



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Cloverfield

PROPERTY ADDRESS 13511 Mitchells Way West Friendship ZIP

TAX ACCOUNT # 348970 TAX MAP 15 GRID 8 PARCEL 4 LOT NO. 20 PROPOSED LOT SIZE (ACRES) 1.106 AC

ZONING CATEGORY TIER

PROPERTY OWNER(S) Jeffrey Prophet

DAYTIME PHONE 443-864-3015 CELL EMAIL

MAILING ADDRESS 13511 Mitchells Way West Friendship ZIP 21794

APPLICANT Fogles Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-995-5670 CELL EMAIL Kim@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville ZIP 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: ... Major/Minor
Construct new DSDS 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)

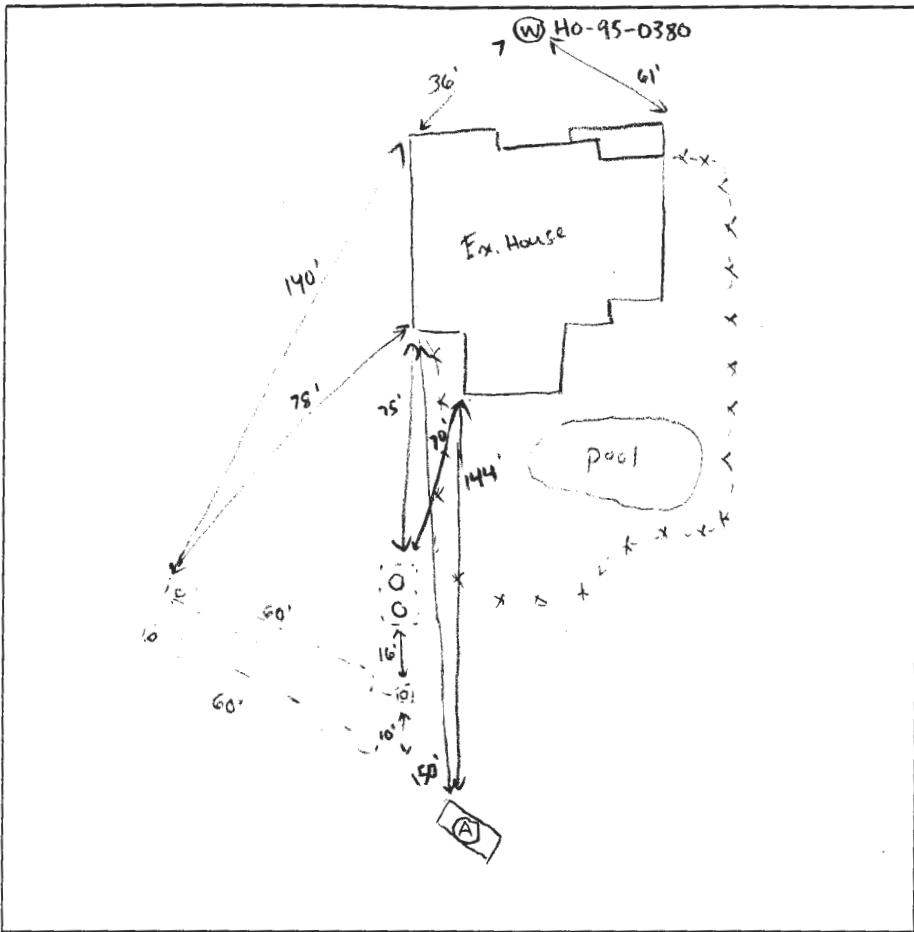
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- 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.
Signature of Applicant: Kim Fogles DATE



(A)
 1' brn, topsoil
 YR, CL
 SBK
 3' red brn.
 LS, massive,
 friable,
 mica,
 very decayed
 saprolite
 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/29/21	(A)	3.5/14'	12:06	12:08	12:15	3 min	P

REMARKS high water level in tank, high water in obs. pipes. Damp grass on trenches + around tank.
 SANITARIAN Susan Thomas BACKHOE Chris Pully OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 24
 TRENCH WIDTH 2' INLET DEPTH 2' MAX. BOT DEPTH 8' EFFECTIVE SW 4'

$\frac{600}{1.2} = 500/2 = 250 \times 0.36 = 90'$