

Bureau of Environmental Health  
 8930 Stanford Boulevard, Columbia, MD 21045  
 Main: 410-313-2640 | Fax: 410-313-2648  
 TDD 410-313-2323 | Toll Free 1-866-313-6300  
 www.hchealth.org  
 Facebook: www.facebook.com/hocohealth  
 Twitter: HowardCoHealthDep

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

156432

**APPLICATION  
 FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_  
 PROPERTY ADDRESS 2891 Ordway Dr Elliott City 21042  
STREET TOWN ZIP  
 TAX ACCOUNT # 290484 TAX MAP 16 GRID 19 PARCEL 284 LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) 5.048ac  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Erik Winebrenner  
 DAYTIME PHONE 301-466-4623 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 MAILING ADDRESS 2891 Ordway Dr Elliott City Md 21042  
STREET CITY, STATE ZIP

APPLICANT Fogle'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):

- 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

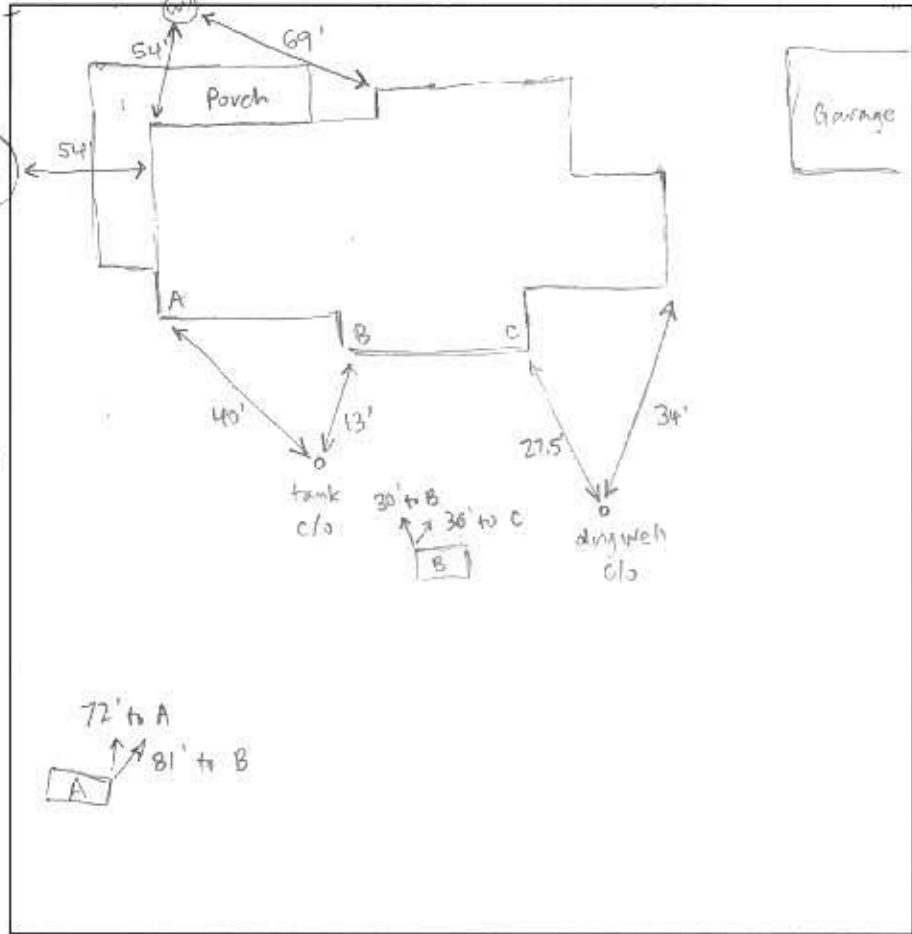
- AS APPLICANT, I UNDERSTAND THE FOLLOWING:
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
  - THE APPLICATION FEE IS NON-REFUNDABLE
  - THIS APPLICATION MUST BE 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] 10/20/17  
SIGNATURE OF APPLICANT DATE

H0-73-0486?

AVP



(A)  
 8' Dk brn loam  
 msbk roots  
 2' Brn s.c.l  
 weak msbk  
 roots 10% rock  
 4' Red brn loam  
 friable  
 roots 10% - 20% rock  
 11' Lt brn/red brn sl  
 friable  
 roots lot. rock  
 caving @ 10'  
 Mn deposits  
 water

(B)  
 8' Dk brn loam  
 roots  
 3.5' Red brn s.c.l  
 roots  
 13.5' Lt brn sl  
 friable  
 roots  
 Mn deposits  
 moist  
 tight @  
 bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/5/17	A	5' / 12'	0:00	4:30	12:20	8	P
		3' / 12'	0:00	45:00	~1:30:00	-45	F
	B	13.5'	visual	~10 mins/rich		@ bottom	P

REMARKS Future replacement area above perc A, may need to pump to N edge  
 SANITARIAN Sarah Collins BACKHOE Jimmy (hole A) Matt (hole B) OTHERS Chris of lot  
 TEST HOLES USED IN SDA A + B AVG. PERC TIME 8 mins SQ. FT/BR 4 BR  
 TRENCH WIDTH 3' INLET DEPTH 3.5' MAX. BOT DEPTH 7' EFFECTIVE SW 3.5'

