



HOWARD COUNTY HEALTH DEPARTMENT

68850

DATE 4/12/74

Received From

Egles Septic Clean

PHONE #

40 295-5070

For

Repair Perry 11521 Chapel
woods ch

CASH

CHECK

NO

111056

Three hundred thirty

Dollars

\$ 330 00

Received By

J Kemp



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

568850

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 11821 Chapel Woods Ct Clarksville 21029

TAX ACCOUNT # 408318 TAX MAP 29 GRID 13 PARCEL 354 LOT NO. 22 PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Gary Smith

DAYTIME PHONE 410-418-4347 CELL EMAIL

MAILING ADDRESS 11821 Chapel Woods Ct Clarksville 21029

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 MINDR CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS UPGRADE EXISTING OSDS

BUILDING:

- 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.

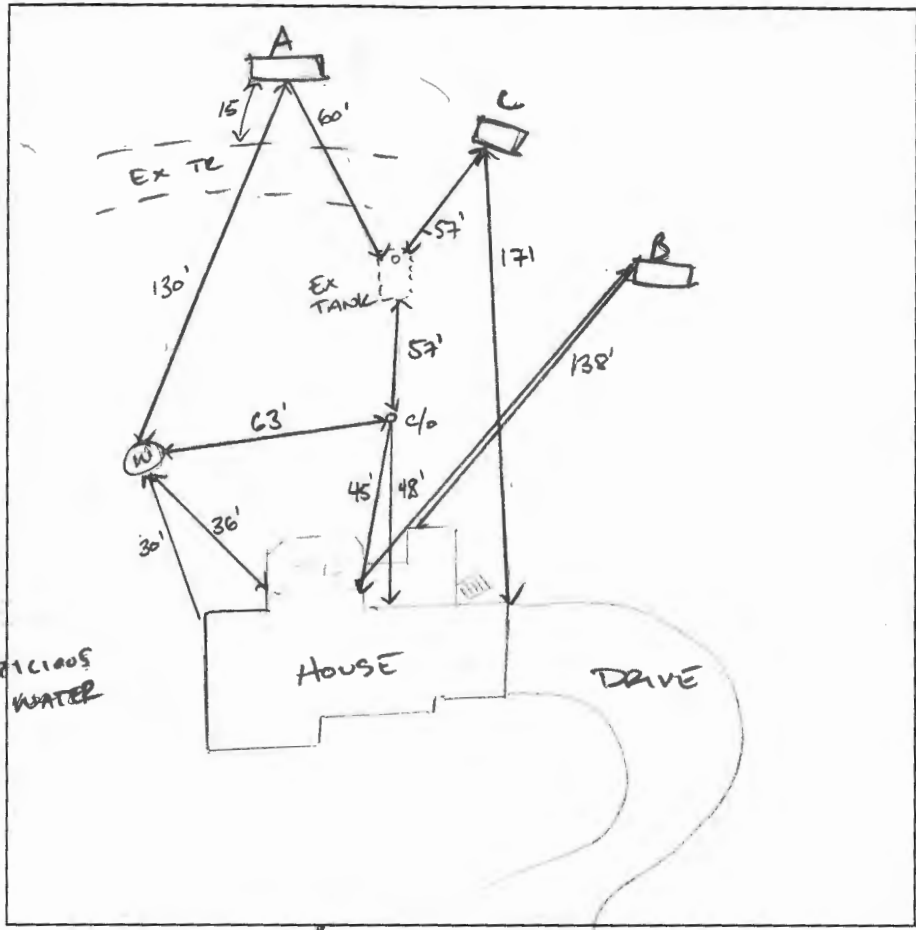
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT DATE 4/8/15

8" DB BEN
 BLUE GRAY SCL UP
 BRN CL SBLK
 40" LI BEN
 SCL FEW BOULDER
 60" BRN SCL
 GRAVELLY
 70" BRN LS WK FR
 SBLK FEW MICR
 132" WHIT GRAD
 LS W/SAP

214"

SUSPICIOUS
 OF WATER



0" B
 8" YEL RED SCL PLATY FR
 RED BRN SCL FI SBLK dr
 18" RED SCL FI SBLK
 29" RED SL SBLK FR
 48" DB BEN
 LS MICACEOUS
 67" WHIT BRN LS WK FR
 67% BOULDER
 156" HARD BOTTOM

(OBS)
 SAME HORIZONS AS B,
 SAND IS SILTIER
 * Ma-Cb TRANSITION STOPPED

SHELF/BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
05/03/2021	A	6' / 17'	0:00	>30m			F
	5 gal H ₂ O	17' / 17'	0:00				
05/03/2021	B	5' / 13'	0:00	1:30	3:10	7:40	P
05/03/2021	C	4'	0:00	2:00	5:00	3:00	P

REMARKS EX TRENCHES SATURATED; DUG OBS TO FIND SOIL TRANSITION BOUNDARY
 SANITARIAN CABAHUG 001997 BACKHOE FOGLES OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 1.2 SQ. FT/BR 4
 TRENCH WIDTH 2' INLET DEPTH _____ MAX. BOT DEPTH 7' EFFECTIVE SW 3'

$$\frac{4 \cdot 150}{1.2} = 500 / 2' \text{ WIDE} = 250 \cdot .40 = 110'$$

* INC TREATMENT ZONE FOR 12 min RATE