

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 Isiah Giles Prop LOT # 5

PROPERTY ADDRESS 1406 Driver Rd Marriottsville 21104
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 10 GRID 10 PARCEL 240 ZONING DESIGNATION _____

PROPERTY OWNER(S)

Shirley Dorsey

DAYTIME PHONE 410442 1556 CELL _____ EMAIL _____

MAILING ADDRESS 1406 Driver Rd Marriottsville, MD 21104
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.

Kent A. Cassell

SIGNATURE OF APPLICANT

4/16/13

DATE

A/P _____

(A)

Red Br Sa

Cl Loam

Sa Loam

2.5'-3.5'

Red Br

Sa Loam

3.5'-4.5'

Mixture of

Red Br and

Beige Sa

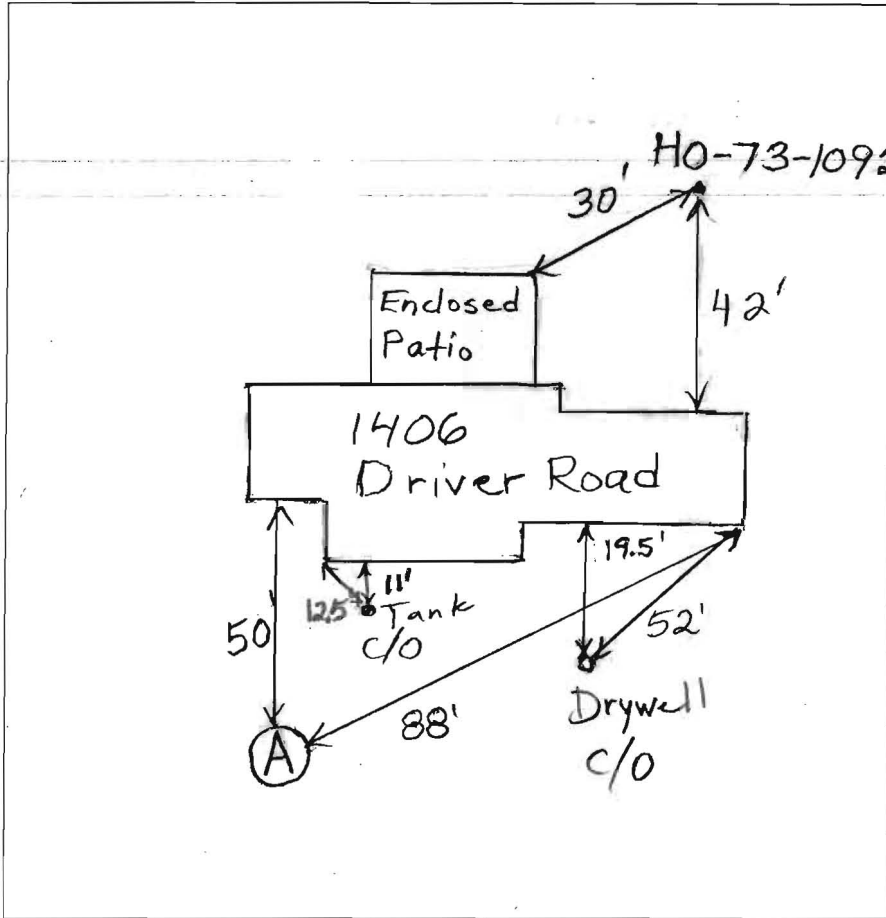
Loam and

Loamy Sa

Trace

Rock

15'



| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|----------|--------|------------|----------|------------------|-----------------|---------------------|-------|
| 5/1/2013 | A | 5.5' / 15' | 10:42:30 | 10:46 | 10:52 | 6 | P |
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REMARKS _____

SANITARIAN B. Baker BACKHOE Fogles OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____