



# HOWARD COUNTY HEALTH DEPARTMENT

68823

P5

DATE  
4/2/01

Received From

Fagos Septic

PHONE #

410-795-5670

For

Perc Repair / 1675 Henryton Rd.

CASH

CHECK

NO.

71555

Three Hundred Thirty

Dollars

\$ 330.00

Received By

J. King



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/hchohealth

Twitter: HowardCoHealthDep

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

1568823

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

1675 Henryton Rd Marriottsville 21104

TAX ACCOUNT #

304531

TAX MAP

10

GRID

14

PARCEL

286

LOT NO.

PROPOSED LOT SIZE (ACRES)

2.874

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Rebecca Ramsburg

DAYTIME PHONE

410-491-8893

CELL

EMAIL

rebecca-ramsburg@hepps.org

MAILING ADDRESS

1675 Henryton Rd Marriottsville 21104

APPLICANT

Fogle's Septic Clean

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-745-5670

CELL

EMAIL

Kim@foglesinc.com

MAILING ADDRESS

580 Abrecht Rd Sykesville 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 5 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

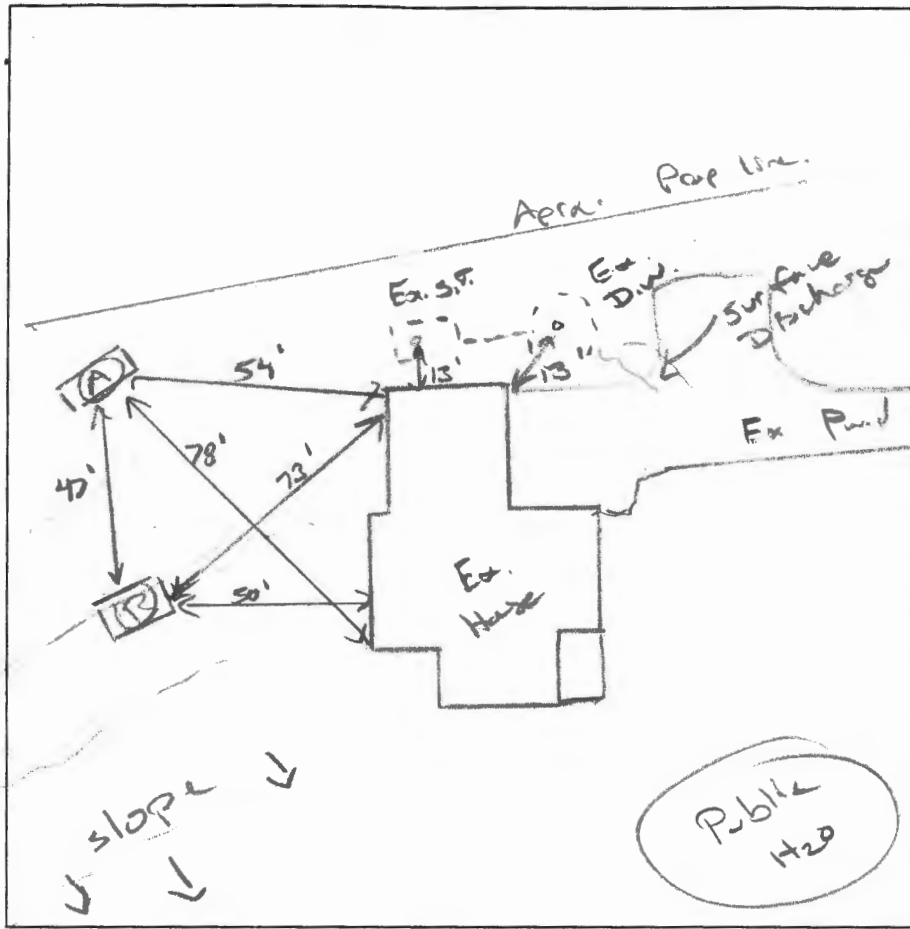
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- 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 DATE



Same as Perc (A) ↓

18"  
 4"  
 9"  
 Br L, DM, WK Co S&K, rock  
 Br/Y sl WK Co S&K Frackle 15% rock 15% sand High perc  
 11 Br/Y sl WK Co L Frackle, CW loose 15% sand No. Bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/27/21	(A)	2' 3/4"	00:23	00:25	00:29	4	P
		4'	00:37	00:39	00:43	4	P
	(B)	rock					P



REMARKS Ex. system (disposal) over full surface  
 SANITARIAN K. Wolf BACKHOE Small OTHERS Chas (L/Pr)  
 TEST HOLES USED IN SDA 2 AVG. PERC TIME 4 SQ. FT/BR 1.25 (1.42)  
 TRENCH WIDTH 3' INLET DEPTH 2' MAX. BOT DEPTH 5' EFFECTIVE SW 2.5' (1.5)  
 $5 BR = \frac{750}{1.2} = 625 \div 3 = 208 (.55) = \underline{115 CF (2069)}$