



HOWARD COUNTY HEALTH DEPARTMENT

58827

DATE
8/15/16

15

Received From

Popes Septic Cleaners

PHONE #

410 795 3070

580

Alburt Rd Sykesville MD 21784

For

Proc Application 14451 Frederick Rd

CASH

CHECK

NO.

54439

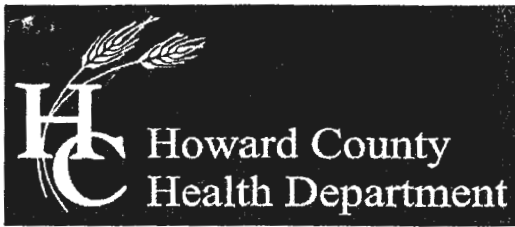
Five hundred and 00/100

Dollars

\$ 506.00

Received By

[Handwritten 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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

558827

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 16451 Frederick Rd. Woodbine 21797

TAX ACCOUNT # 334876 TAX MAP 7 GRID 10 PARCEL 467 LOT NO. 6 PROPOSED LOT SIZE (ACRES) 5.19

ZONING CATEGORY TIER

PROPERTY OWNER(S) Tom Loveless

DAYTIME PHONE 443-472-2775 CELL EMAIL

MAILING ADDRESS 16451 Frederick Rd. Woodbine, MD 21797

APPLICANT Fogle's Septic Clean, Inc. RELATIONSHIP TO OWNER:

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:

- 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 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.

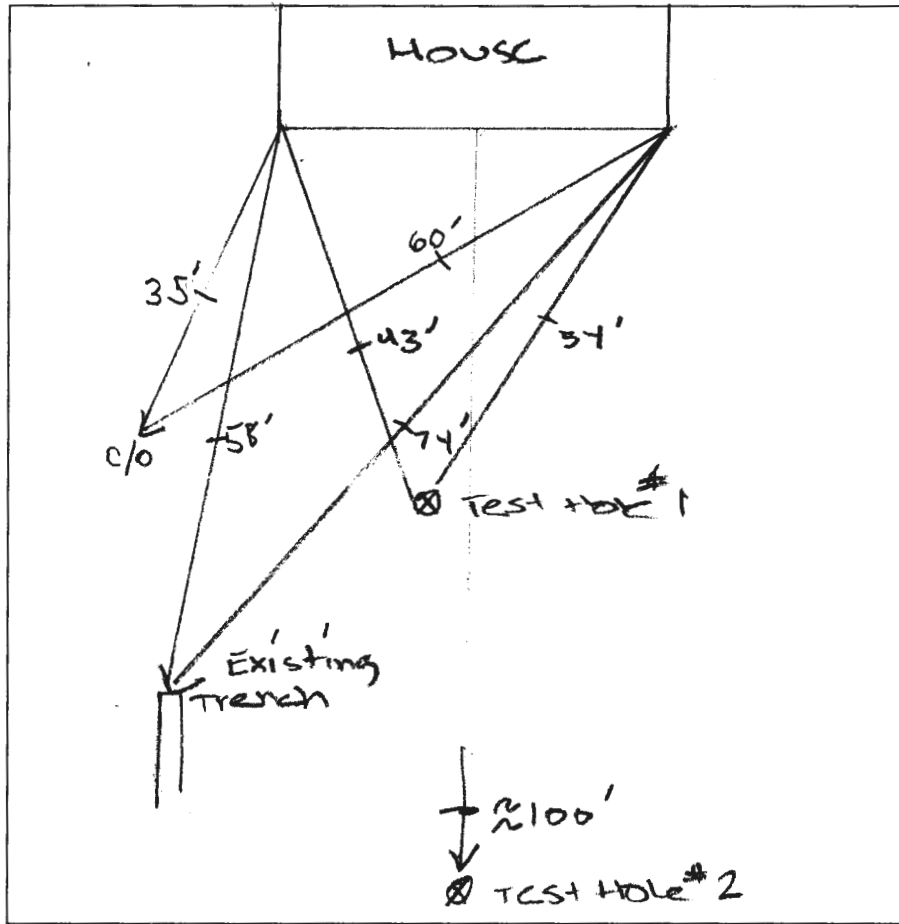
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Signature of Applicant

8/15/16

DATE

Not To Scale



A/P

Hole #1

0.2' - brk

Or scl

3.5' -

pde red sl

14' - dry

Hole #2

0.1' - brk

Or scl

3' -

yel tan sl

5' rock

14' - dry

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

REMARKS _____

SANITARIAN H. Oswald BACKHOE Fogles OTHERS Homeowner Contractor

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____