

Bureau of Environmental Health
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 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 # _____

PROPERTY ADDRESS 8522 CLARKSON RD FULTON 20759
STREET TOWN ZIP

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

PROPERTY OWNER(S) Rodolfo Rodriguez

DAYTIME PHONE 410-430-1504 CELL _____ EMAIL _____

MAILING ADDRESS 8522 CLARKSON DRIVE FULTON MD 20759
STREET CITY, STATE ZIP

APPLICANT FOGLES SEPTIC RELATIONSHIP TO OWNER: AGENT/contractor

DAYTIME PHONE 410-971-1028 CELL _____ EMAIL Kim@FoglesINC.com

MAILING ADDRESS 850 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 5 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.

Kevin Davis
 SIGNATURE OF APPLICANT

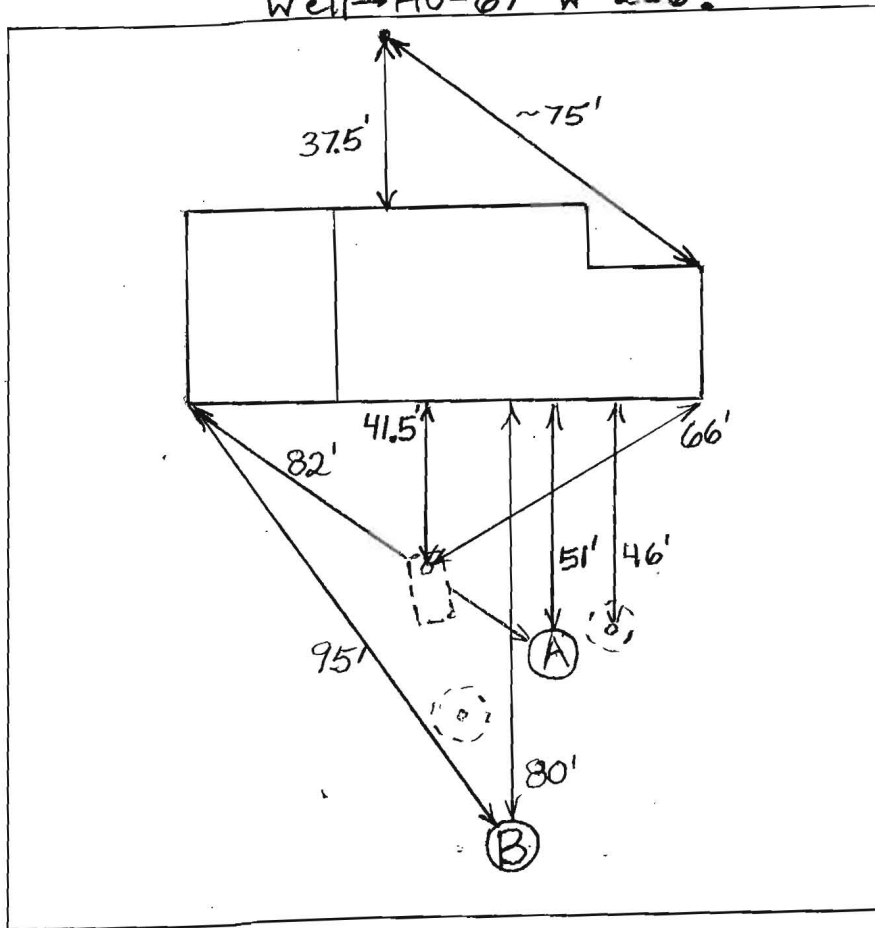
3/17/2015
 DATE

AVP 555764

Well → HO-67-W-256?

(A)
 3.5'-4' Red Br Moderately Dense Loam
 4'-4.5' Moderately Dense Red Br Loam
 5'-5.5' Moderately Dense Mix of Loam, Sa Cl Loam + Sa Loam Fine-Very Fine Sa
 15.5' Fine Loamy Sa, 15-20% Rock Near Bottom

(B)
 0.5' Red Br Sa Cl Loam - Sa Loam
 1'-1.5' Med. Red Br Sa Loam - Loamy Sa
 13' Med. Red Br + Gray Moderately Dense Loamy Sa, 15-20% Rock Near the Bottom Hard Bottom



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
4/8/2015	A	15.5'	Not Tested - Next to Dry well H					H
	B	5'/13'	12:12	12:14	12:19	5	P	

REMARKS Water Poured in Bottom of Hole B - Rate O.K.

SANITARIAN Brian BACKHOE Fogles OTHERS _____

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

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