

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

A/P 545074

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____
 PROPERTY ADDRESS 1503 Old Annapolis Rd Woodbine 21797
STREET TOWN ZIP
 TAX ACCOUNT # 309723 TAX MAP 7 GRID 15 PARCEL 285 ZONING DESIGNATION _____

PROPERTY OWNER(S)

Pat Witty
 DAYTIME PHONE 410-489-5126 CELL _____ EMAIL _____
 MAILING ADDRESS 1503 Old Annapolis Rd Woodbine Md 21797
STREET CITY, STATE ZIP

APPLICANT

Fogle's Septic Clean, Inc RELATIONSHIP TO OWNER: Consultant
 DAYTIME PHONE 410-795-5670 CELL 410-984-5211 EMAIL _____
 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.

Fogle's Septic Clean Inc 6/24/13
 SIGNATURE OF APPLICANT DATE

A/P

(A)

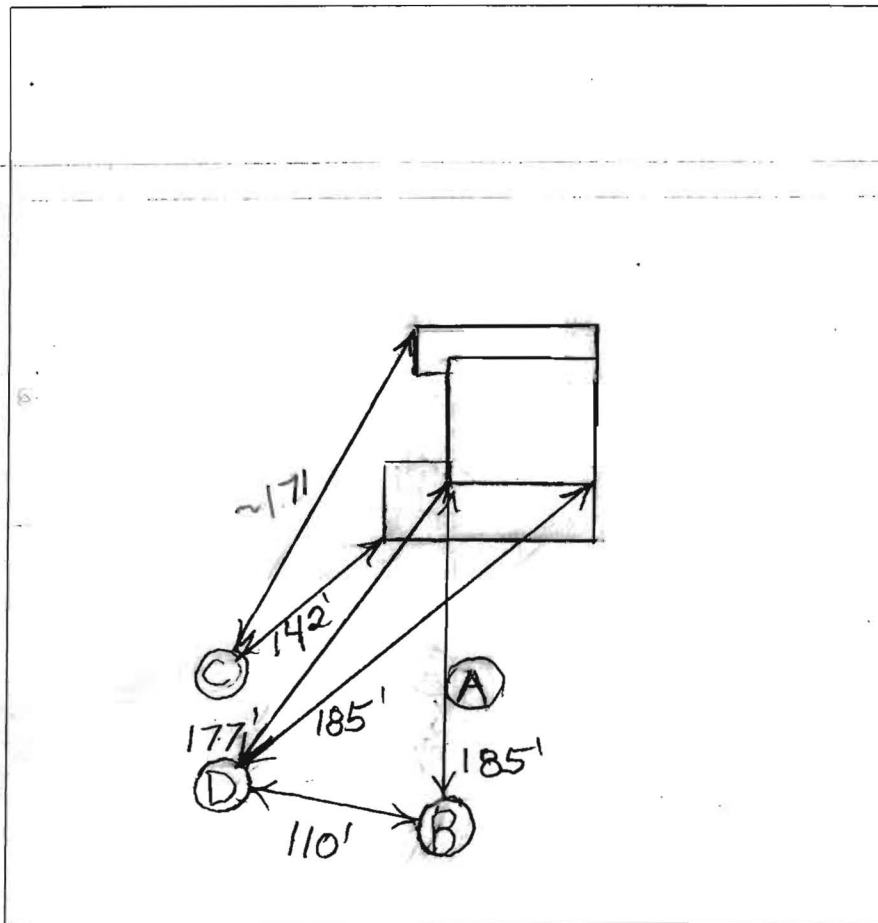
0.5' Topsoil
 Or Br Si Cl Loam.
 Sbk
 3.5' Dense Or Br Si Cl Loam
 6-6.5' Shaley Loam Close to 50% Fragments 750% Rock
 9'
 10'

(B)

0.5' Topsoil
 Moderately Dense Red Br Sa Loam
 5' Red Br Shaley Loam ~30% Rock
 9' Water
 10' 750% Rock
 11.5'

(C)

3' Red Br Sa Cl Loam
 4' Dense Red Br Sa Cl Loam
 4.5' Dense Or Br Si Cl Loam
 4.5'-5' Dense Red Br Sa Cl Loam
 Or Br Sa Loam 25-30% Rock
 8' some pockets of Rock
 10'



(D)

Topsoil
 Dense Or Br Sa Cl Loam
 4' Shaley Sa Loam
 40-50% Rock
 Getting Wet Near Bottom
 11'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/16/2013	A	5'/10'	11:28	~1/4"	in 30 minutes		F
	B	5.5'/11.5'	12:18/35	12:35	~20 min		F
	C	6.5'/10'	1:14:30	1:18	1:23:30	5 1/2	P
	D	5'/11'	2:40	2:51:30	3:14:30	24	P

REMARKS _____
 SANITARIAN B. Baker BACKHOE Fogles OTHERS Pat Witty
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____