREA SHOWN.
5. ANY CHANGES TO THE PRIVATE SEWAGE DISPOSAL AREA AND/OR ALTERNATIVE WELL LOCATIONS SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
6. ALL STORM-WATER MANAGEMENT DEVICES WILL MEET HOWARD COUNTY SETBACKS TO ALL WELL SITES AND ON-SITE DISPOSAL SYSTEMS.
7. THE BOUNDARY SHOWN HEREON IS FROM THE RECORDED PLAT. NO BOUNDARY SURVEY WAS PERFORMED NOR CERTIFIED BY CLSI.
8. THIS PLAN IS A SERVIENT TO THE CUSTOMER ONLY INsofar AS IT IS REQUIRED BY HOWARD COUNTY FOR THE PURPOSE OF THE APPROVAL OF THE PERCOLATION TEST. IT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF BOUNDARY, EASEMENT OR RIGHT-OF-WAY LINES FOR ANY REASON, SUCH AS THE LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS, OFFSETS OF BUILDING OR OTHER EXISTING OR FUTURE IMPROVEMENTS, OFFSETS OF BUILDINGS TO PROPERTY LINE ARE TO THE NEAREST FOOT (1) UNLESS OTHERWISE NOTED.

OWNER/DEVELOPER

SALIN NAWAWEY
 11507 BLUE FLAME COURT
 CLARKSVILLE, MD 21029

**PERCOLATION CERTIFICATION PLAN
 FLAMEWOOD LOT 7**

11507 FLAMEWOOD CT
 CLARKSVILLE, MD 21029
 LIBER 21972, FOLIO 199
 TAX MAP: 41 * BLOCK: 15 * PARCEL: 415
 5TH ELECTION DISTRICT * HOWARD COUNTY, MD



439 East Main Street Westminster, MD 21157-5539
 (410) 848-1790 FAX (410) 848-1791

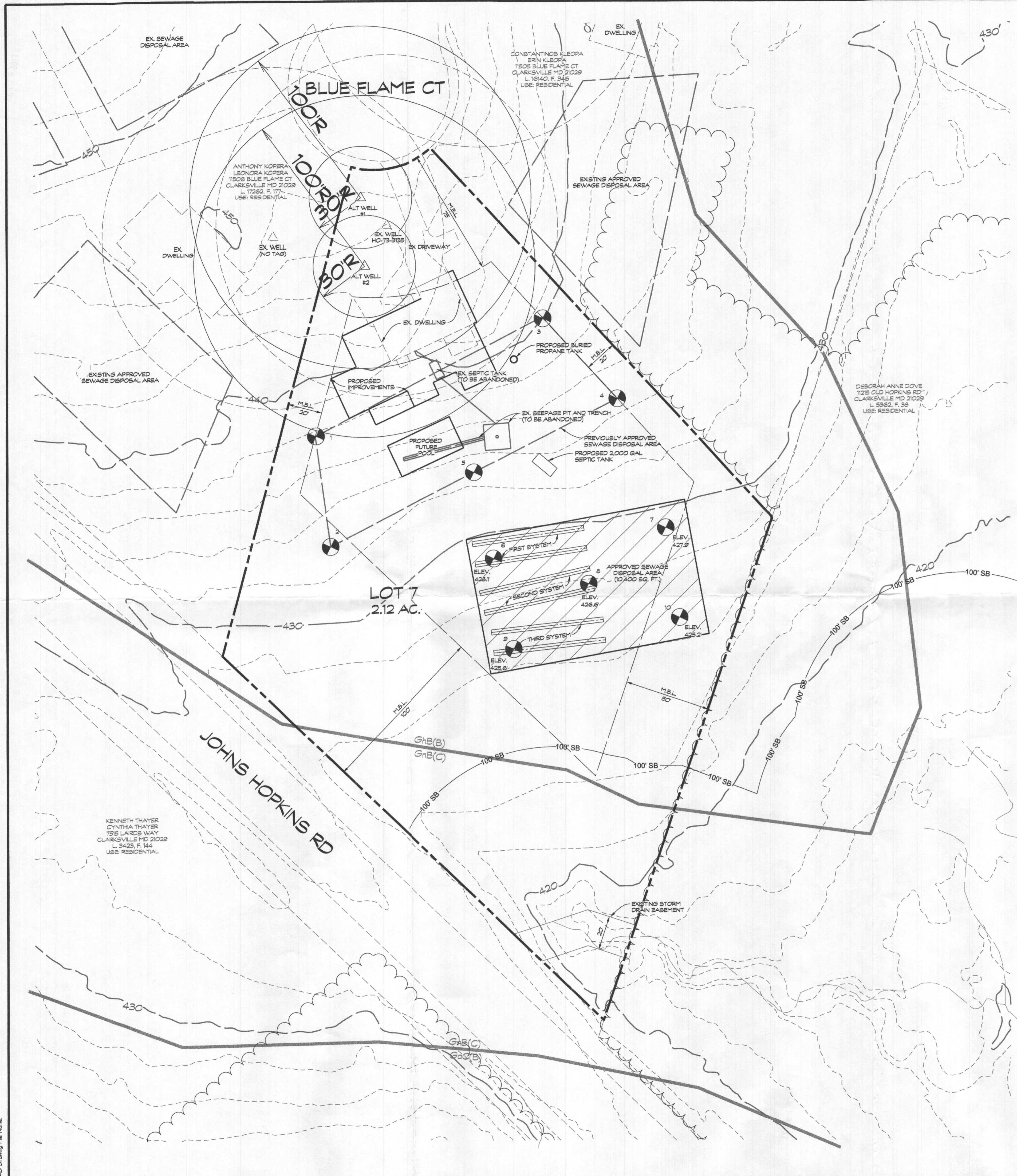
APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

HEALTH OFFICER, HOWARD COUNTY HEALTH DEPT.

I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Javier Morales Roldan, 9/15/23
 JAVIER MORALES ROLDAN, PROFESSIONAL LAND SURVEYOR
 NO. 21865 LICENSE EXPIRES AUGUST 09, 2025

Date	Revisions	Drawn By:	BM
8/12/23	CONVERT PERC PLAN INTO PERC CERT PLAN	Designed By:	MS
		Reviewed By:	JMR
		Date:	JULY, 2023
		Scale:	1" = 30'
		Job No.:	2023155
		Sheet:	1 OF 1



LEGEND

- PROP. ADDITION
- EX 10' CONTOUR
- EX 2' CONTOUR
- PROP. SEPTIC AREA
- EX SEPTIC AREA
- PASSING PERC TEST
- PROPOSED WELL SITE
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- SOIL LINES
- EX TREE CANOPY
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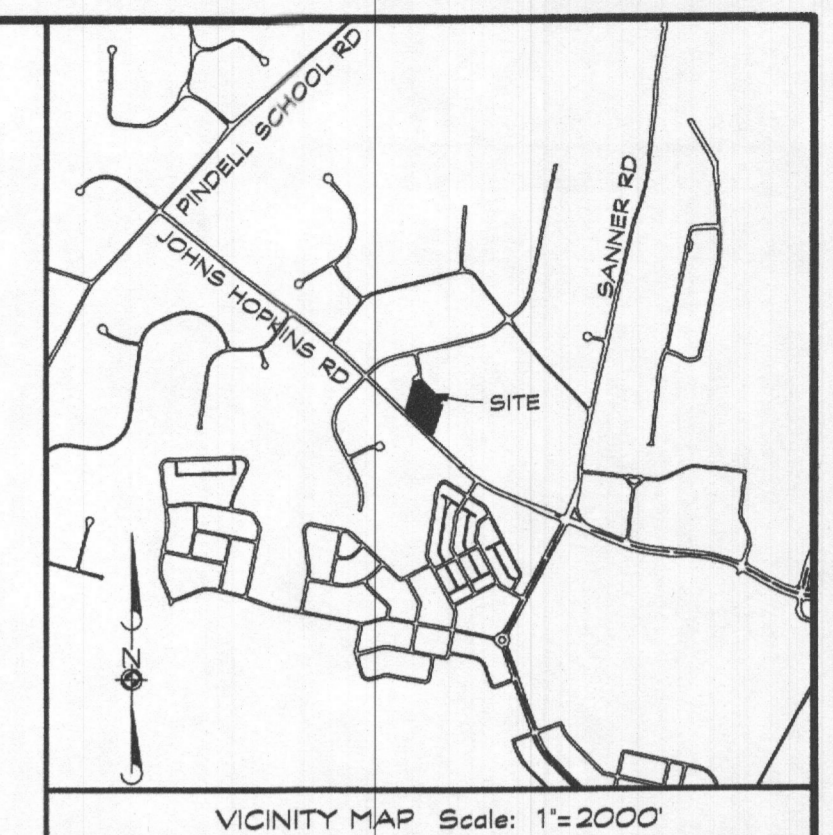
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DATA TABULATIONS

- ZONING DISTRICT: RR-DEO
- NUMBER OF BUILDING SITES: 1
- TOTAL AREA OF LOT: 2.12 ACRES

GENERAL NOTES

- CURRENT TITLE REFERENCE:
OWNER: SALIN NAWAEY
DEED REFERENCE: L. 21972, F. 199
DATE: MAY 18, 2023
GRANTOR: RODOLFO M. QUINO
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 SALIN NAWAEY
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 CLARKSVILLE, MD 21029

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 FLAMEWOOD LOT 7**

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 CLARKSVILLE, MD 21029
 LIBER 21972, FOLIO 199
 TAX MAP: 41 * BLOCK: 15 * PARCEL: 415
 5TH ELECTION DISTRICT * HOWARD COUNTY, MD

Javier Morales Roldán
 Professional Land Surveyor No. 21865
 My License Expires August 09, 2025

CLSI
 www.clsi-civileng.com
 439 East Main Street Westminster, MD 21157-5539
 (410) 848-1790 FAX (410) 848-1791

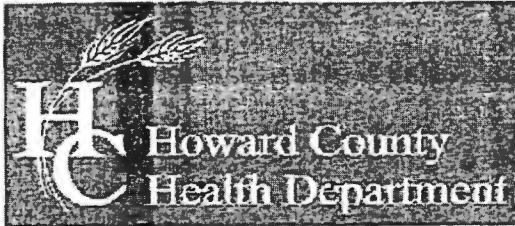
APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

HEALTH OFFICER, HOWARD COUNTY HEALTH DEPT. *[Signature]*

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Javier Morales Roldán 9/15/23
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		Sheet: 1 OF 1



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

555272

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Anthony + Leonora Kopera LOT #
PROPERTY ADDRESS 11506 Blue Flame Ct Clarksville, MD 21029
TAX ACCOUNT # TAX MAP GRID PARCEL LOT LOT SIZE (ACRES)
ZONING CATEGORY TIER

PROPERTY OWNER(S) Anthony Leonora Kopera

DAYTIME PHONE 301-490-7462 CELL EMAIL
MAILING ADDRESS 11506 Blue Flame Ct Clarksville MD 21029

APPLICANT Ronnie Neaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 443-277-7526 CELL Same EMAIL NO
MAILING ADDRESS 425 O Brecht Rd Sykesville MD 21784

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

- BUILDING:
[checked] RESIDENTIAL WITH 4 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:
[] CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
[checked] 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.
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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] DATE 10/16/14

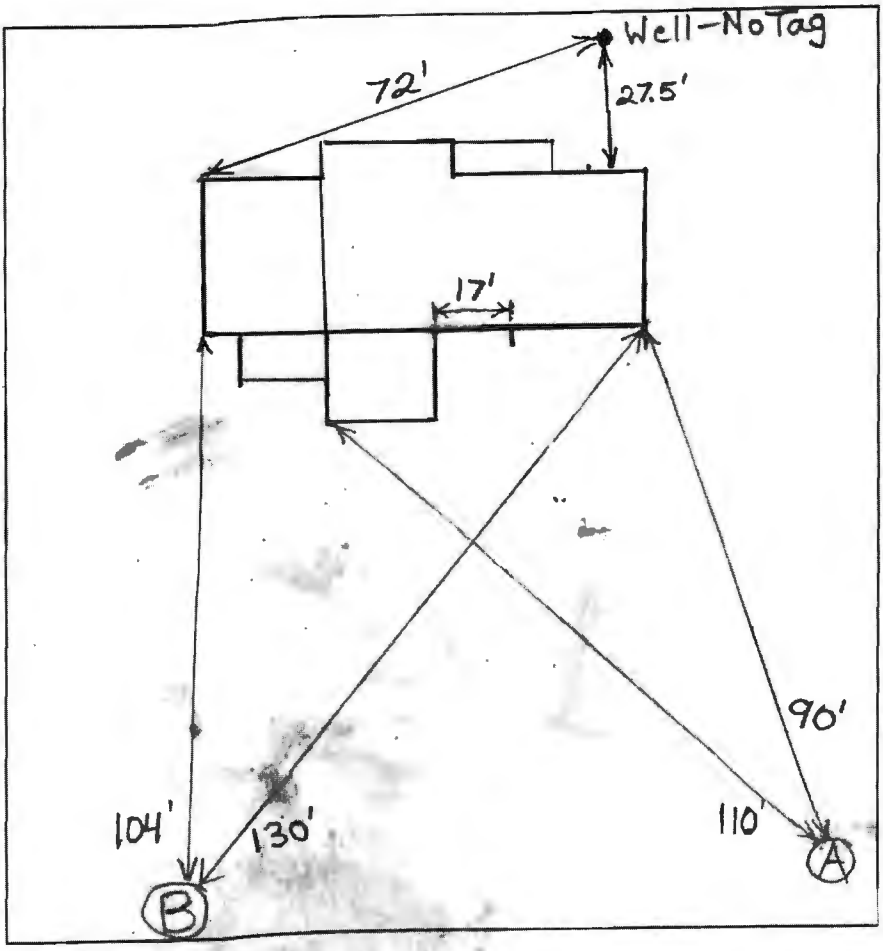
AP _____

(A)

Dense Red
Br Cl Loam
4.5'-5.5'
Dense Red
Br and
Beige Sa
Loam -
Loamy Sa
5-10%
Rock
Slight
Moisture
14.5'

(B)

Moderately
Dense Red
Cl Loam
1'-1.5'
Mixture of
Very Dense
Cl Loam +
Dense Sa
Cl Loams
4.5'
Mixture of
Dense Sa
Loam and
Sa Loam
6'
Sa Loams
Turning to
Loamy Sa
15.5'
Deeper
5-10% Rock



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/28/2014	A	5.5' / 14.5'	11:24	11:34:30	Stopped	DIRTY H	H
		6'	11:57	12:05	12:29	24	P
	B	6.3' / 15.5'	12:38	12:46	1:02	16	P

REMARKS Water Poured in Bottom of Holes - Rates O.K
 SANITARIAN B. Baker BACKHOE R. Heaps OTHERS Homeowner
 TEST HOLES USED IN SDA A + B AVG. PERC TIME 20 SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____