



HOWARD COUNTY HEALTH DEPARTMENT

67259

DATE 01/12/70

AS

Received From

Joseph Sephic
Clear Inc.

PHONE #

410-395-4994

For

Repair Perce - 11994

Fredrick Rd.

CASH

CHECK

NO

0182

Three hundred

Dollars

\$

330 00

Received By

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/hocohealth

Twitter: HowardCoHealthDep

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

1507259

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 11994 Frederick Rd Ellicott City 21042

TAX ACCOUNT # 311732 TAX MAP 116 GRID 13 PARCEL 398 LOT NO. 1 PROPOSED LOT SIZE (ACRES) 4.034

ZONING CATEGORY TIER

PROPERTY OWNER(S) Joe Beglan

DAYTIME PHONE CELE EMAIL

MAILING ADDRESS 11994 Frederick Rd Ellicott City 21042

APPLICANT Fogle's Septic Clean Inc RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-599-4994 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: 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 4 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

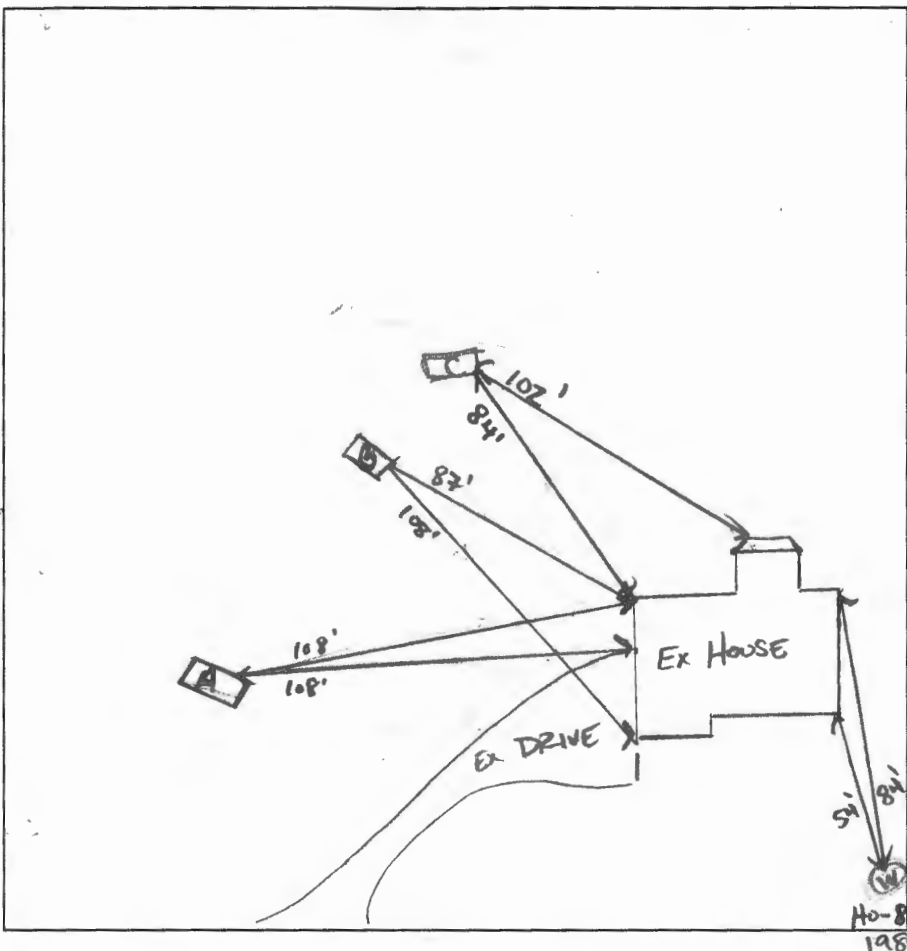
- AS APPLICANT, I UNDERSTAND THE FOLLOWING: THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT. THE APPLICATION FEE IS NON-REFUNDABLE THIS APPLICATION MUST BE ACCOMPANIED 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

1' **(A)**
 DK BRN
 LS
 2'
 LI BRN
 SL
 MICA (FLC)
 3'
 R BRN
 SCL
 PLATY
 6'
 R BRN
 SCL SAP.
 MANY MICA
 FLACCY 35-40%
 HARD BOT



25'
 U GRN
 CL, SAB
 25'
 R BRN
 SL (FLACCY)
 3'
 R BRN
 SCL
 PLATY
 4'
 R BRN
 SCL SAP
 MANY MICA
 FLACCY 35-40%
 9'
 R BRN
 SCL SAP
 MANY MICA
 FLACCY 35-40%
 9'
 R BRN
 SCL
 PLATY

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
01/16/2020	A	4' / 8'	10:36	11:09	12:00	5m	F
01/14/2020	B	3' / 9'	11:23	—	RESHELL	5m	F
		RESHELL → 5'	11:45	—	NO MOVEMENT		F
01/16/2020	C	7' / 12'	13:22	13:24	13:34	< 10m	P
		POUR H ₂ O @ BOTTOM			5m		

2'
 U BRN
 SIL
 WEAK RE SAB
 2'
 U BRN
 SCL
 CHEETTY
 RESTRICTIVE
 SAP
 6'
 R BRN
 SCL
 FEW MICA
 9'
 R BRN
 SCL
 MANY MICA
 CHANNERS

REMARKS LAY OUT BROWN TREES 2' INLET FOR SHALLOW SYSTEM
 SANITARIAN CABANOG/WOLF BACKHOE FOGLES OTHERS KEVIN, CODY, JAMIE
 TEST HOLES USED IN SDA 1 (C) AVG. PERC TIME 5m SQ. FT/BR 4
 TRENCH WIDTH 3' INLET DEPTH 2' MAX. BOT DEPTH 8' EFFECTIVE SW 2' C'

12' HARD

$$\frac{4 \times 150}{1.3} = 500 / 3 = 167 \times .62 = 104$$

$$2 = 250 \times .57 = 142.5'$$