

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 Lisbon meadows

PROPERTY ADDRESS 15801 Bellis Dr woodbine 21797

TAX ACCOUNT # 325680 TAX MAP 0008 GRID 0019 PARCEL 0222 LOT NO. PROPOSED LOT SIZE (ACRES) 1+Ac.

ZONING CATEGORY Re 9 TIER

PROPERTY OWNER(S) Mike Omalley

DAYTIME PHONE CELL 443-463-5319 EMAIL momalley@concretecpr.com

MAILING ADDRESS 15801 Bellis Dr woodbine mo 21797

APPLICANT Holler Contracting RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 3017489836 CELL EMAIL Terryholler@aol.com

MAILING ADDRESS 14810 Black Ankle rd Mt Airy mo 21771

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 3 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.

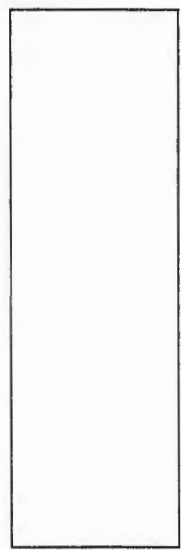
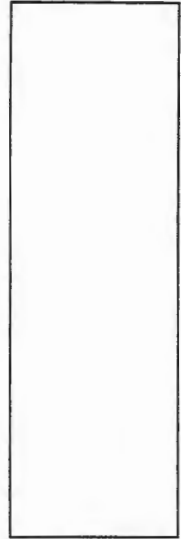
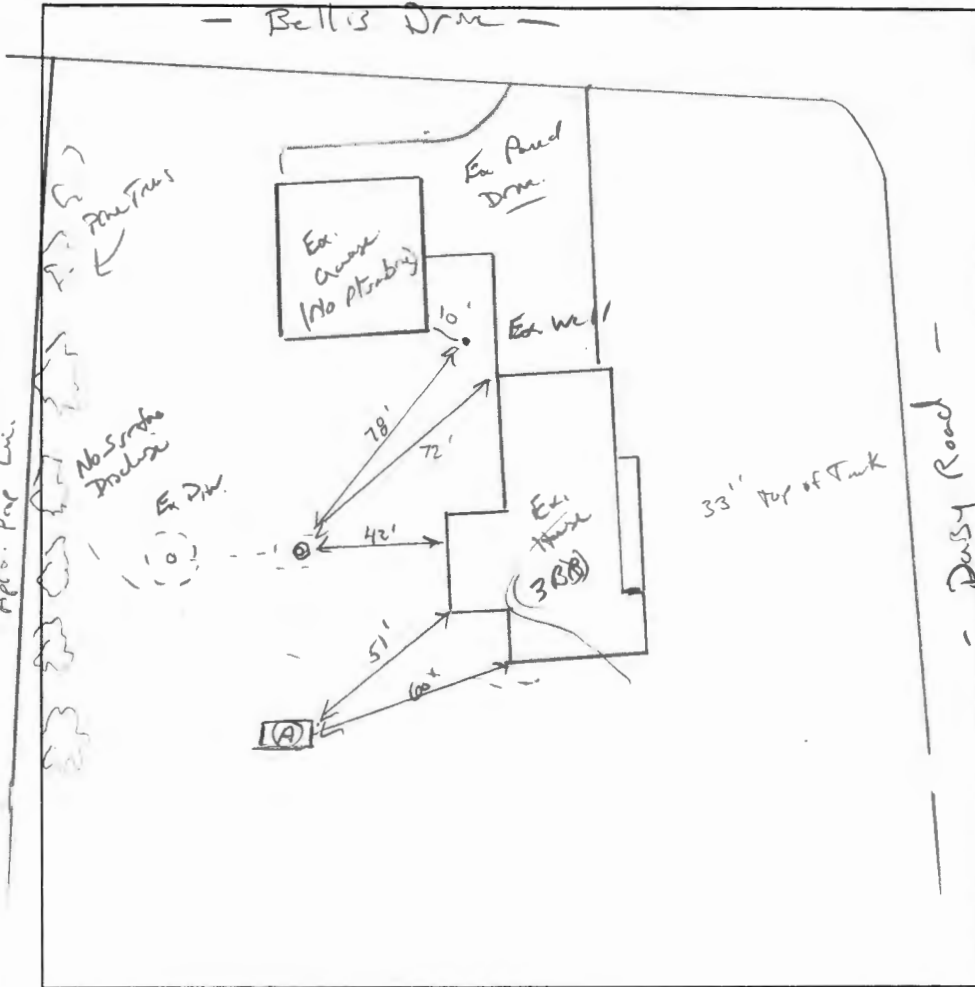
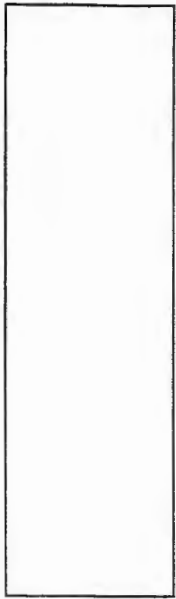
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

5-13-25

DATE

- Bellis Drive -



Ⓐ

Br / rd ch  
M650K nuts  
2-  
3/4 s.c.l.  
wk 650K,  
Fonble, cw  
nuts, chng

4-  
51-  
1 1/2 r / rd SL

wk 650K  
Fonble  
10% s.dia  
chng  
s.c.s.k

7-  
8-  
Br / rd. FSL

wk 650K  
15% cherty  
misc

12'6"



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/27/2025	Ⓐ	5'3" 12'6"	00:05	00:09	00:17	8	P

REMARKS Ex. D.W. Full. Been pumped multiple times (Digging w/ smooth bucket) <sup>no teeth</sup>

SANITARIAN Kevin Wolf BACKHOE Terry Holter OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR 0.8 gal/hr

TRENCH WIDTH 3' INLET DEPTH 3.5' MAX. BOT DEPTH 8.5' EFFECTIVE S/W 5.5'-8.5' (.50)

$3BR = \frac{450 gal}{0.8} = 562.5 \div 3 = 188 \cdot (.5) = 94'$