

Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Old Lisbon Estates LOT # 35

PROPERTY ADDRESS 15775 Frederick Rd. Woodbine

STREET

TOWN

ZIP

TAX ACCOUNT # 04315448 TAX MAP 8 GRID 7 PARCEL 5 LOT 34 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

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 PO 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: 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
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.

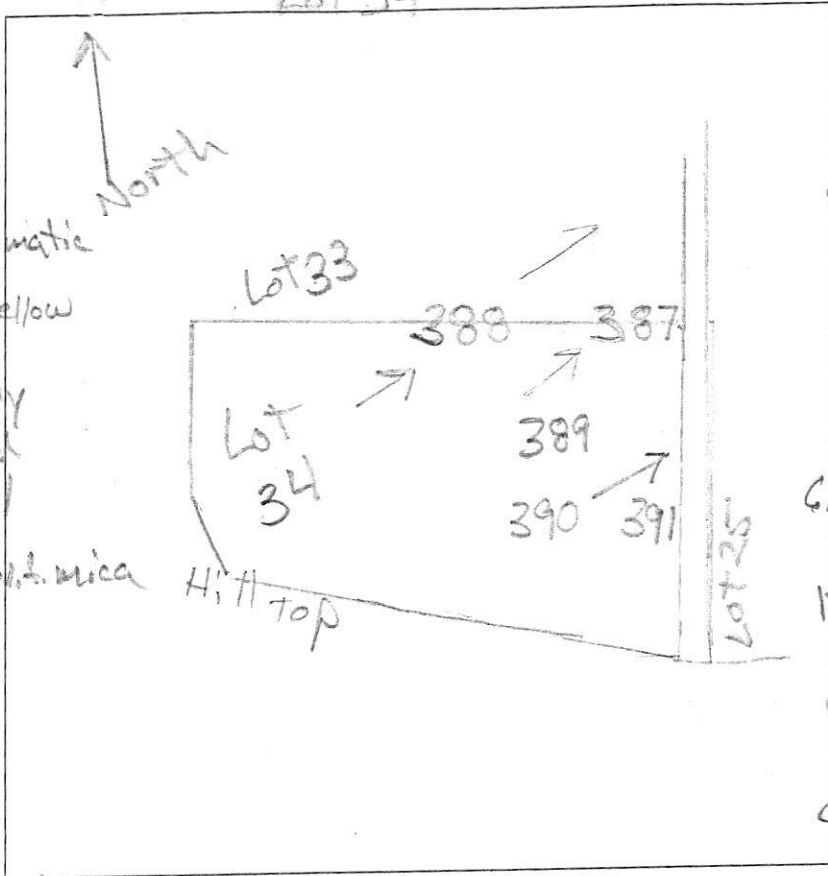
Handwritten signature of applicant

3/3/16

SIGNATURE OF APPLICANT

DATE

Lot 34



AP

390

0.8' brn sil thick platy
 2.4' yel-red sil medium prismatic
 yel-red & yellow chsil, thick platy
 3.5' red, yel-red & yellow sil thin platy many f. & v. mica

389

0.7' brn sil thick platy
 red, yel-red & brn-yel chsil
 3.5' red & yel chsil, thin platy
 4.5' red & grey sil, thin platy
 12' sil, thin platy

388

1' brn sil, dense
 1' yel-brn chsil, dense
 2.5' red & grey sil, thin platy
 12'

391

0.8' brn sil thick platy
 2' yel-red sil w/ medium prismatic
 4' yel-red & yellow chsil, thick platy
 yel-red, red & yellow sil, thin platy many fine f. & v. fine mica
 6.5' yel-red sil sil
 12' thick platy

387

0.7' brn sil thick platy
 yel-red & red sil thick platy
 1.4' red & yel vchsil, dense thin platy
 3.5' yel-red, red & yellow chsil, thin platy many fine mica
 12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/15/15	390	12'	Visual	3.5' - 8' sidewall	0.8 gpd/ft ²		P
9/15/15	391	3.8/12'	10:38	10:52	11:01	8	P
9/15/15	389	5/12'	10:46	10:48	10:52	4	P
9/15/15	388	3.8/12'	10:51	11:01	11:14	13	P
9/15/15	387	12'	Visual	2.5' - 8' sidewall	0.8 gpd/ft ²		P

REMARKS f. & v. fine and very fine

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 _____