



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

P568777

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 15920 Meadow Walk Rd Woodbine 21797

TAX ACCOUNT # 325516 TAX MAP 13 GRID 18 PARCEL 226 LOT NO. 20 PROPOSED LOT SIZE (ACRES) 1.729 AC

ZONING CATEGORY TIER

PROPERTY OWNER(S) Herman Robertson

DAYTIME PHONE 410-340-3447 CELL EMAIL

MAILING ADDRESS 15920 Meadow Walk Rd Woodbine Md 21797

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: contractor

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

MAILING ADDRESS 580 Obrecht 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 3 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:

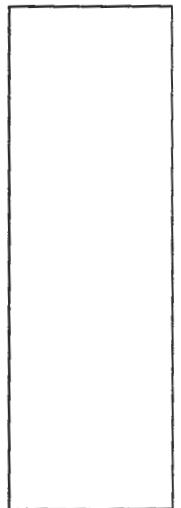
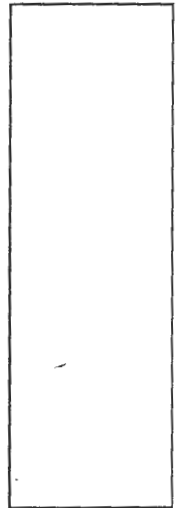
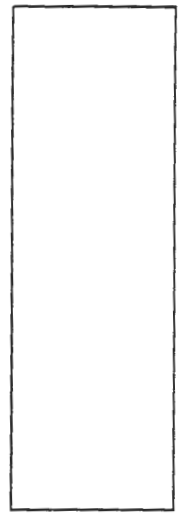
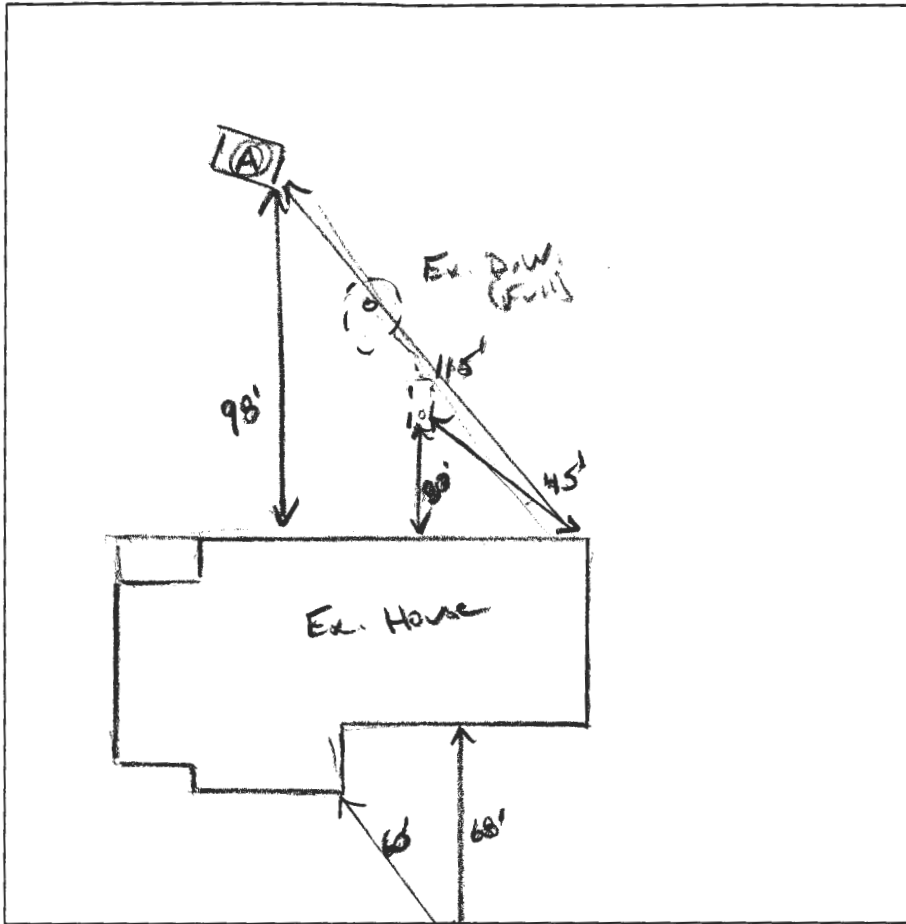
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT. THE APPLICATION FEE IS NON-REFUNDABLE THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE 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



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NO 94-0889

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2ND INCH | P/F/H |
|---------|--------|--------|-------|---------------|--------------|------------------|-------|
| 3/16/01 | A | 3' 15" | 00:35 | 00:05 | 01:16 | 11 | P |
| | | 5' 8" | 00:21 | 00:30 | 00:42 | 12 | P |
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REMARKS _____

SANITARIAN K.W. 14 BACKHOE Smiley = File OTHERS curves

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

TRENCH WIDTH 2-3' INLET DEPTH 2-3' MAX. BOT DEPTH 6.5' EFFECTIVE SW 3.5-6.5'
 (.416)

$$3(15) = \frac{450}{0.9} = 502.5 \div 3 = 187.5 \text{ (.416)} = 82.5$$

24-11'