



HOWARD COUNTY HEALTH DEPARTMENT

58064

DATE 4/11/16

A5

Received From

Fogles Septic Clean PHONE # 410-745-5610

For

Pump Repair / 7367 Munk
Hollow Rd.

- CASH
 CHECK

NO.

53037

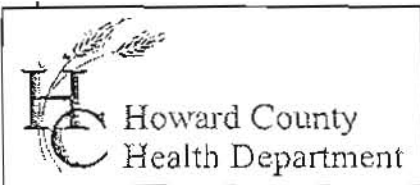
Three hundred thirty Dollars

\$

330

Received By

D. King



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 _____ LOT # _____

PROPERTY ADDRESS 7367 Mink Hollow Rd Highland
STREET TOWN ZIP

TAX ACCOUNT # 05 365139 TAX MAP 40 GRID 7 PARCEL 229 ZONING DESIGNATION SE0

PROPERTY OWNER(S) Charles VeKert

DAYTIME PHONE 301 461-4197 CELL _____ EMAIL _____

MAILING ADDRESS 7367 Mink Hollow Rd Highland 20777
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic RELATIONSHIP TO OWNER: Contractor

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 2 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.

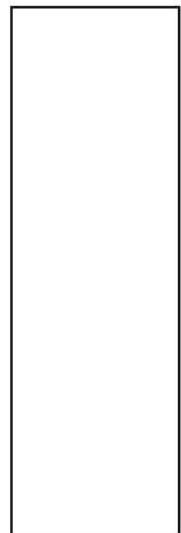
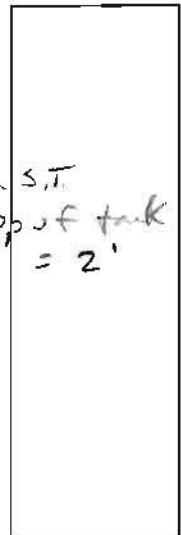
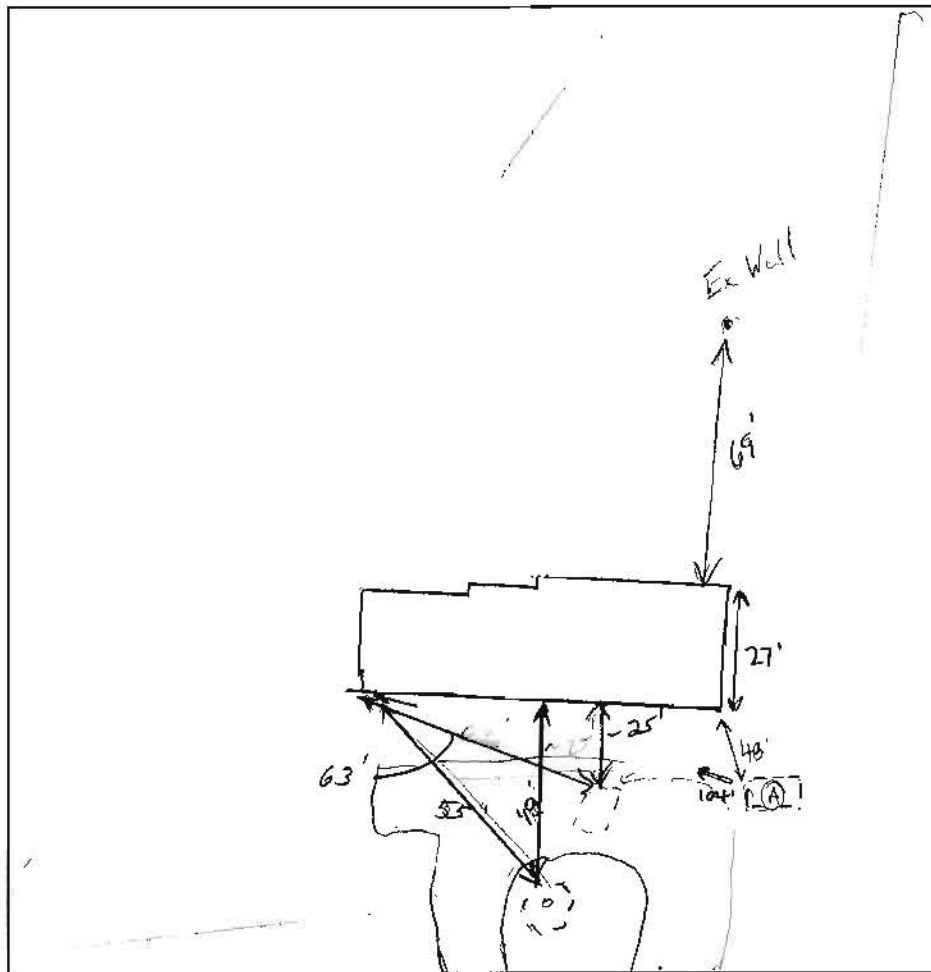
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Kurt A. Carroll

SIGNATURE OF APPLICANT

4/1/16

DATE



- 10' (A) om. m. 18/y
A BK
- 3' 1+ brn, sl.
weak sbk
roots, many mica
- 6' brn/yel
sl, thin platy,
highly micaceous,
dry,
roots
- 10' 1+ brn/yel
v. si, massive,
friable,
highly micaceous,
dry
- 13' 1+ brn/yel ls.
many mica
15-20% rock
tight bottom

DATE	TEST #	DEPTH	START	BREAK 1' DROP	STOP 2' DROP	TIME OF 2ND INCH	P/F/H
4/13/16	A	4' 10" / 13'	1:25:10	1:27:10	1:31:10	4 min	P
		H ₂ O	pound @ bottom			~10	P

REMARKS _____

SANITARIAN K. Wolf / S. Gibbs BACKHOE Smiley OTHERS owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME 4 SQ. FT/BR 1.2

TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 9' EFFECTIVE S/W 4-9

$450 \div 1.2 = 375 \div 3 = 125 (.36) = 45 LF$ (.36)