

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 _____ LOT# 39
 PROPERTY ADDRESS 7413 CHERRY TREE Dr. STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP 41 GRID 14 PARCEL 219 ZONING DESIGNATION Res

PROPERTY OWNER(S) STAN BREEDLOVE

DAYTIME PHONE 301-875-8900 EMAIL _____

MAILING ADDRESS 7413 cherry TREE Dr. STREET CITY, STATE ZIP

APPLICANT FOGLE'S SEPTIC CLEAN RELATIONSHIP TO OWNER: CONTRACTOR

DAYTIME PHONE 410-795-5670 CELL EMAIL Kim@FOGLESINC.COM

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.

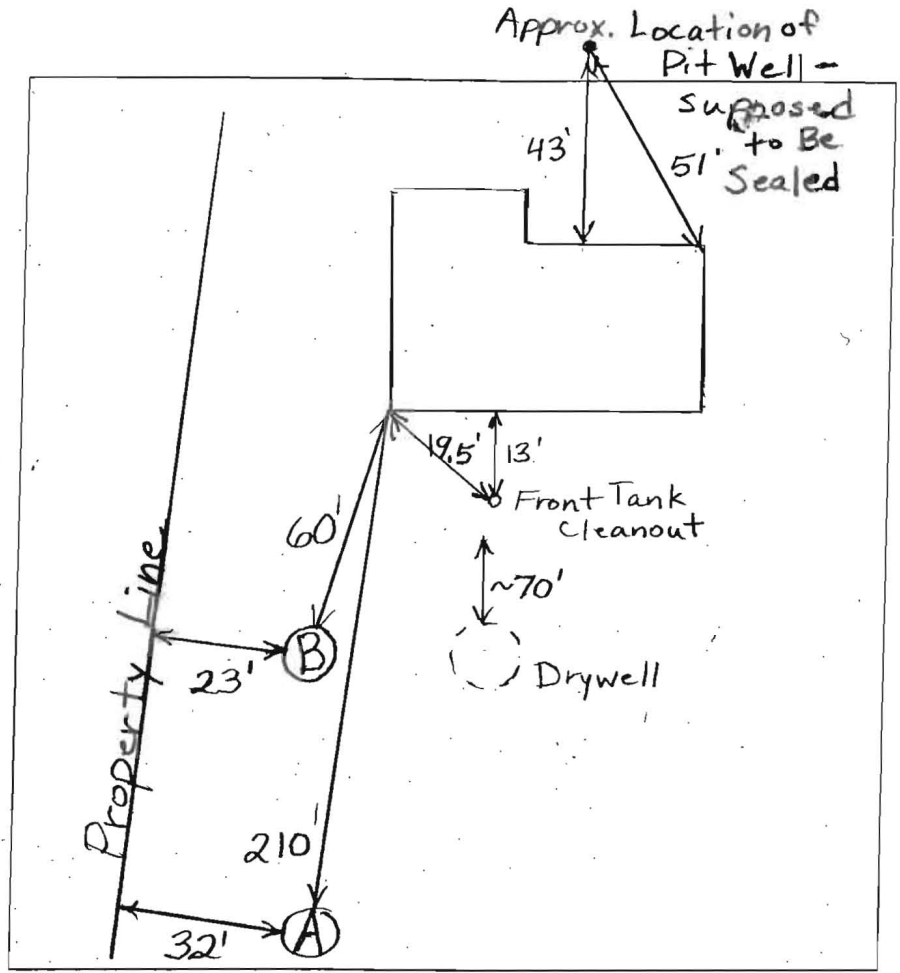
SIGNATURE OF APPLICANT

1/22/15

DATE

AJP

- Ⓐ
- 3' Red Br Cl Loam
- 4' Red Br Loam
- 4' Red Br Sa Loam - Sa Cl Loam
- 5'-5.5' Fine Red Br Loamy Sa 5-10% Rock Dry
- 15'
- Ⓑ
- 2'-2.5' Red Br Cl Loam - Si Cl Loam
- 4'-4.5' Dense Red Sa Cl Loam - Sa Loam
- 7' Dense Sa Loam Changing to a loamy Sa Deeper 5-10% Rock Dry
- 15'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/28/2015	A	7.5'/15'	11:28	11:34	11:43	30	9 1/2 P
	B	5.5'/15'	12:20	30 - Moving Slowly			
		6'	12:39	Pulled, Estimate ~40			
		7.5'	1:02	1:09	1:25	16	P

REMARKS Water Poured In Bottom of Holes - Rates O.K.

SANITARIAN B. Baker BACKHOE Fogles OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____