Howard County Health Department

Bureau of Environmental Health
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Maura J. Rossman, M.D., Health Officer

A557963

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME /

PROPERTY ADDRESS 13451 Chris Mar Ct.
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 34 GRID 9 PARCEL 367 LOT NO. 6 PROPOSED LOT SIZE (ACRES) 1.05 AC

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Allen Via

DAYTIME PHONE 301.789.7711 CELL _____ EMAIL _____

MAILING ADDRESS SAME
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410.795.5670 CELL 240.278.8125 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):

PROPERTY:
- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
  SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) ☐ MAJOR ☐ MINOR
- ☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- ☒ REPAIR OR REPLACE FAILING OSDS
- ☐ UPGRADE EXISTING OSDS

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)

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 1/12/2016
DATE

JW 10/29/15

A/P_____

(A)

12" Br OML, Dry. WK SBK roots

Br/Y CL, WK SBK, roots 5% rk., Friable

3' Br L, WK SBK, Friable channery, roots, Dry

4.5' Br/Y/R SL, Friable, WK platy, consistent

↓

15'V

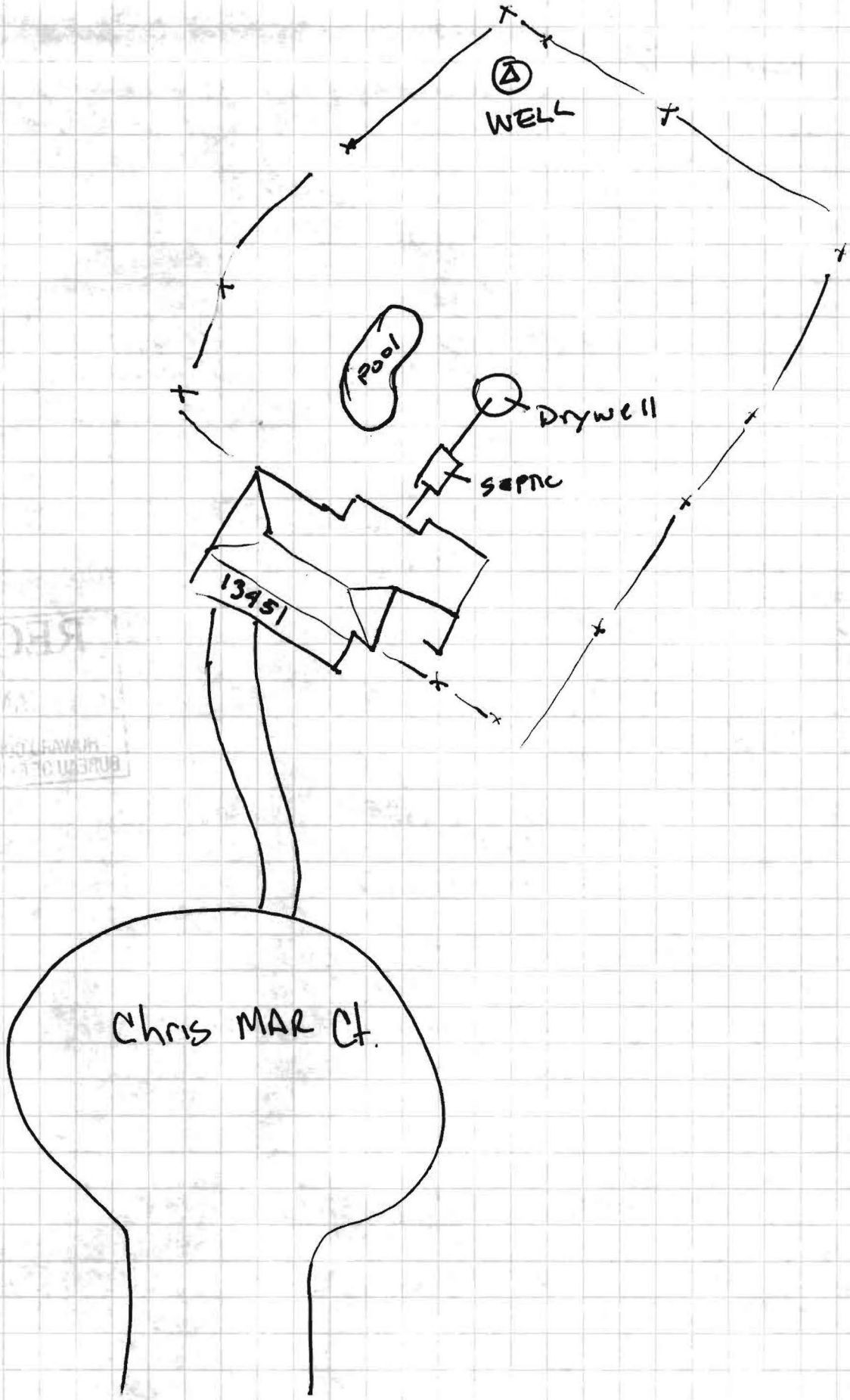
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/21/16	(A)	53" / 15'V	00:15	00:18	00:22	(4)	P
		H_2O poured @ bottom ~ 7mpi					

REMARKS _____

SANITARIAN K. Wolf BACKHOE Ricky OTHERS Jamie, Jake

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____


WELL
Pool
Drywell
septic
13451
Chris MAR Ct.