



# HOWARD COUNTY HEALTH DEPARTMENT

68898

P5/45

DATE 5/17/21

Received from

Fogles Septic Clean PHONE #

410-295-5870

For pump / repair - 12723  
Folly Quarter Rd.

CASH

CHECK

NO 71920

Three hundred thirty Dollars

330 00

Received By

J Kemp



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/hccohealth  
 Twitter: HowardCoHealthDep

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

AS 5/6/21

**APPLICATION**

**FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 12723 Folly Quarter Rd Ellicott City 21042  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) \_\_\_\_\_

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Ball Carmen

DAYTIME PHONE 301-717-3081 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 12723 Folly Quarter Rd Ellicott City 21042  
STREET CITY, STATE ZIP

APPLICANT Fogles Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5679 CELL \_\_\_\_\_ EMAIL: Kim@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville Md 21784  
STREET CITY, STATE ZIP

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.

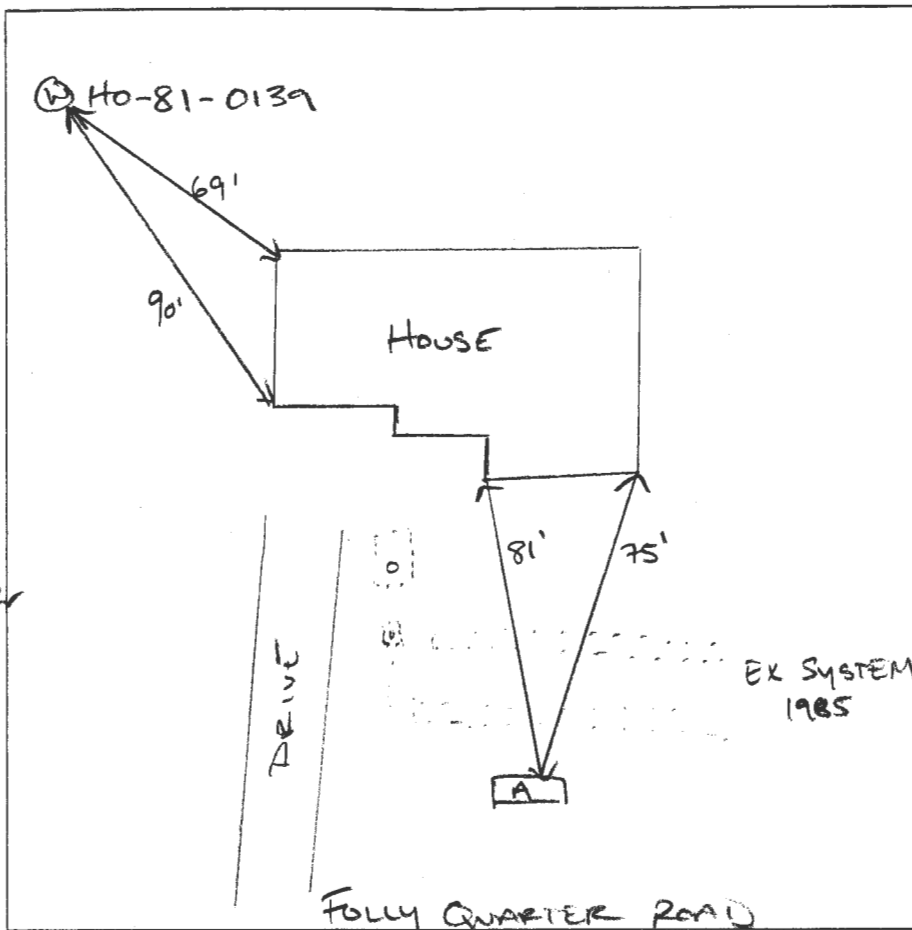
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Kim Fogles  
 SIGNATURE OF APPLICANT

5/6/21  
 DATE

AP 568898

- 0" A
- BRN SCL SBK dr
- 8" RED BRN SCL vfr dr SBK
- 20" RED BRN SCL SBK micaceous fr
- 30" RED S. SCL SBK
- 53" BRN LS SBK wkfr
- 180" (Total)



SHELF / BOTTOM

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
05/19/2021	A	5.5' / 15'	0:00	1:30	4:00	2.5m	P
05/19/2021	A	15' / 15'	H <sub>2</sub> O @ BOTTOM			5m	

REMARKS PIT A USED IN TRENCH. HYDRAULIC OVERLOAD EX TRENCHES FAILED

SANITARIAN CABANUG 001997 BACKHOE FOGLES OTHERS BROAD X CICADAS

TEST HOLES USED IN SDA PIT A AVG. PERC TIME 2.5m SQ. FT/BR 5

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 11' EFFECTIVE SW 5.5'

$$\frac{5.150}{1.2} = 625/3 = 209' \cdot .33 = 69'$$