

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

154774

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 9455 Ellsworth Ct Fulton 20759
STREET TOWN ZIP

TAX ACCOUNT # 378974 TAX MAP 45 GRID 6 PARCEL 55 LOT NO. 18 PROPOSED LOT SIZE (ACRES) 2.123

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) William England

DAYTIME PHONE 301-213-6234 CELL _____ EMAIL _____

MAILING ADDRESS 9455 Ellsworth Ct Fulton 20759
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL Kim@Foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville 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 5 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.

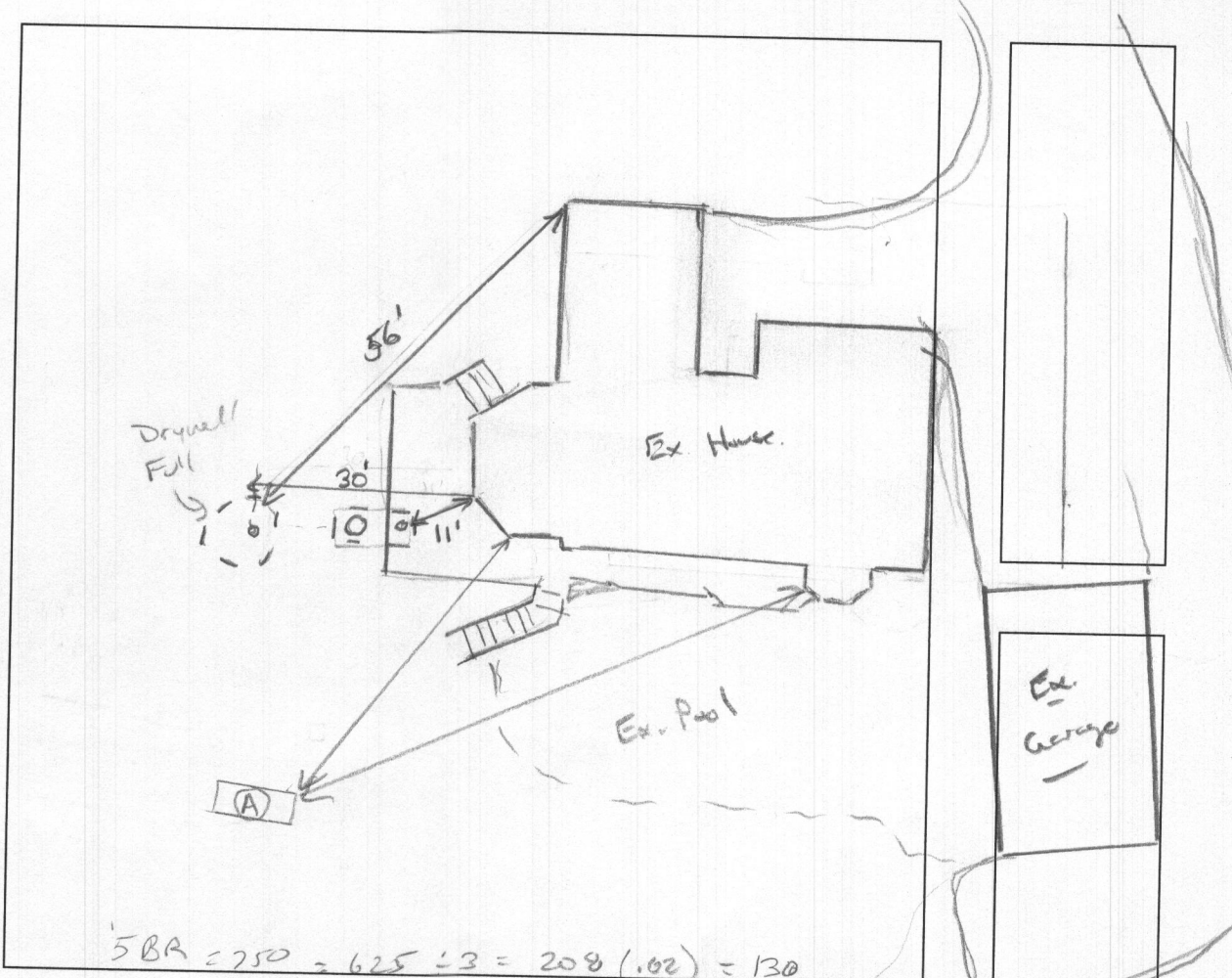
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Fogles Septic Clean

SIGNATURE OF APPLICANT

3/4/19

DATE



(A)
 Dk Br L
 250K, 10%
 2' 1 br sil
 wk sok
 Highly porous
 Dry
 10% schd chimes
 5' 1 br 1/2 FSL
 wk pl.
 Highly porous
 10% schd
 chimes
 ↓
 13 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/12/19	(A)	3 1/2 / 3 3/4	00:27	00:28	00:30	2	H
	repair	3 1/2	00:30	00:31	00:34	3	P
		5 1/2	00:36	00:38	00:41	3	P
		H ₂ O poured @ bottom				~70AFI	

REMARKS Ex. Drywell clo should water level into clo. side very sandy, fast perc. shallow system
 SANITARIAN K. Wolf BACKHOE Jaki OTHERS _____
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 2.5' SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH 2 1/2 MAX. BOT DEPTH 5' EFFECTIVE SW 2' (.62)