

Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME ACORN LOT # 3
 PROPERTY ADDRESS 16185 ED WARFIELD RD WOODBINE MD 21797
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP 13 GRID 13-17 PARCEL _____ ZONING DESIGNATION RC-DEO

PROPERTY OWNER(S) John & Veronica Pearson

DAYTIME PHONE 410 489 2766 CELL 240 876 5983 EMAIL CHRIS@PDRHOWA.COM
 MAILING ADDRESS 16185 ED WARFIELD RD WOODBINE MD 21797
STREET CITY, STATE ZIP

APPLICANT CHRIS LAMBROS RELATIONSHIP TO OWNER: CONTRACTOR

DAYTIME PHONE 410 730 7260 CELL 443 875 5099 EMAIL CHRIS@PDRHOWA.COM
 MAILING ADDRESS 4785 DORSEY HALL DR ELLICOTT CITY MD 21042
STREET CITY, STATE ZIP

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

- BUILDING:
- RESIDENTIAL WITH _____ 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: _____ Permit # B15000459
 - 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

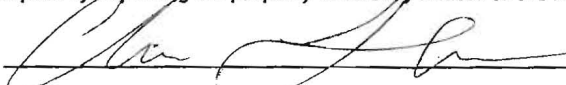
* DIG TEST HOLE TO CONFIRM
 4' BUFFER @ EXISTING SEPTIC
 SYSTEM - NECESSARY TO RELEASE
 ADDITION BUILDING PERMIT

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

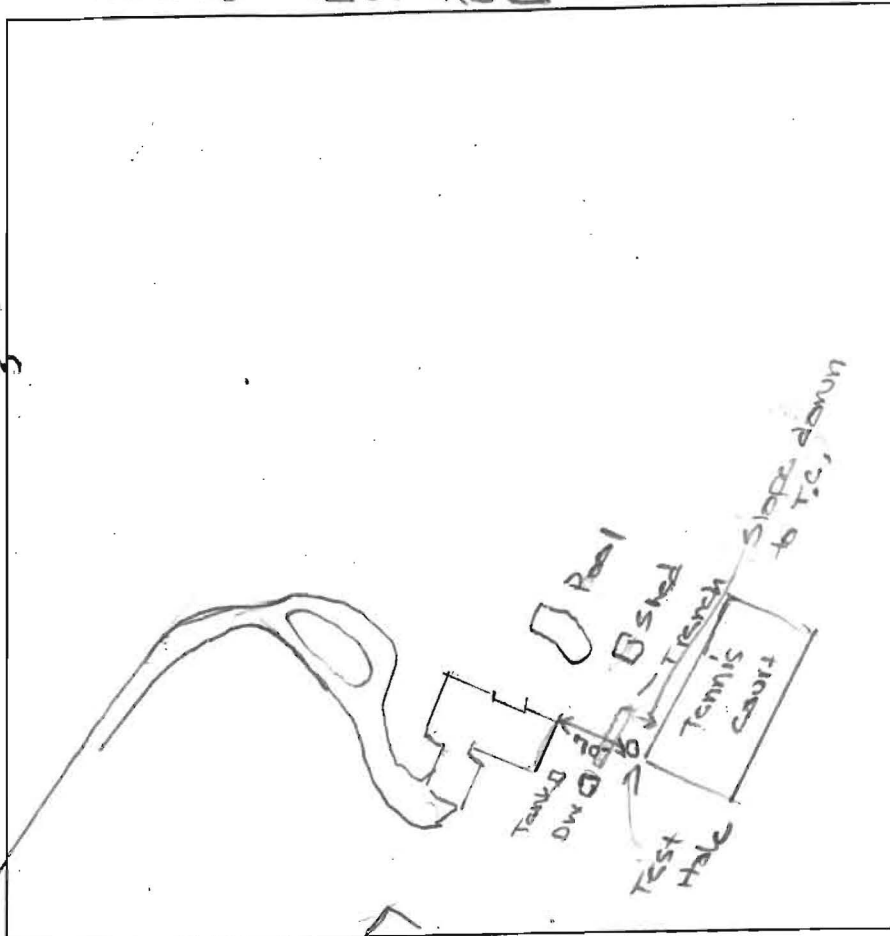
3/18/15

 DATE

4.14.15 Test Hole Evaluation

A555775

- A/P
- 0.6' Dark Brown Loam
 - 4' Red Orange Clay Loam
 - 6' yellow-brown loam
 - Brown loam
 - Platy
 - 20-25% Rock
 - 13.5' Dry @ Bottom



16185 Ed Warfield Road

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

REMARKS Test hole located at 11.5' - 2.0' trench.
 SANITARIAN Hank Oswald BACKHOE William E Hopkins OTHERS Chris Lambros
Excavate of Paul Davis Restoration

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

Note: Backhoe was not capable of digging down more than 13.5' at time of test. H.O.

4" Topsoil
Orange Red
Clay loam

6' -
Yellow
Silty
Loam

8' -
~~8'~~ Brown loam

20'-25' Rock

13.6 -



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

March 30, 2015

Chris A. Lambrose
Associate, Paul Davis Restoration
4785 Dorsey Hall Drive

RE: Variance Approval
16185 Ed Warfield Road

Dear Sir:

The Health Department received your waiver request dated March 18, 2015 for the above referenced property. This agency will grant approval of the waiver to the required Percolation Certification Plan as required by the Howard County Code, Subtitle 8, Section 3.805. The waiver has been approved on the basis that the proposed improvements have a minimal, if any, impact on-site sewage disposal system repair area because the improvements are within the one hundred (100) foot setback to the existing well. Please note that perc testing in the area of the existing drywell must be conducted to see if there is a four (4) foot buffer.

Be advised that any future addition may require percolation testing and a Percolation Certification Plan will be required. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

A handwritten signature in black ink that reads 'Michael J. Davis'.

Michael J. Davis
Assistant Director
Bureau of Environmental Health



HOWARD COUNTY HEALTH DEPARTMENT

55775

3/18/15 DATE

A5

Received From

Paul Davis

PHONE #

410-730-7260

For

Peric App/16/85 of Rayfield Rd. lot 3

CASH

CHECK

NO.

106022

Five hundred six XX

Dollars

\$ 506.00

Received By

J King