



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

15107287

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

16100 AE Mullinix Rd Woodbine 21797

TAX ACCOUNT #

321308

TAX MAP

13

GRID

to

PARCEL

1166

LOT NO.

1

PROPOSED LOT SIZE (ACRES)

1

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Carol Morrison

DAYTIME PHONE

410-442-5910

CELL

EMAIL

MAILING ADDRESS

16100 AE Mullinix Rd Woodbine Md 21797

APPLICANT

Fogle's Septic Clean

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-795-5670

CELL

EMAIL

MAILING ADDRESS

580 Obrecht Rd Sykesville Md 21784

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

PROPERTY:

- Subdivision, Construct New OSDs, Repair or Replace Failing OSDs, Upgrade Existing OSDs

BUILDING:

- Residential with 4 existing or proposed bedrooms, Commercial

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.

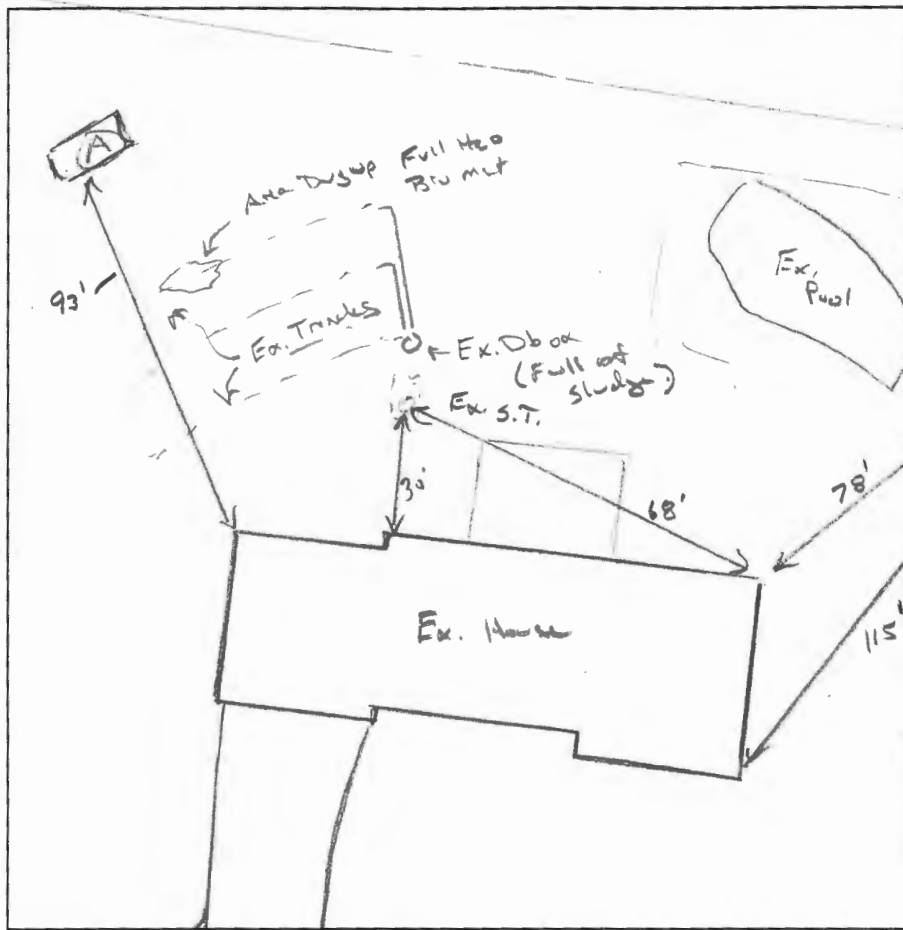
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE

[Handwritten Signature]

1/27/20



(A)
 12" Dk Br Cl
 2 MBRK, cont
 Br / Rd Cl,
 Wk Co SAK,
 Fridge, cu
 slightly sticky
 10% supoi
 4' Br / Dk Br / Rd
 L. Wk F. S. O.
 sticky, cu,
 Fridge
 6' Br - 11 Br 5 L
 Wk F. pl, cu
 slightly sticky
 Fridge, 10% supoi
 8' 11 Br / Y / Rd Sil
 W F pl, cu
 Fridge,
 20% rd
 15% supoi
 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/4/20	(A)	6' / 14"	00:31	00:46	01:15	29	P
		8'	00:54	00:55	00:57	2	F
		H ₂ O poured @ 14"				8 min	P

REMARKS Ex. system 3 tanks failed. Deep clay's

SANITARIAN K. Wolf BACKHOE Ricky OTHERS Helper

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 0.6 gpd/ft
 TRENCH WIDTH 3 INLET DEPTH 5' MAX. BOT DEPTH 9 EFFECTIVE SW 6 (-.5)

$$4BR = \frac{600}{0.6} = 1000 \div 3 = 333 (.50) = 166$$

22(83)