



HOWARD COUNTY HEALTH DEPARTMENT

68856

DATE
4 13 21

Received From

Fogle Septic Clean PHONE # 410 195-5600

For

Septic Repair / 12212
Fawn Haer

CASH

CHECK

NO.

71657

Three hundred thirty Dollars

\$ 330 00

Received By

[Signature]



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

1568856

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

12212 Fawn Haven Ct Ellicott City 21042

TAX ACCOUNT #

288609 TAX MAP 22

GRID 12

PARCEL 167

LOT NO. 26

PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Caroline Gummurwa

DAYTIME PHONE

301-440-9466

CELL

EMAIL

MAILING ADDRESS

12212 Fawn Haven Ct Ellicott City 21042

APPLICANT

Foglo's Septic

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-795-5670

CELL

EMAIL

Kim@foglo.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:

- 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:

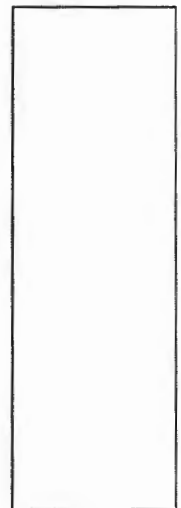
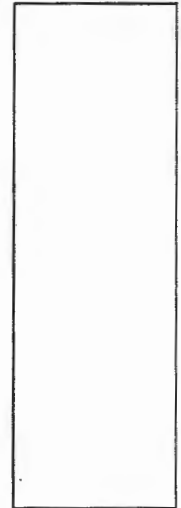
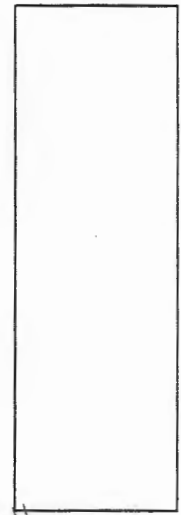
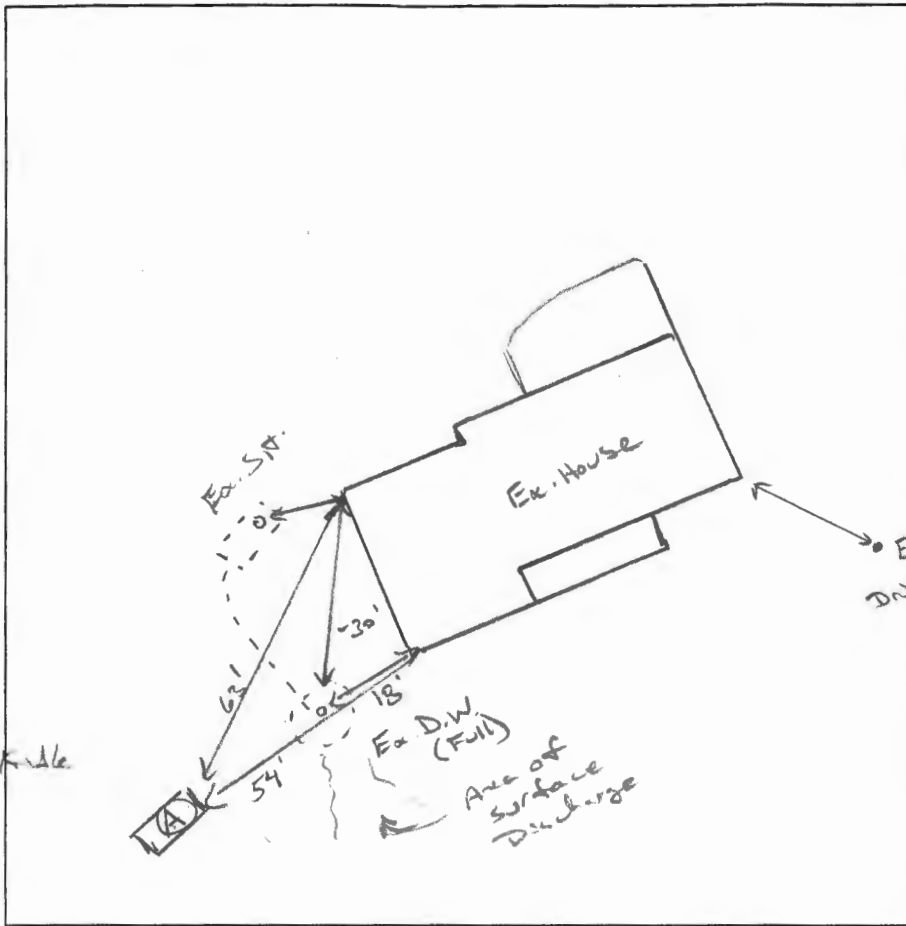
- This application is valid for two (2) years from date of fee payment and approval is based upon health officer signature of a perc certification plan prior to expiration of this permit.
The application fee is non-refundable.
This application must be accompanied by all applicable fees and a suitable 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 OF APPLICANT

DATE

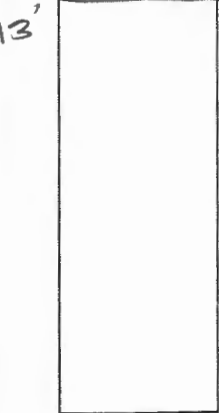


12'
 (A)
 DRFB L OM
 25BR, roots, Kide
 BR ch,
 WK Co SAK
 CW, Ftblk
 10% chemo
 roots 100g

3'
 11 BR SL
 WK FSAK
 common mic
 15% chemo
 Ftblk

6'
 11 BR Y SIL
 WK FPL, Ftblk
 Highly
 Maceans

9'
 11 BR Y FSL
 WK PL, Ftblk
 microm



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/4/21	(A)	4.5" / 13'	00:08	00:18	00:30	12	P
		13'	H ₂ O	pour red @ bottom		~ 30"	P
		6'	00:19	00:21	00:24	3	P

REMARKS Drywell full, surface discharge

SANITARIAN K. Wolf BACKHOE Jame = Pyles OTHERS owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME SQ. FT/BR 1.25 ft²

TRENCH WIDTH 3' INLET DEPTH 3.5' MAX. BOT DEPTH 8 EFFECTIVE SW .5" (.50)

$$3BR - \frac{450}{1.2} = 375 \div 3 = 125 (.50) = \underline{62.5}$$