



HOWARD COUNTY HEALTH DEPARTMENT

P5
67856

DATE
5 / 29 / 20

AS

Received From

Fogles Septic Clean

PHONE #

410-795 5670

For

Septic Repair/Upgrade
14954 Bushy Park Road

CASH

CHECK

NO.
68256

Three hundred + thirty Dollars ^{only}

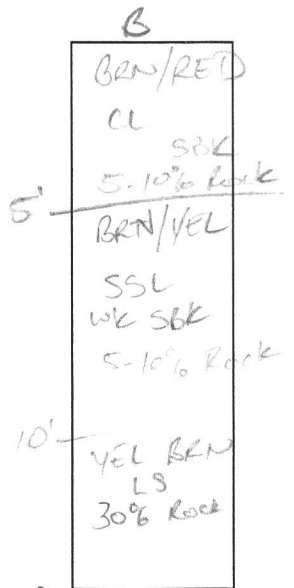
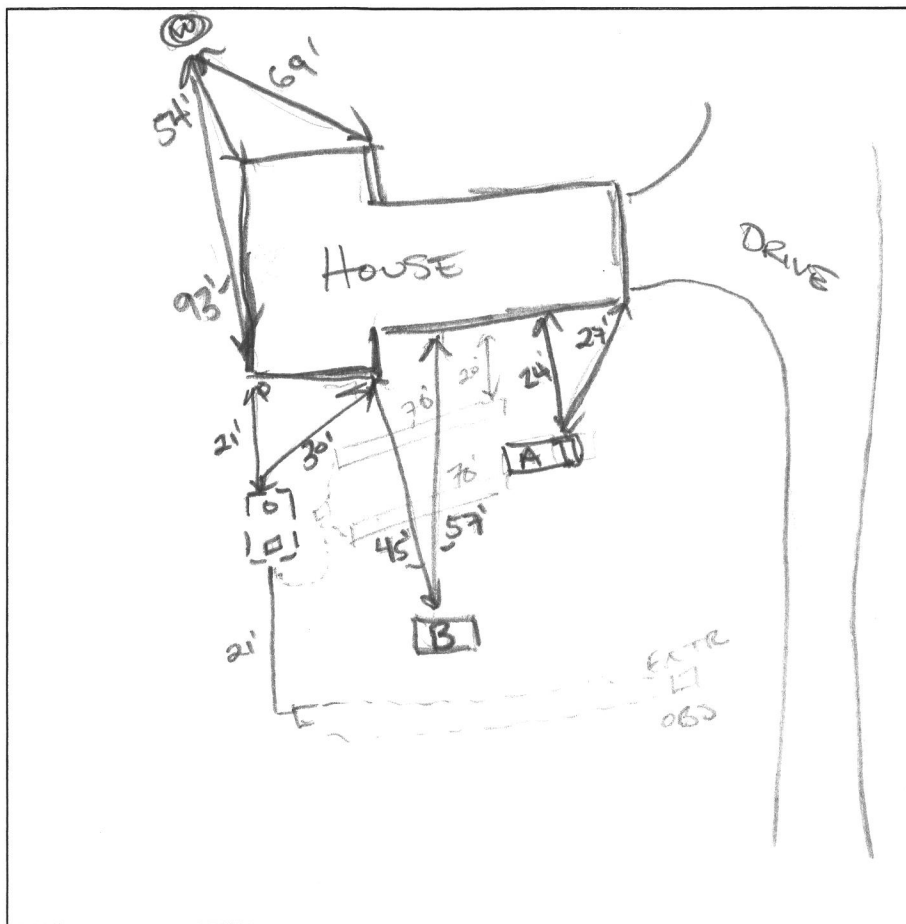
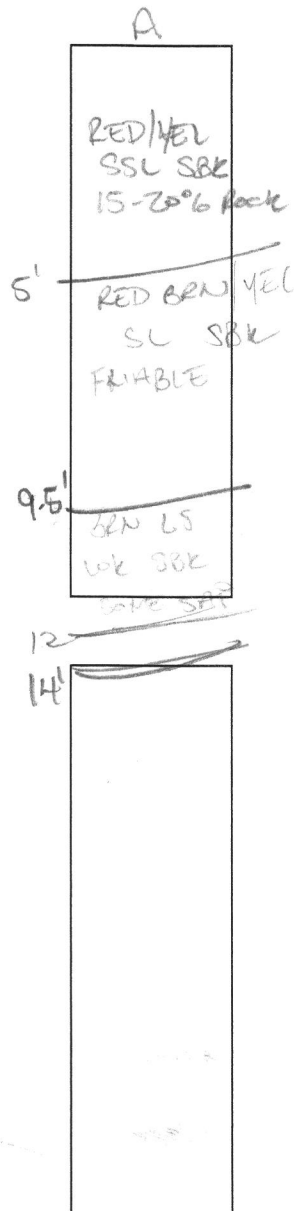
Dollars

\$

330 | 00

Received By

V. DeKromm



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
06/12/2020	A	14' / 14'	11:10			~10 min	P
		5' / 14'	11:31	11:36	11:45	9 min	P
	RESHELF	4' / 14'	12:17	12:28	12:45	17 min	P
06/2/2020	B	4' / 15'	12:31	12:46	13:07	21 min	P
	RESHELF	5' / 15'	13:16	13:21	13:28	7 min	P

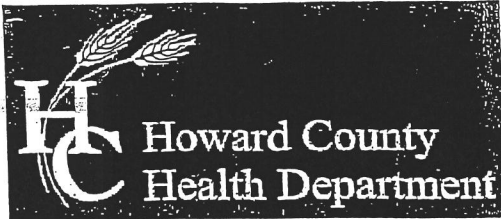
REMARKS OBS SURFACE DISCHARGE

SANITARIAN CABAHUG 001997 BACKHOE FOCALIS OTHERS HOMEOWNER

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 4

TRENCH WIDTH 3' INLET DEPTH _____ MAX. BOT DEPTH 10' EFFECTIVE SW 5'

$\frac{4 \times 150}{.8} = 750 / 3 \text{ wide} = 250' \cdot .36 \quad 90'$
 $\cdot 42 \quad 105'$
 $\frac{4 \times 150}{.6} = 1000 / 3 = 333' \quad 120'$
 $140'$



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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 14954 Bushy Park Rd Woodbine 21797

TAX ACCOUNT # 311221 TAX MAP 8 GRID 21 PARCEL 301 LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Kieran Macdermott

DAYTIME PHONE 410-960-7978 CELL EMAIL

MAILING ADDRESS 14954 Bushy Park Rd Woodbine 21797

APPLICANT Eagle's Septic Clean RELATIONSHIP TO OWNER: Contractor

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

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:

- 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 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