



Howard County
Health Department

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

A558099

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 1140 Shaffersville Rd LOT # _____
PROPERTY ADDRESS 1140 Shaffersville Rd Mt Airy 21771
STREET TOWN ZIP
TAX ACCOUNT # _____ TAX MAP 6 GRID 12 PARCEL 94 ZONING DESIGNATION _____

PROPERTY OWNER(S) Tamar Fisgin / GAF ONE LLC

DAYTIME PHONE 410-294-2241 CELL _____ EMAIL _____

MAILING ADDRESS 1140 Shaffersville Rd Mt Airy Md 21771
STREET CITY, STATE ZIP

APPLICANT Fogler's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 CELL _____ 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.

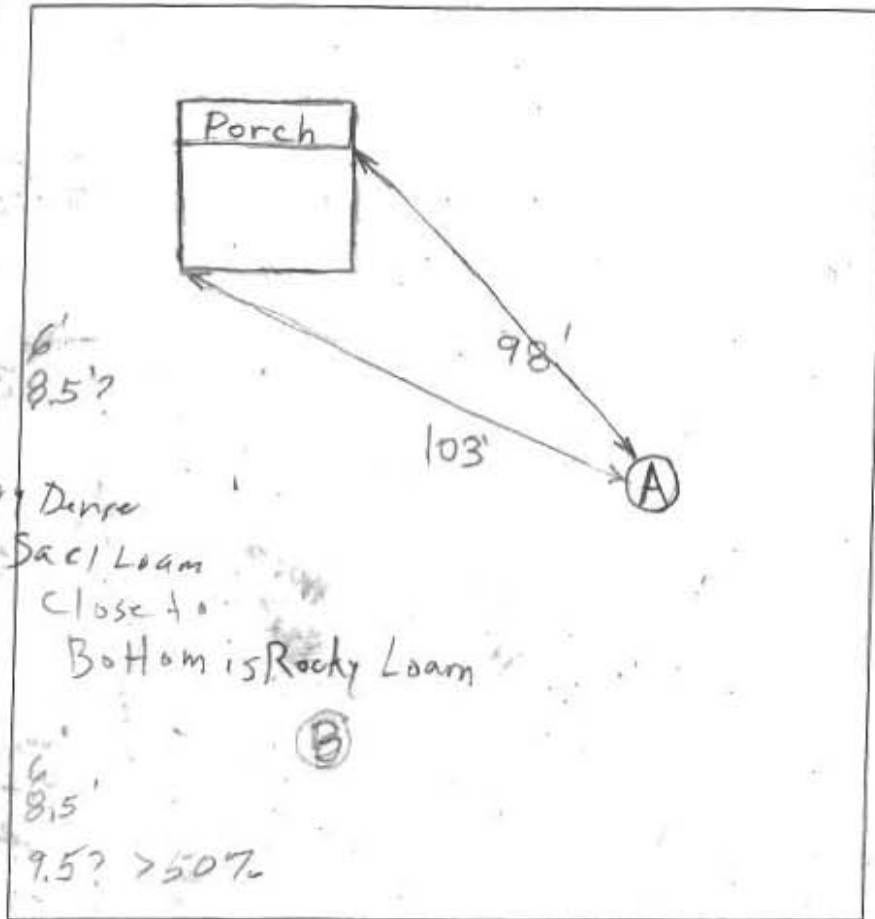
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

[Signature] 4/27/14
SIGNATURE OF APPLICANT DATE

AP 558099

(A)

1-1.5' Br Heavy Si Cl Loam
 1-1.5' Red Br Heavy Sa Cl Loam
 3.5' Very Dense Br Br Sa Cl Loam
 11.5' Mixture of Dense + Very Dense close to 50% Rock Hard Bottom



8.5'
 98'
 103'
 Sa Cl Loam
 Close to Bottom is Rocky Loam

(B)

(B)

3-4' Red Br Loam Dense
 7-8' Red Br Sa Cl Dense Loam Granly
 9' ~50% Rock
 11' ~75% Rock
 11'

(C)
 Moderately Dense Cl 4.5'-5'
 Si Cl Loam + med. Dense Cl loam 5.5'-6'
 Less Dense Cl Loam 10 +'
 Rocky Loams 50-60% Rocky Bottom 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PIFH
5/10/2016	A	7' / 11.5'	12:28	Dist + Fell in Hole After 20 Minutes		26	F
	B	6' / 11'	2:26	3:00	2:39	3:05	26 F

REMARKS _____
 SANITARIAN B. Baker BACKHOE Jimmy Rove OTHERS _____
 TEST HOLES USED IN SOA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____



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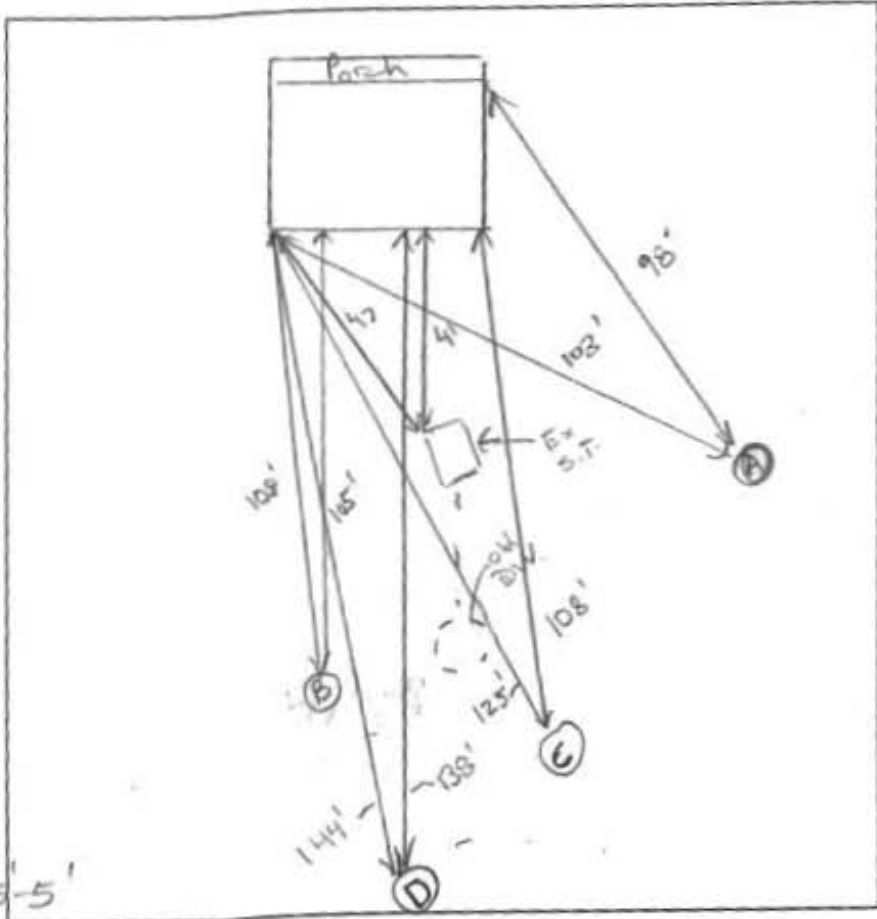
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[Signature]
SIGNATURE OF APPLICANT

4/27/14
DATE

AP _____



(D)

Mod, Dense + Normal C/Loams

Looser than Normal C/Loams

8' Close to 55% Rock
11' 75% Rock
13' ~75% Near Bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/10/2016	C	6.5' / 4'	3:10:30	3:35	4:13	38	H
	D	6' / 3'	4:12	4:16	4:21	5	P

REMARKS Hole (B) Had Very Fast Bottom Rate

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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