

Bureau of Environmental Health
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Maura J. Rossman, M.D., Health Officer

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

1556484-J

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Old Lisbon Estates LOT # 12
 PROPERTY ADDRESS 15775 Frederick Rd., Woodbine 21797
STREET TOWN ZIP
 TAX ACCOUNT # 04315448 TAX MAP 8 GRID 7 PARCEL 5 LOT 12 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 P.O. 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 P.O. 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: 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.

[Handwritten Signature]

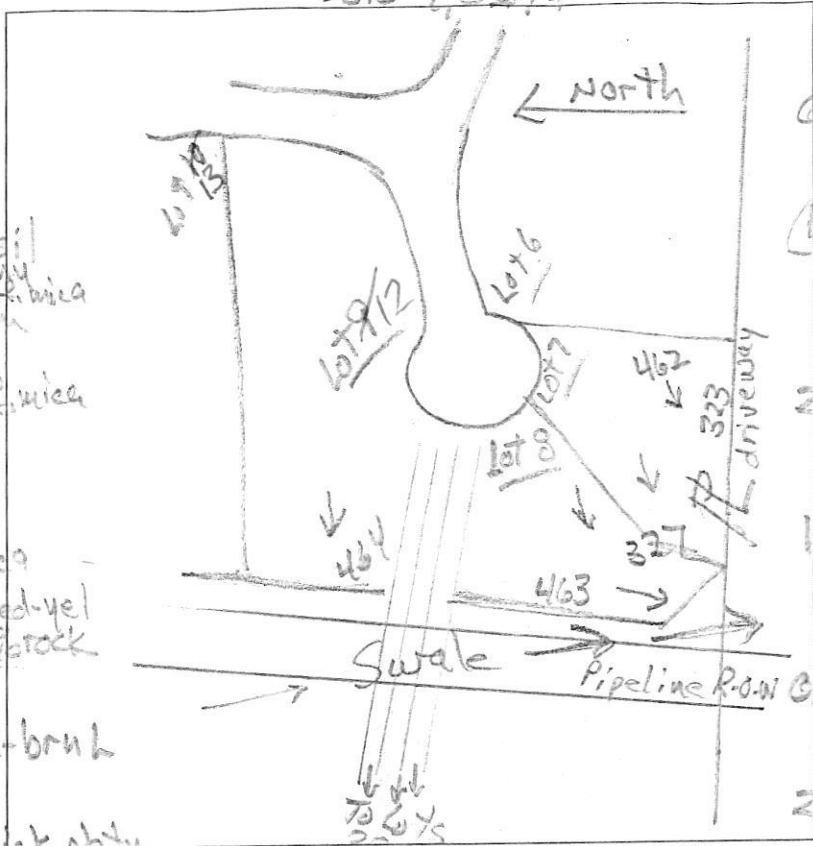
9/12/15

SIGNATURE OF APPLICANT

DATE

Lots 7, 8, 9, 12

A/P



463
 dk brn
 2 vlsbk
 to 2.8
 0.8
 red-yel chsil
 3 f abk
 1.3
 red, pale brn
 & yellow
 chsl, many mica
 2.5
 red, red
 & brn chls,
 thin platy
 many mica
 11
 pale brn & red-yel
 vchls, >50% rock

323
 dk brn L, 2 vlsbk
 red-brn sil
 2 vlsbk
 0.3
 red sil
 + thick platy
 many mica
 1.3
 brn-yel
 & yellow
 chls, thin
 platy
 many mica
 2.2
 red-yel, yellow
 & red
 chls, thin platy
 many mica
 11
 462
 dk brn L, 2 vlsbk
 brn L, 3 vlsbk
 0.4
 red & brn
 sil, thick platy
 many mica
 2.5
 pale brn, red
 yellow & red
 chls, thin platy
 12

327
 dk brn & red-brn L
 2 vlsbk
 0.2
 red sil
 thick platy
 many mica
 5% channers
 1.7
 yellow, red
 & pale
 chls, thin
 platy
 many mica
 10
 brn & red
 chls, platy
 12

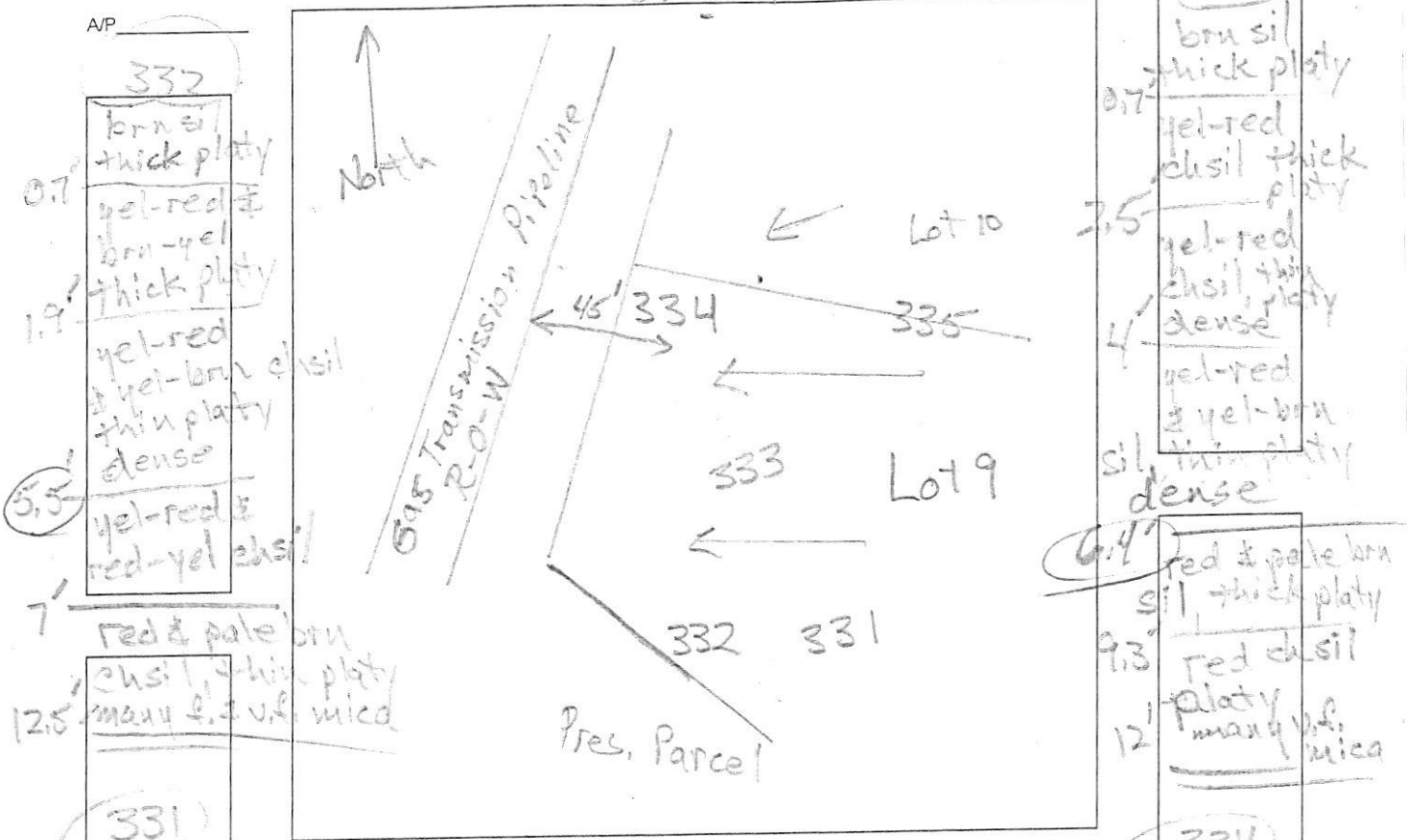
464
 brn L, 3 vlsbk
 0.2
 brn L, 3 vlsbk
 15
 brn L, 3 vlsbk
 on top (pale yellow)
 fip (red-red)
 2.1
 yellow
 sil, thin platy
 (pale brn)
 4.8
 red chls
 thin platy
 many mica
 12.5 dry

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/24/16	463	3.9'	1:28	1:32	1:38	6	P
6/24/16	327	4 1/2'	1:52	1:55	2:02	7	P
6/24/16	323	3.7'	2:04	2:06	2:10	4	P
6/24/16	462	4 1/2'	2:21	2:23	2:26	3	P
6/24/16	464	5 1/2'	2:36	2:40	2:47	7	P

Location #463 added (no stake)
 Location #464 added (no stake)

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

Lot 9/12



AP
332
0.7' brn sil thick platy
yel-red
brn-yel thick platy
1.9' yel-red & yel-brn chsil thin platy dense
5.5' yel-red & red-yel chsil
7' red & pale brn
12.5' chsil, thin platy many f. & v.f. mica

331
0.8' brn sil thick platy
yel-red & yel-brn chsil thick platy
2.8' yel-red chsil thin platy dense
4.5' red, ye & pale brn chsil thin platy many v.f. mica
12'

333
0.7' brn sil thick platy
yel-red chsil thick platy
2.5' yel-red chsil thin platy dense
4' yel-red & yel-brn sil thin platy dense
6.4' red & pale brn sil thick platy
9.3' red chsil
12' platy many v.f. mica

334
0.7' brn sil thick platy
red-yel sil, thin platy
2.4' yel-red sil thick platy common v.f. mica
3.3' red, yellow and pale brn chsil thin platy many f. & v.f. mica
11.5' red & yellow
14' fl sil platy

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/21/15	332	6 1/2'	3:15	3:22	3:35	13	P
9/21/15	331	5 1/2'	3:16	3:20	3:30	10	P
9/21/15	333	5.5'	3:37	3:54	—	reshel	P
9/21/15	334	4 5/8'	3:38	3:44	3:52	9	P
reshel	338	7 1/2'	4:06	4:22	4:51	29	P

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

