

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 ~~MARLBOROUGH~~ LOT # \_\_\_\_\_

PROPERTY ADDRESS 12605 Old Frederick Rd, Sykesville MD 21784  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP 9 GRID 23 PARCEL 102 ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) MARLEET FITCH

DAYTIME PHONE 410-802-6552 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 12605 OLD FREDERICK RD, Sykesville MD 21784  
STREET CITY, STATE ZIP

APPLICANT FOGLES Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 CELL 9122 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.

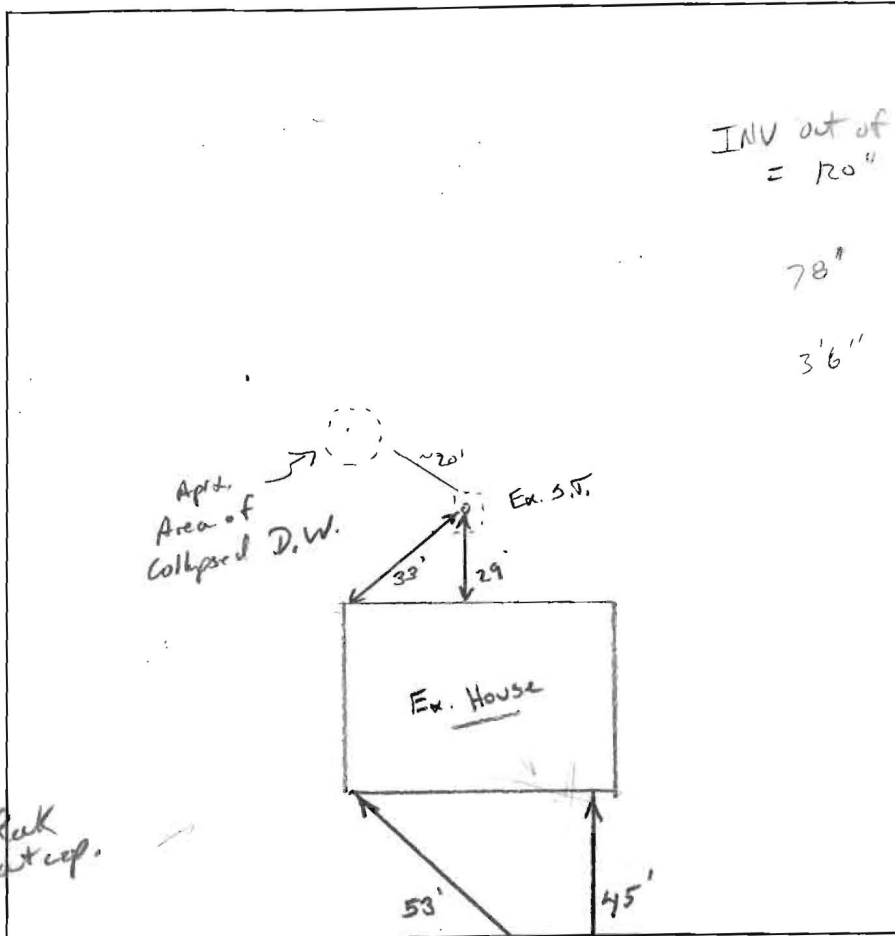
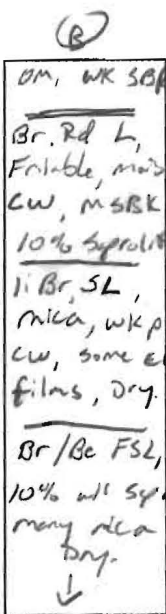
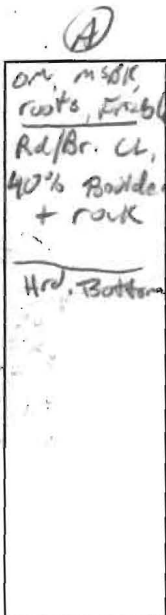
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.



SIGNATURE OF APPLICANT

4/15/2015

DATE



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
4/23/15	(A)	4' v	Fail				(F)	
	(B)	5' 1/2 v	00:08:00	00:15:00	00:24:00	9	P	
		H2O paved @ bottom ~ 10' up						
	(C)	visual	OK.				P	

Ex. D.W. collapsed. lot has low 17m3 sume.

REMARKS \_\_\_\_\_

SANITARIAN K. Wolf BACKHOE Ricky = Fyke OTHERS owner

TEST HOLES USED IN SDA 3 AVG. PERC TIME 9 SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH 2' INLET DEPTH 2 MAX. BOT DEPTH 7' EFFECTIVE SW 4

$$150(4) = \frac{600 \text{ gal}}{0.8} = 750 \div 2 = 375 (.44) \approx 165 \text{ LF}$$



HOWARD COUNTY HEALTH DEPARTMENT

55812-A

DATE 4/15/15

A5

Received From

Fogloo Septic Clean

PHONE # 410-5670

For Perc - 751 Rt 32

CASH  
 CHECK

Repair/Perc - 12605 Old Frederick Rd.

NO. 49173

Eight hundred thirty six xx

Dollars

\$ 836.00

Received By A King