



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

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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 236 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@foglesinc.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



Bureau of Environmental Health
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Dr. Maura J. Roszman, M.D., Health Officer

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Existing System
 - System relocation for proposed addition
 - System upgrade for proposed addition
 - Inadequate treatment zone
 - Collapsed septic tank
 - Collapsed drywell

Has the septic tank been pumped within the last month?

- Yes Date pumped: 2/28/21
- No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Yes Explain observations: _____
- No _____

Existing system design

- Drywell
 - French
 - Mound
 - Unknown
 - Other _____

Was a visual inspection of the sewage line conducted?

- Yes
 - Blockage leading to the tank
 - Yes Explain: _____
 - No _____
 - Blockage leading to the field
 - Yes Explain: _____
 - No _____

Is discharge surfacing on the ground?

- Yes
- No

Additional Comments: _____

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: Fogle's Septic Clean Contractor's Phone: 410-795-5670
 Contractor's Address: 580 Obrecht Rd Sykesville 21784

Property Address: 15920 Meadow Walk Rd County file: _____

Subdivision: _____ Lot 20 Year Built: 1979

Owner's Name: Herman Robertson Owner's Phone: 410-340-3447

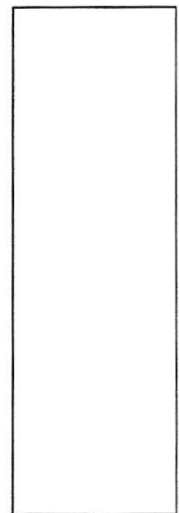
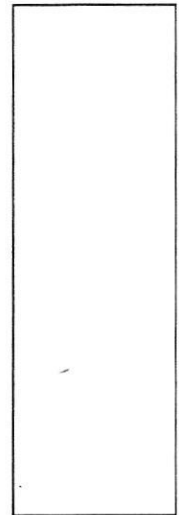
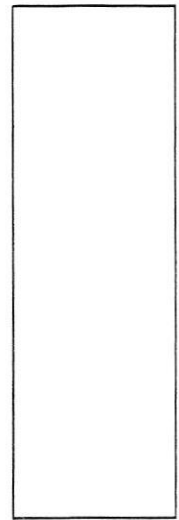
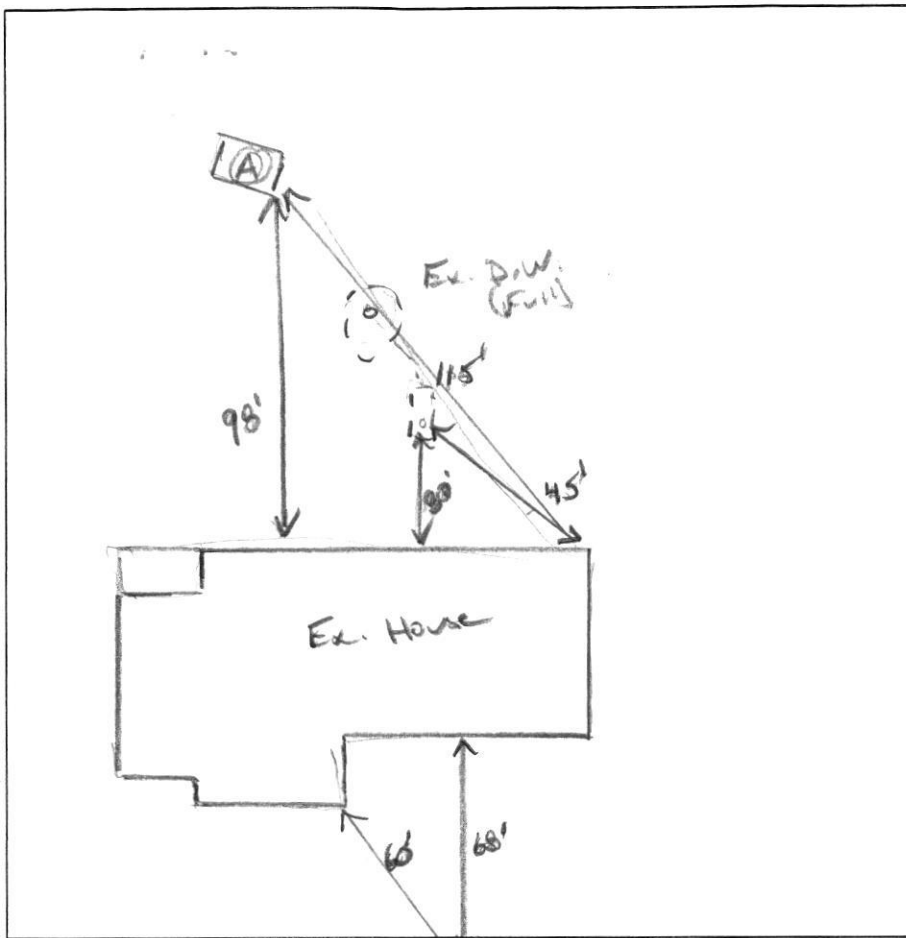
Name of previous owners: _____ Existing bedrooms: 3
 Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): _____
 Public Sewer available/nearby: _____

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.
 Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____
 If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.
 If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.
 If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permits to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.



12/11
 3'
 7'
 6'

(A)
 B-1 R d L.
 WK Co SK, FR
 Br / Y / R d L
 WK Co SK,
 Friable,
 Channels

1: Br / R. SL
 WK Co PL,
 Friable,
 15% Sph. U.L.
 Channels

1: Br / Y / R FSL
 WK f PL,
 Friable
 Some Dose
 SK,
 ↓ 15'

NO 94-0829

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/16/21	(A)	3' 11/16"	00:55	00:05	01:16	11	P
		5' 3"	00:21	00:30	00:42	12	P

REMARKS _____

SANITARIAN K. W. H BACKHOE Smiley = F. L. OTHERS ciner

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
 (.44)

$$3(15) = \frac{450}{0.9} = 500 \div 3 = 166.67 \text{ (0.44)} = 82.5$$

2x-12'