



Bureau of Environmental Health

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

A570132

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 7004 Meandering Stream Way Fulton 20759

TAX ACCOUNT # 434904 TAX MAP 41 GRID 8 PARCEL 274 LOT NO. 44 PROPOSED LOT SIZE (ACRES) 43030 sq

ZONING CATEGORY TIER

PROPERTY OWNER(S) Shari Diggins

DAYTIME PHONE CELL 443-904-0803 EMAIL thedigginsfamily@comcast.net

MAILING ADDRESS 7004 Meandering Stream Way Fulton 20759

APPLICANT Fogle's Septic Clean Inc RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 CELL EMAIL Kim@foglesinc.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:

- 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:

- Residential with 5 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

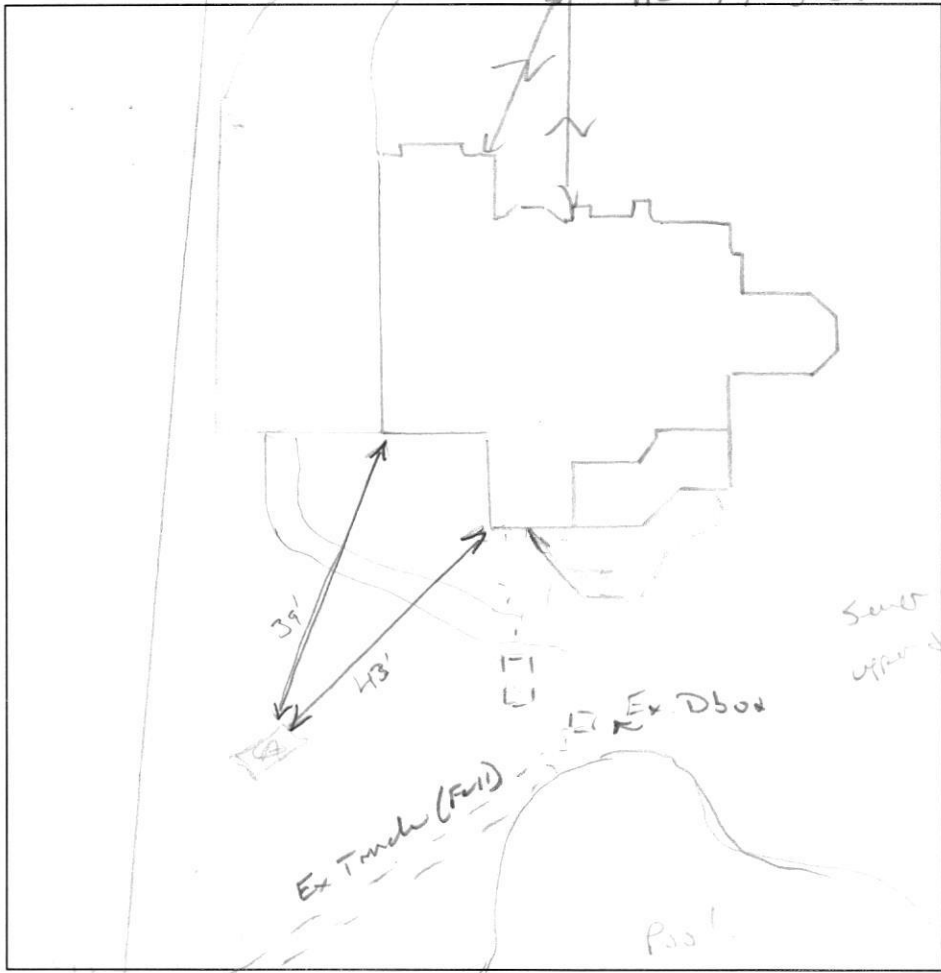
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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 A. Fogle Date: 8/26/14



443-398
6412

Sewer out = 35"
upper branch

12'
6'
8'
14'

(A)
Fill
11 Br/R SL
WK 20 SOK
Frable.
10% 20
11 Br/R SL
WK 4 SOK
Frable
masses
B. IR/Y/SL
WK 4 p2
Frable
WK 4 p 100
WK 4 p 100

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|---------|--------|------------|------------|-------------------------------|--------------|------------------|-------|
| 9/14/21 | * | cancelled | | Need provide gas lines marked | | | |
| 9/16/21 | (A) | 5'5" / 14' | 00:22 | 00:28 | 00:37 | 9 | P |
| | | 14' V | H2O pulled | @ 14 | 2 mpi | | P |
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REMARKS Repair area limited due to pool addition, parties, etc...

SANITARIAN K. Wolf BACKHOE Teave = Frable OTHERS owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME 5.5' SQ. FT/BR 0.8

TRENCH WIDTH 3 INLET DEPTH 5-6' MAX. BOT DEPTH 10 EFFECTIVE SW 5'

$$4 BR = \frac{600}{0.8} = 750 \div 3 = 250 (.36) = 90 \quad 2 \times 60'$$