



Bureau of Environmental Health

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

1570957

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 11865 Lime Kiln Rd Fullton

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Nathaniel Reed

DAYTIME PHONE 443 829 4983 CELL EMAIL

MAILING ADDRESS 11865 Lime Kiln Rd Fullton MD

APPLICANT James Harrison RELATIONSHIP TO OWNER:

DAYTIME PHONE 410 596 0059 CELL EMAIL

MAILING ADDRESS 4717 Old Washington Rd Sykesville MD 21784

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:

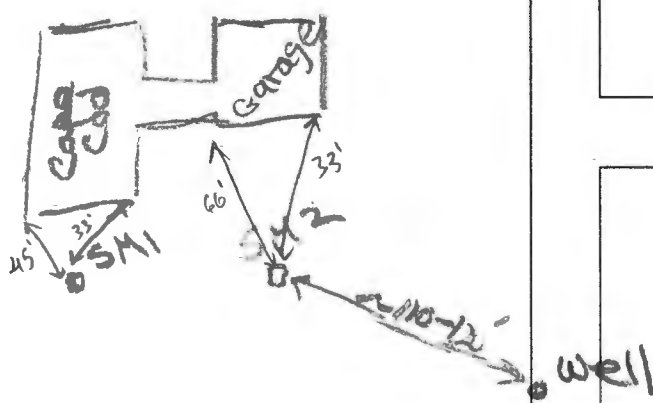
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE 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 DATE 2/10/22

11865 Lime Kiln Road

for repair

Explore possibility  
for repair sand  
MOUND.



- SM1
- brn L 1 fsbk SS
- 3" few mica
- brn-red scl 2 fsbk, common mica
- 8" brn & yel-red sil, 1 fsbk common mica 5-15% gravel
- 18" dense
- brn sil thick platy (1/4") common mica
- 27" yel-red sil
- Øm
- m3p (H-grav)
- 40"

SM2

- brn L 3"
- brn-red scl
- 8" dk grey-brn sil
- 11"
- brn sil 14"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/28/02	SM1		Not				F
2/28/02	SM2		for				F
			Fill to				
			at least				
			8 inches				

REMARKS → scheduled perc level w/ contractor. perc not present, RA/ST w/ Jamie Harrison.

SANITARIAN R Bricker BACKHOE Jamie Harrison OTHERS Susan T. Law

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

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

Fill on top



