

Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Cissey Farm
 PROPERTY ADDRESS 7004 Deer Valley Rd Highland 20777
STREET TOWN ZIP
 TAX ACCOUNT # - TAX MAP 0040 GRID 002 PARCEL 0202 LOT NO. 8 PROPOSED LOT SIZE (ACRES) 2.14
 ZONING CATEGORY - TIER -

PROPERTY OWNER(S) Amanda Low

DAYTIME PHONE _____ CELL _____ EMAIL Amanda.Low222@gmail.com
 MAILING ADDRESS 7004 Deer Valley Rd Highland MD 20777
STREET CITY, STATE ZIP

APPLICANT Young Septic RELATIONSHIP TO OWNER: Septic Service
 DAYTIME PHONE 443-775-7353 CELL _____ EMAIL Info@YoungSeptic.com
 MAILING ADDRESS 1802 Baltimore Blvd Westminster MD 21157
STREET CITY, STATE ZIP

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:

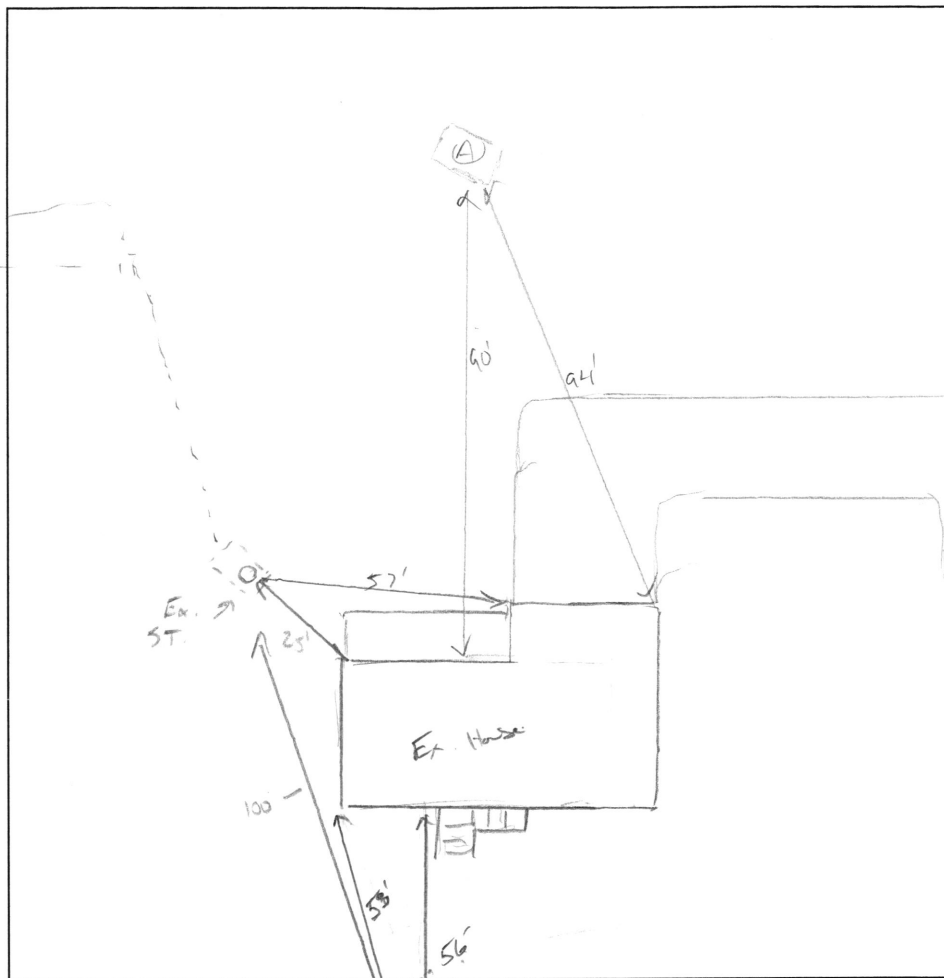
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE 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'
 11 br L
 WK Co SBK
 11 br Y SL
 WK Co SBK
 Friable, roots
 highly micaceous
 15% Mica about
 5'
 11 br Y/R SL
 WK Co PL.
 Friable,
 micaceous.
 15% subsoil
 channels
 9' 10"

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/17/2023	(A)	4' 9 10"	00:58	00:01	00:05	4	P
		H ₂ O found @ 9' 8"				~ 8 gpi	P

REMARKS Perc was limited due to smaller machine onsite

SANITARIAN K. Wolf BACKHOE _____ OTHERS owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 3 INLET DEPTH 2' MAX. BOT DEPTH 6' EFFECTIVE SW 4' (50)

4 BR = $\frac{600 \text{ gpi}}{1.2 \text{ ft}} \times 500 \div 7 = 167 (150) = 84 \text{ LF}$