



HOWARD COUNTY HEALTH DEPARTMENT

68869

DATE 4/16/21

PS AS

Received From

Jogles Septic

PHONE #

410 725-5670

For

pers repair - 1709 Oakdale Dr.

CASH

CHECK

NO.

91602

Three hundred thirty

Dollars

\$ 330.00

Received By

King



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2648 Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hccohealth

Twitter: HowardCoHealthDep

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

A5L68869

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 1709 Oakdale Dr Cooksville 21723

TAX ACCOUNT # 363930 TAX MAP 8 GRID 18 PARCEL 110 LOT NO. 47 PROPOSED LOT SIZE (ACRES) 1.138 Ac

ZONING CATEGORY TIER

PROPERTY OWNER(S) Mark Dalton

DAYTIME PHONE 443-398-4109 CELL EMAIL md73@comcast.net

MAILING ADDRESS 1709 Oakdale Cooksville 21723

APPLICANT Fogles Septic Clean RELATIONSHIP TO OWNER: Contractor

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

MAILING ADDRESS 580 Obrecht Rd Sykesville 21784

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- 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:

- 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?

- IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR? YES NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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

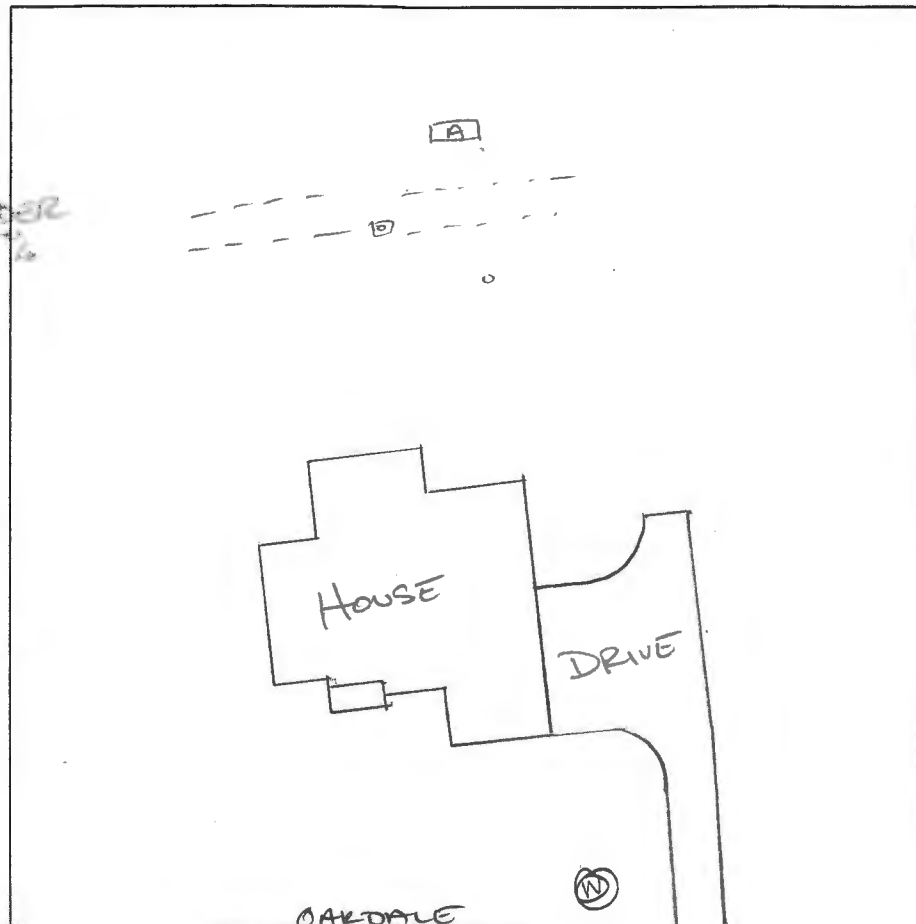
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations. By signature of this 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 OF APPLICANT DATE 4/15/21

AP 568869

60"
84"
9"
14"

RED
SIL SAND
FR

SIL SAND
FR



OAKDALE
SHELF/BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
05/05/2021	A	4.5 14	0:00	2:00	5:00	3:00	P

(SOIL PROFILES)
REMARKS PERC NOTES LOST TO RAIN; PERC DUG BELOW EX TRENCH SYSTEM
SANITARIAN CABANUG BACKHOE FOGLES OTHERS HOMEOWNER
TEST HOLES USED IN SDA PERC A AVG. PERC TIME 3M SQ. FT/BR 5
TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 10' EFFECTIVE S/W 5.5'