

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. Rossinan, M.D., Acting Health Officer

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Gleneleg Manor LOT # 4B
 PROPERTY ADDRESS 12537 Folly Quarter Rd Ellicott City Md 21042
STREET TOWN ZIP
 TAX ACCOUNT # 358353 TAX MAP 22 GRID 23 PARCEL 337 ZONING DESIGNATION 5

PROPERTY OWNER(S)

Debbie Quadri
 DAYTIME PHONE 410.995.0095 CELL 240.373.7030 EMAIL _____
 MAILING ADDRESS 12537 Folly Quarter Rd Ellicott City 21042
STREET CITY, STATE ZIP

APPLICANT

Fogle's Septic Clean, Inc RELATIONSHIP TO OWNER: Consultant
 DAYTIME PHONE 410795-5670 CELL 410984-5211 EMAIL _____
 MAILING ADDRESS 580 Obrecht Rd Sykesville, MD 21784
STREET CITY, STATE ZIP

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

BUILDING:

- RESIDENTIAL WITH 4 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: _____
- 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.

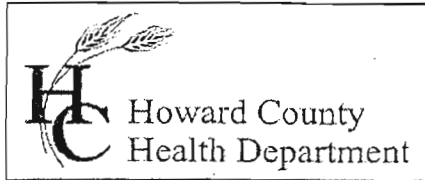
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Fogle's Septic Clean Inc

SIGNATURE OF APPLICANT

4/24/13

DATE



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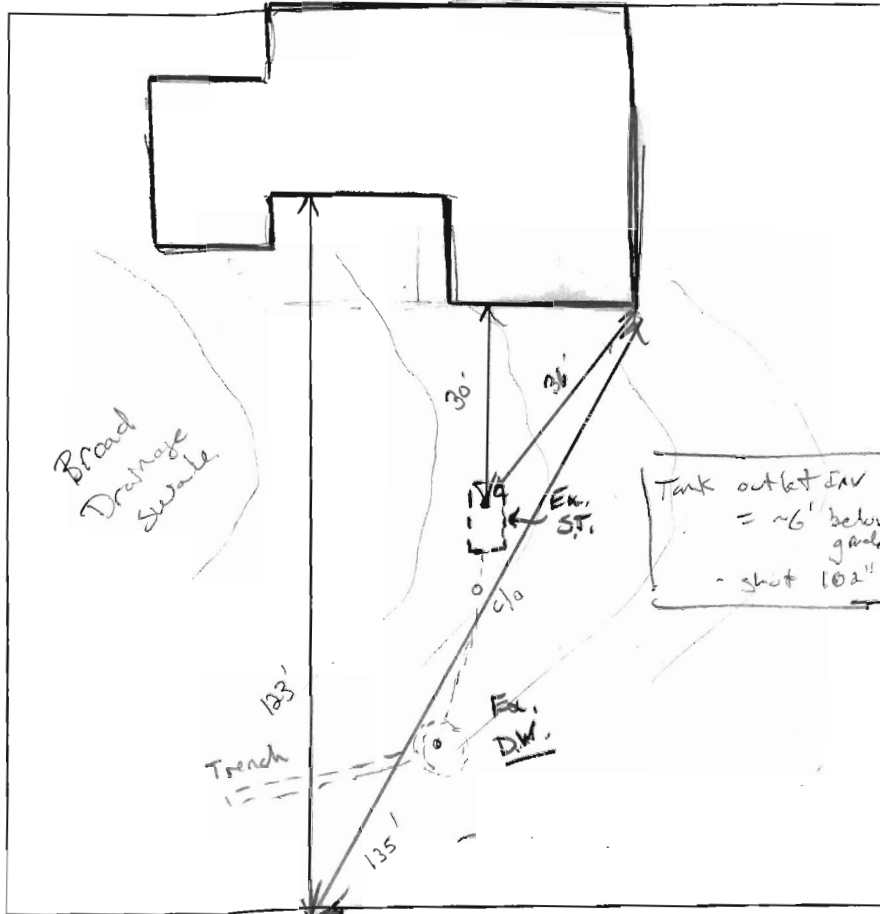
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Fogle's Septic Clean Inc 4/24/13
 SIGNATURE OF APPLICANT DATE



73-1953

10"
 4'
 5-6'
 6-7'
 16'4"

Ⓐ
 Dk Br. L, SSBK, roots, OR
 Br, Sil loose, vit. cu
 chancy, wavy boundary
 Br/Y L micaceous
 LW, m ssk, chancy, dark platy
 wk sup 30-40%
 Br St, highly wk platy, micaceous.
 Dry ↓

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/9/13	Ⓐ	5' 1/4"	11:38	pukeed	1/4" movement		
		6' 8"	11:49	11:52	11:58	8	P

REMARKS Plenty of roots near area
 SANITARIAN K. Wolf BACKHOE RKky OTHERS Homeowner
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 8 SQ. FT/BR
 TRENCH WIDTH 2 INLET DEPTH 4 MAX. BOT DEPTH 9' EFFECTIVE SW 6.5'

$4(150) = 600 \div 0.8 = \frac{750}{2} = 375 (.44) = 165 \text{ LF}$
 $6(150) = 900 \div 0.8 = \frac{1125}{2} = 562.5 (.36) = 202.5 \text{ LF}$