

Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2600 | 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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

1505516

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Coventry Meadows Sec 1 Lot # 2

PROPERTY ADDRESS 1425 Coventry Meadows Dr Sykesville 21784
STREET TOWN ZIP

TAX ACCOUNT # 315770 TAX MAP 9 GRID 17 PARCEL 336 LOT NO. 2 PROPOSED LOT SIZE (ACRES) 2.153

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Bruce Mark

DAYTIME PHONE 410.422.8045 CELL _____ EMAIL _____

MAILING ADDRESS 1425 Coventry Meadows Dr Sykesville 21784
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 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

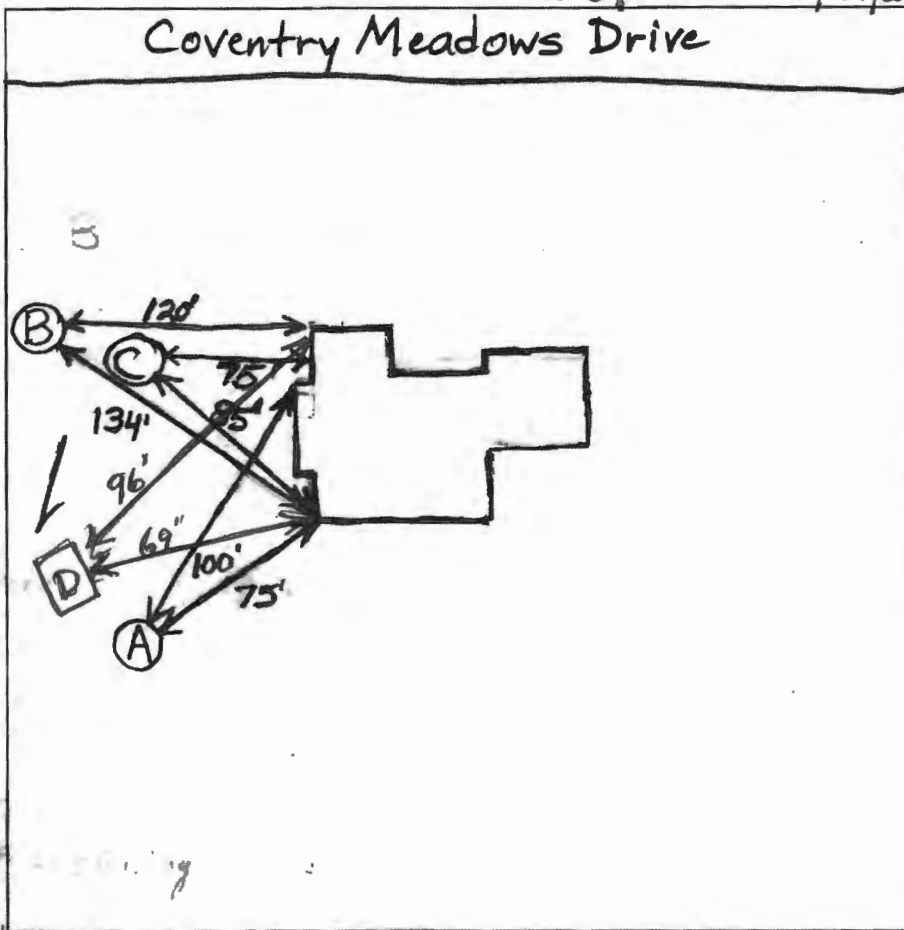
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

Fogle's Septic
 SIGNATURE OF APPLICANT

DATE

Coventry Meadows Drive



- AP (A)
- Light Br Heavy Cl Loam
- 2' Or Br Heavy Cl Loam
- 4.5' Yellow Br Si Cl Loam
- 5' Or Br Si Cl Loam
- 5.5-6' Wet Beige Si Loam Trace Rock
- 10' Caving
- 14' Water
- 15' (B)
- 1.5' Br Cl Loam
- Or Br Heavy Cl Loam and Sa Cl Loam
- 35' Or Br Si Cl Loam
- 4'-4.5' Or Br Very Fine Sa Loam Trace Rock Throughout
- 12.5' Caving
- 15' Water
- 16'
- (C)
- Br Heavy Cl Loam
- Red Br Sa Cl Loam
- 0.5' Or Br Si Cl Loam
- 5' Red Br Dense Fine Sa Loam Trace Rock
- 9.5' Caving
- 12.5' Water

- (D)
- 2' Br Cl mSBK
- Or Br Heavy Cl wk F SBK
- 3' Few mSBK
- 5' Br Cl mSBK
- 6' Br Cl mSBK
- 13' mud
- 15'

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2nd INCH | P/F/H |
|---------|--------|--------------|---------|---------------|------------------|------------------|-------|
| 4/24/07 | A | 7'/15" V | 10:48 | 11:29 | 41 feet 1st inch | | F |
| | B | 5'/16" V | 12:30 | 12:49 | 1:16 | 27 | P |
| | | 6.5' | 1:28 | 1:37:30 | 1:53 | 15 1/2 | P |
| | C | 5'/12.5" V | Slow | | | | |
| | | 6.5' | 2:37:30 | 2:55 | 3:17 | 22 | P |
| 8/29/19 | D | 8 2" / 15" V | 00:22 | 00:27 | 00:34 | 7 | P |

REMARKS Keep trenches at or above hole (C)

SANITARIAN B. Baker BACKHOE Fogles OTHERS M. Bruce

TEST HOLES USED IN SDA B+C AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 3" INLET DEPTH 3.5' MAX. BOT DEPTH 9' EFFECTIVE SAW 65-9"

$$HBR = \frac{600 \text{ gal}}{0.8} = 750 \text{ gal} \div 3 = 250 \text{ (.55)} = 140 \text{ LF}$$

5BR = 750 / 3 = 250
 2312 (55) / 172



HOWARD COUNTY HEALTH DEPARTMENT

65576

DATE
7/30/19

PS

Received From

Togles Septic Care

PHONE #

410-945-5610

For

Septic Repair / 1425 County Meadow

CASH

CHECK

NO.

105190

Three Hundred thirty

Dollars

\$

330.00

Received By

Handwritten signature