

Bureau of Environmental Health  
 8930 Stanford Boulevard, Columbia, MD 21045  
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 TDD 410-313-2323 | Toll Free 1-866-313-6300  
 www.hchealth.org  
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 Twitter: HowardCoHealthDep

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

15101543

**APPLICATION  
 FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME Linden Chapel Hill Lot #16

PROPERTY ADDRESS 13520 Argo DR Dayton 21036  
STREET TOWN ZIP

TAX ACCOUNT # 371560 TAX MAP 28 GRID 14 PARCEL 289 LOT NO. 16 PROPOSED LOT SIZE (ACRES) 1.156

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Rineph Property, Manager / Deutsche Bank Natl trust

DAYTIME PHONE 949-438-5492 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 3005 SEL Camino Real San Clemente Ca 92672  
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-995-5670 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):

**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 3 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?

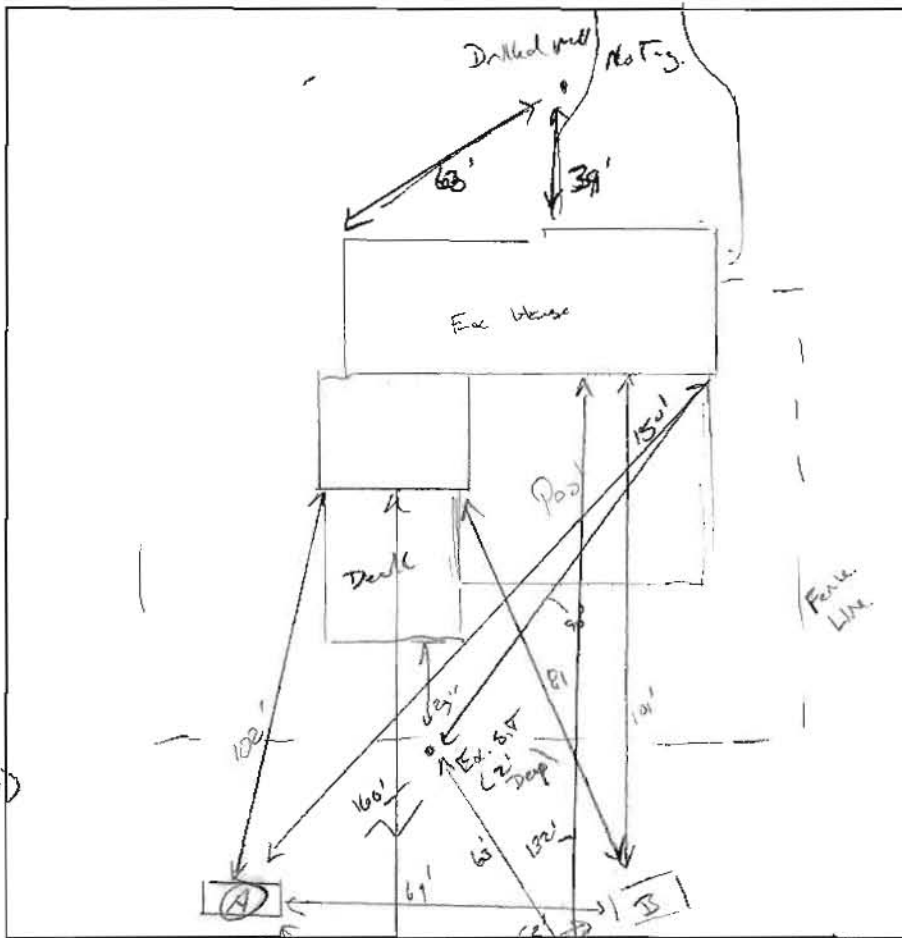
- YES
- NO

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] SIGNATURE OF APPLICANT 10/3/17 DATE



Ⓒ  
 Rd/B/L  
 15-20% R  
 CS  
 4'  
 B/Y-B/RCL  
 m pl, Fmble.  
 micaceous.  
 CS, tight.  
 8'  
 1: B/Y  
 CL, CL  
 tight  
 12'



Ⓐ  
 Br/Y CL  
 5-6% R, Rock (20%)  
 Frable, Dry  
 3'  
 Br - Br/Y L  
 mSBK - mol  
 CS,  
 25% Rd.  
 10% silt +  
 chert  
 8 1/2'  
 40% dr vein  
 str PL, Frable  
 10-15% RL  
 SL, means  
 12'  
 Hard Pith

Ⓑ  
 Br CL,  
 2-3% R  
 10% Rd.  
 Frable, Dry  
 4'  
 Br - Br/Y L  
 mSBK  
 CW, 25-35% R  
 10% silt +  
 9'  
 Br SL,  
 str PL,  
 Frable  
 20% R.  
 11'

| DATE     | TEST # | DEPTH                   | START | BREAK<br>1" DROP              | STOP<br>2" DROP | TIME OF<br>2ND INCH | P/F/H |
|----------|--------|-------------------------|-------|-------------------------------|-----------------|---------------------|-------|
| 10/17/17 | Ⓐ      | 5' / riv                | 00:41 | 00:55                         | 01:30           | ~35                 | P     |
|          |        |                         |       | H <sub>2</sub> O poured @ 12' |                 | ~10 mpi             |       |
|          | Ⓑ      | vertical - similar to Ⓐ |       |                               |                 |                     | H     |
|          | Ⓒ      | 12'                     |       | water poured @ 12'            |                 | ~10 mpi             | H     |
|          |        |                         |       |                               |                 |                     |       |
|          |        |                         |       |                               |                 |                     |       |
|          |        |                         |       |                               |                 |                     |       |
|          |        |                         |       |                               |                 |                     |       |
|          |        |                         |       |                               |                 |                     |       |

REMARKS Soils are marginal. Tight w/ +30 mpi rates  
 SANITARIAN K. Wolf BACKHOE Take = Fogli's OTHERS Jamit = Fogli's  
 TEST HOLES USED IN SDA 3 AVG. PERC TIME 35 SQ. FT/BR 0.6  
 TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 7' EFFECTIVE SW 2.5' (.55)

$3BR = 450 \div 0.6 = 750 \div 3 = 250 (.55) = 138 LF$



# HOWARD COUNTY HEALTH DEPARTMENT

61543

DATE 10/17/17

AS

Received From

To Cas. Septic Clean

PHONE #

410-745-5070

For

Rejoice Perce / 13532 Ave. D

CASH

CHECK

NO.

58236

Three Hundred Thirty

Dollars

\$

330

Received By

J King