

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

1544591

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____
 PROPERTY ADDRESS 14220 Burntwoods Rd Glenwood 21738
STREET TOWN ZIP
 TAX ACCOUNT # 04-342429 TAX MAP 21 GRID 6 PARCEL 199 ZONING DESIGNATION _____

PROPERTY OWNER(S)

Dale Linaweaver
 DAYTIME PHONE 410489 9138 CELL _____ EMAIL _____
 MAILING ADDRESS 14220 Burntwoods Rd Glenwood 21738
STREET CITY, STATE ZIP

APPLICANT

Fogle's Septic Clean Inc RELATIONSHIP TO OWNER: Consultant
 DAYTIME PHONE 410795-5670 CELL _____ EMAIL _____
 MAILING ADDRESS 580 Obrecht Rd Sykesville 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 3Br 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

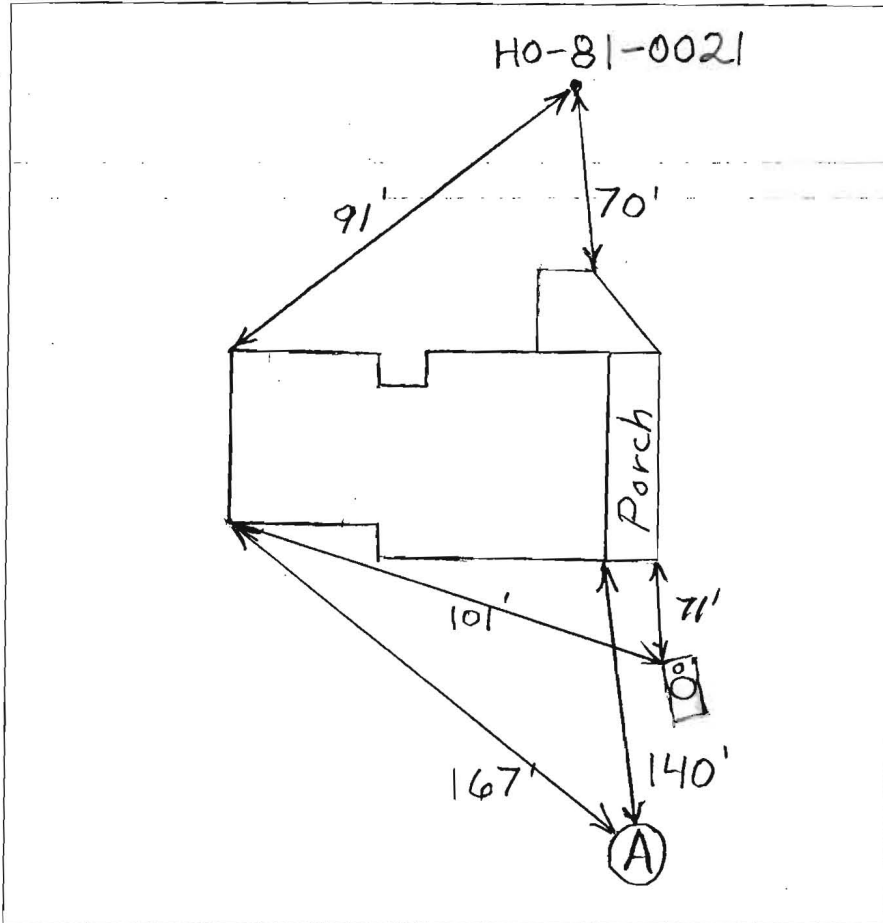
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

Rent A. Cassell 4/1/13
 SIGNATURE OF APPLICANT DATE

(A)

3'-3.5' Topsoil and Moderately Dense Sa Cl Loam
 4.5' Moderately Dense Red Sic Loam - Loam
 5.5'-6.5' Red Br Sa Cl Loam
 11' Red Br Loamy Sa - Sa Loam
 15.5' Red Br Loamy Sa 20-25% Rock and Saprolite
 Dry



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/16/2013	A	7' 15.5'	11:17:15	11:23:50	11:35	11	P

REMARKS Water Poured in Bottom of Hole - Rate O.K.
 SANITARIAN B. Baker BACKHOE Fogles OTHERS _____
 TEST HOLES USED IN SDA A AVG. PERC TIME 11 SQ. FT/BR 0.8
 TRENCH WIDTH 2' INLET DEPTH 5' MAX. BOT DEPTH 11' EFFECTIVE SW 5'