



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 7441 Mink Hollow Rd Highland 20777

TAX ACCOUNT # 372445 TAX MAP 40 GRID 7 PARCEL 386 LOT NO. PROPOSED LOT SIZE (ACRES) 7.158 Ac

ZONING CATEGORY TIER

PROPERTY OWNER(S) Doug Lettridge

DAYTIME PHONE 240-832-8222 CELL EMAIL lettrite2@aol.com

MAILING ADDRESS 7441 Mink Hollow Highland 20777

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-295-5670 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:

- 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)

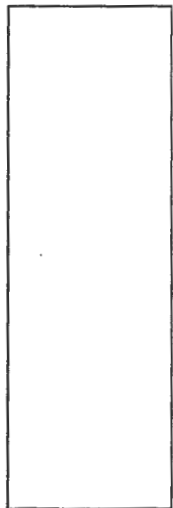
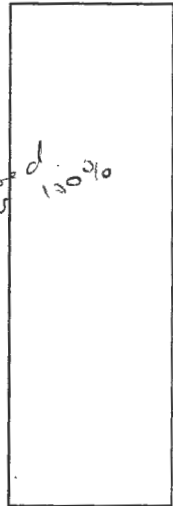
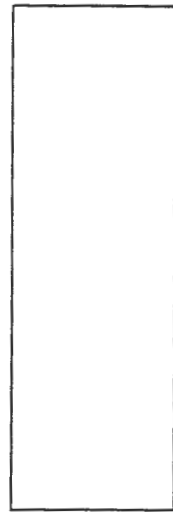
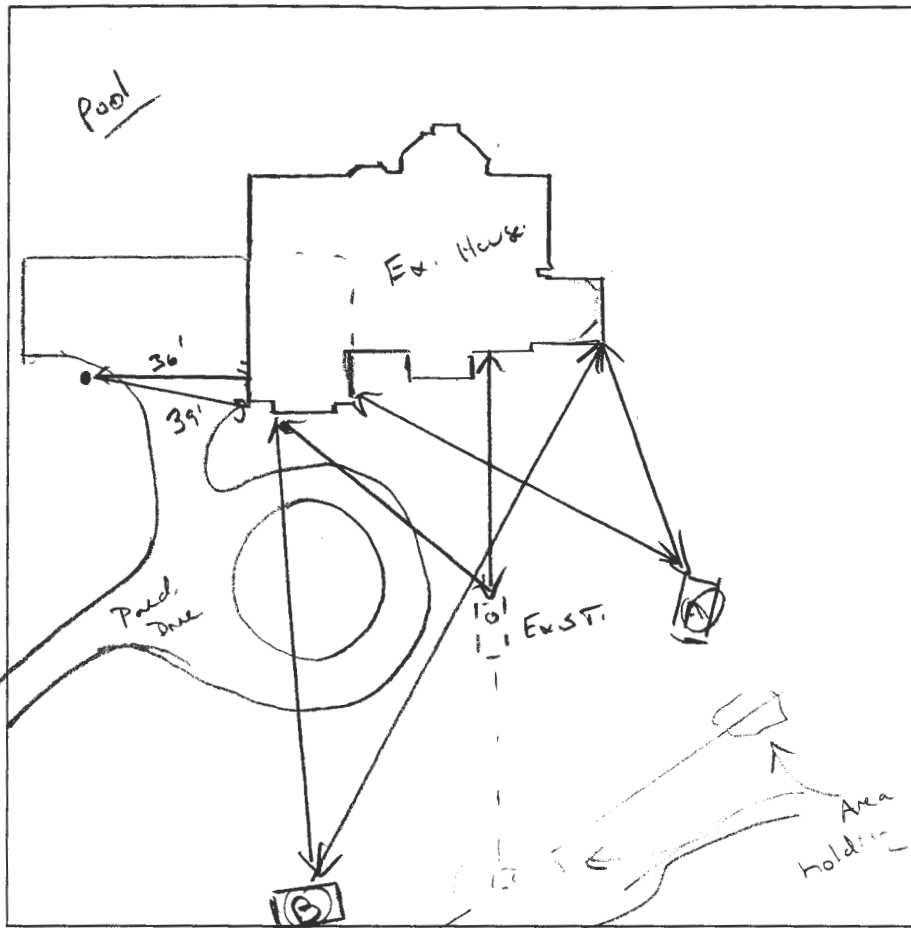
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- 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: 3/10/21



(A)
 12" Drk Br/Rd L, OM, roads, m. SBK
 4' Br/Rd CL, m. Co SBK, Frable, Fibre roots, 15% to 20%
 7' li Br/Rd L, m. Co PL, 20% to Fr. Sof. micaceous Hard Br/dm

(B)
 12" Br OM, m. Co SBK, roots
 4' li Br CL, wk Co SBK, Frable, Slightly sticky
 5' water seep
 8' li Br L, wk Co PL, same sep in soil

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/25/21	(A)	5' 11/4"	00:57	01:03	01:14	11	P
	(B)	water					F

REMARKS Ex. tanks 100% full. Possible 'Patched water' @ (B)
 SANITARIAN K. Wolf BACKHOE Smiley = 10'4" OTHERS m/p/m
 TEST HOLES USED IN SDA 2 AVG. PERC TIME 11 SQ. FT/BR 0.85 / ft²
 TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 7' EFFECTIVE SW 4' (0.5)

$$5BR = \frac{750}{0.8} = 937 \div 3 = 312 (.50) = 156$$

$$3 \times 52'$$