

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. Rossinan, M.D., Acting Health Officer

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____

PROPERTY ADDRESS 13670 Nichols DR
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 34 GRID 14 PARCEL 198 ZONING DESIGNATION _____

PROPERTY OWNER(S) ATTICUS COSGROVE

DAYTIME PHONE _____ CELL 240-223-7163 EMAIL _____

MAILING ADDRESS SAME
STREET CITY, STATE ZIP

APPLICANT Fogles Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410 795 9670 CELL _____ EMAIL Kim@foglesinc.com

MAILING ADDRESS 580 OBracht 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):

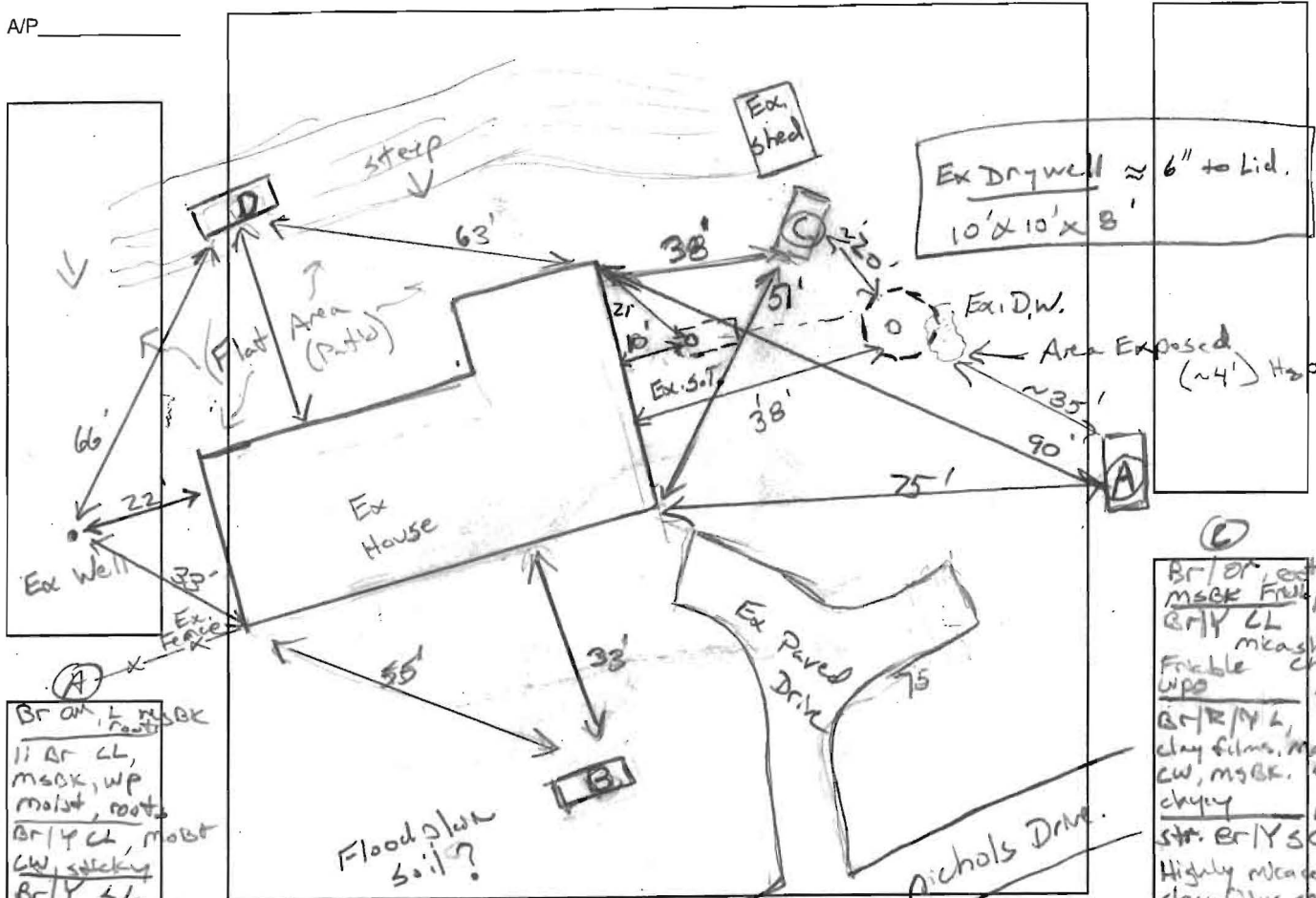
- BUILDING:**
- RESIDENTIAL WITH 3 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
 - COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)
- PROPERTY:**
- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
 - CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
 - 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.

 SIGNATURE OF APPLICANT DATE



10" Br/Or L, mskk roots
 11" Br CL, mskk, wp moist, roots
 3" Br/Y CL, moist
 4" CW, sticky
 Br/Y SL, mskk, wk platy, Frable.
 5" Br/Y/R SL, litho features, mottles @ 5 1/2"
 6" ms/ clay films
 7" H₂O seep

10" Str. Br L, mskk roots
 Str. Br CL, CW, mskk, very sticky, 1/2" rillons
 3" Str Br, SEL, moist
 Boulders
 6" sticky, 1/2" rillons, mottles, Fract. Moist, H₂O Bottom

Br/Or roots
 mskk Frail 11"
 Br/Y CL mskk
 Frable mskk
 WPO
 Br/Y L, clay films, many
 CW, mskk, sticky
 4" Str. Br/Y SL, Highly micaceous
 clay films on ped's
 CW, slightly sticky
 8" Br/R SL, str. mica flakes
 Hard Br 10.5'

Same as hole C to 8'
 Br/Y FS L Dry, Frable, no rill. CW
 WK platy 11'

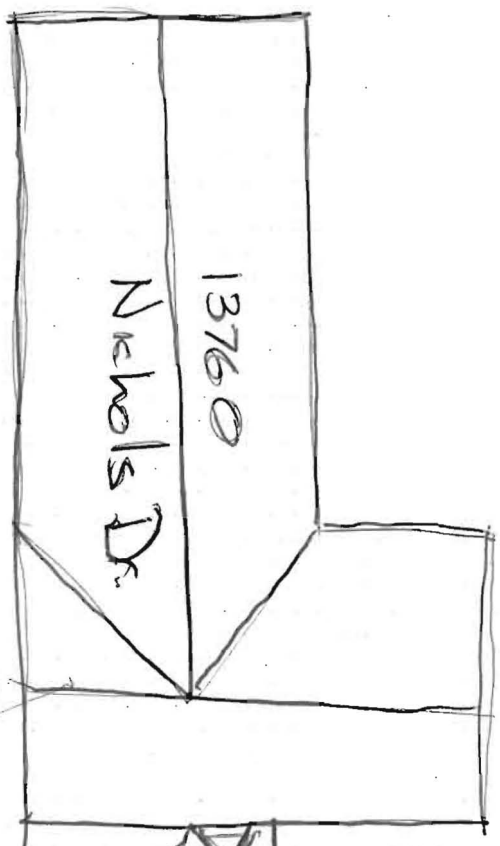
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/17/15	C	4' / 10.5'	00:58	01:21	01:48	27	(P)
		3'	00:53	01:15	01:38	23	(P)
	D	11'	00:07	00:10	00:14	4 1/2" / min	OK

REMARKS Lower Edge of Drywell exposed, water pouring out. No evidence of Blomart. WPO = non plastic

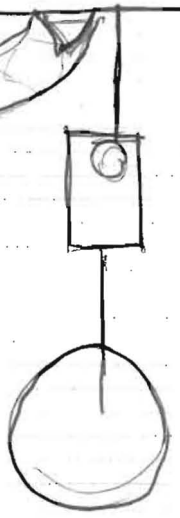
SANITARIAN K. Wolf BACKHOE Ricky OTHERS owners
 TEST HOLES USED IN SDA 4 AVG. PERC TIME 25 SQ. FT/BR 0.6
 TRENCH WIDTH 3 INLET DEPTH Varies MAX. BOT DEPTH 6.5 EFFECTIVE SW 4

LISA 443 995 1415
Homesaver's GF

WELL



OVERHEAD ELECTRIC



STREAM

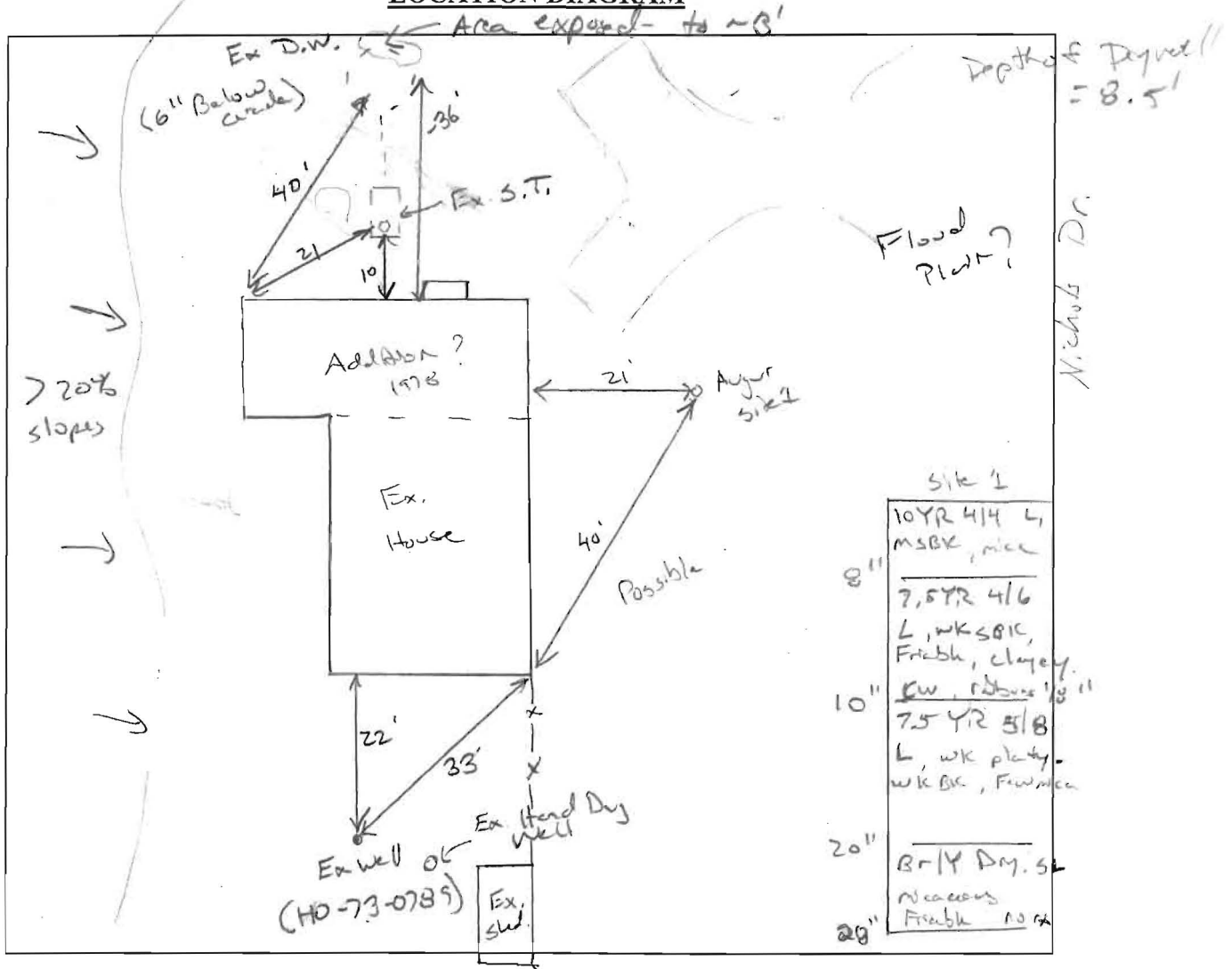
Nichols Drive



SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
 ADDRESS: 13760 Nichols Dr. CONTRACTOR: Fogles
 _____ WELL TAG #: 140-73-0789
 SUBDIVISION: _____ LOT: _____ COUNTY #: (13)
 PROPOSAL: Pre-risk evaluation. No ~~exp~~ heavy equipment on-site.

LOCATION DIAGRAM



COMMENTS: Auger hole to 20" possible alluvial soil. Limited by ex. well Arc, could possible Auger / perc around Ex. Well → may need to re-drill new well different location. Shallow system May need further testing / Auguring.

DATE: 7/9/15 INSPECTOR: K. Wulf



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
System relocation for proposed addition
System upgrade for proposed addition
Inadequate treatment zone
Collapsed septic tank
Collapsed drywell

Has the septic tank been pumped within the last month?

- Yes
No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Yes Explain observations: Real estate inspection
No Drywell Full/Failing

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

Was a visual inspection of the sewage line conducted?

- Yes
Blockage leading to the tank
Yes. Explain:
No
Blockage leading to the field
Yes. Explain:
No

Is discharge surfacing on the ground?

- Yes
No

Additional Comments:

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: FOGLEB Contractor's Phone: 410-795-5670
Contractor's Address: 580 OBRECHT RD Sykesville MD 21784
Property Address: 13760 Nichols Dr County file:
Subdivision: Lot: Year Built: 1964
Owner's Name: Owner's Phone: 240 223 7163
Name of previous owners: COSGROVE Existing bedrooms: 3
Proposed bedrooms:
Has this request been previously discussed with a Sanitarian? (Name): NO
Public Sewer available/nearby: NO

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required: If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists.

The contractor is to notify office of the emergency situation as soon as possible.