

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 Mooresfield LOT # 10
 PROPERTY ADDRESS 7518 Cherry Tree Dr Fulton 20759
STREET TOWN ZIP
 TAX ACCOUNT # 358337 TAX MAP 41 GRID 14 PARCEL 279 ZONING DESIGNATION _____

PROPERTY OWNER(S)

Anhthu Nguyen
 DAYTIME PHONE 2402464836 CELL _____ EMAIL _____
 MAILING ADDRESS 7518 Cherry Tree Dr Fulton, MD 20759
STREET CITY, STATE ZIP

APPLICANT

Fogles Septic Clean Inc RELATIONSHIP TO OWNER: Consultant
 DAYTIME PHONE 4109845211 CELL _____ EMAIL _____
 MAILING ADDRESS 580 Obrecht Rd Sikesville, 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.

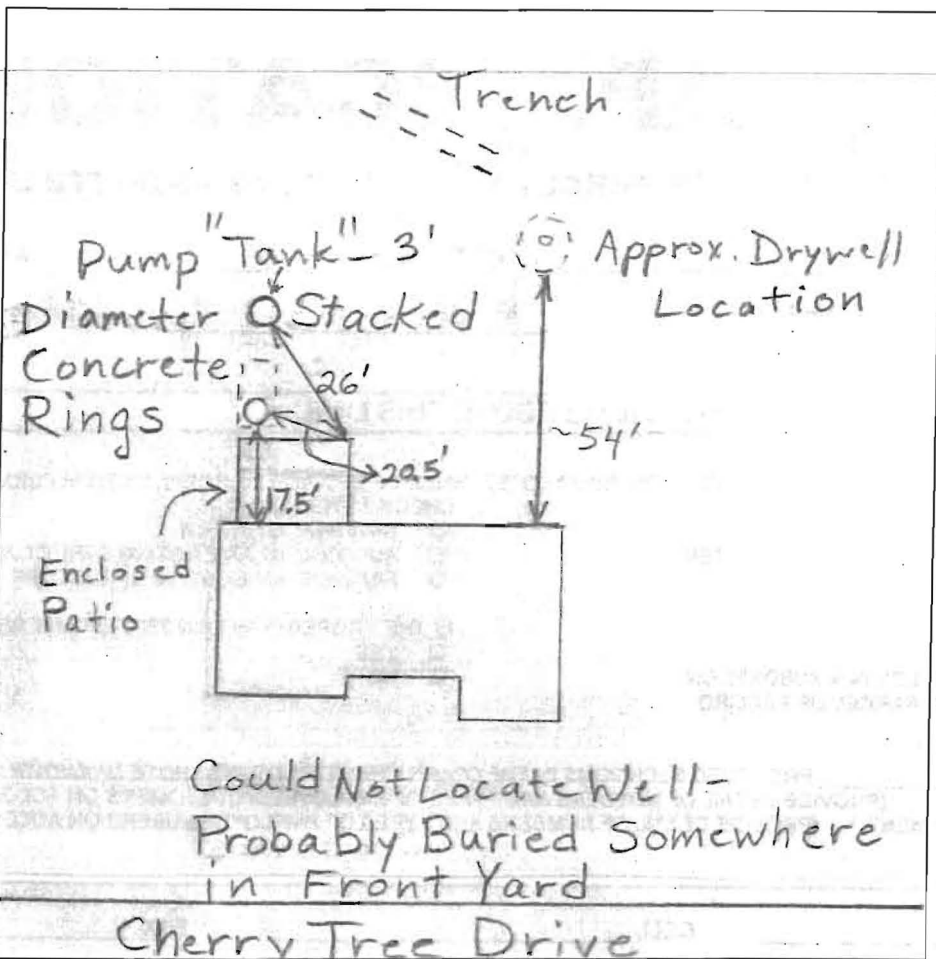
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Kent A. Powell

2/13/13

SIGNATURE OF APPLICANT

DATE



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
2/28/2013		No Tests Done -						
		Dug Up System and Not						
		Failing						
		Effluent Pump Breaker						
		Tripped, Pump Not						
		Getting Electricity						

REMARKS: _____

SANITARIAN B. Baker BACKHOE Fogles OTHERS Mr. Nguyen

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

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