



Bureau of Environmental Health

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

4567319

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Carriage Mill Farms

PROPERTY ADDRESS 14765 Carriage Mill Dr Woodbine 21797

TAX ACCOUNT # 362128 TAX MAP 8 GRID 16 PARCEL 158 LOT NO. 53 PROPOSED LOT SIZE (ACRES) 1.38

ZONING CATEGORY TIER

PROPERTY OWNER(S) Danielle Carney

DAYTIME PHONE 410-489-5855 CELL EMAIL

MAILING ADDRESS 14765 Carriage Mill Dr 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:

- 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.

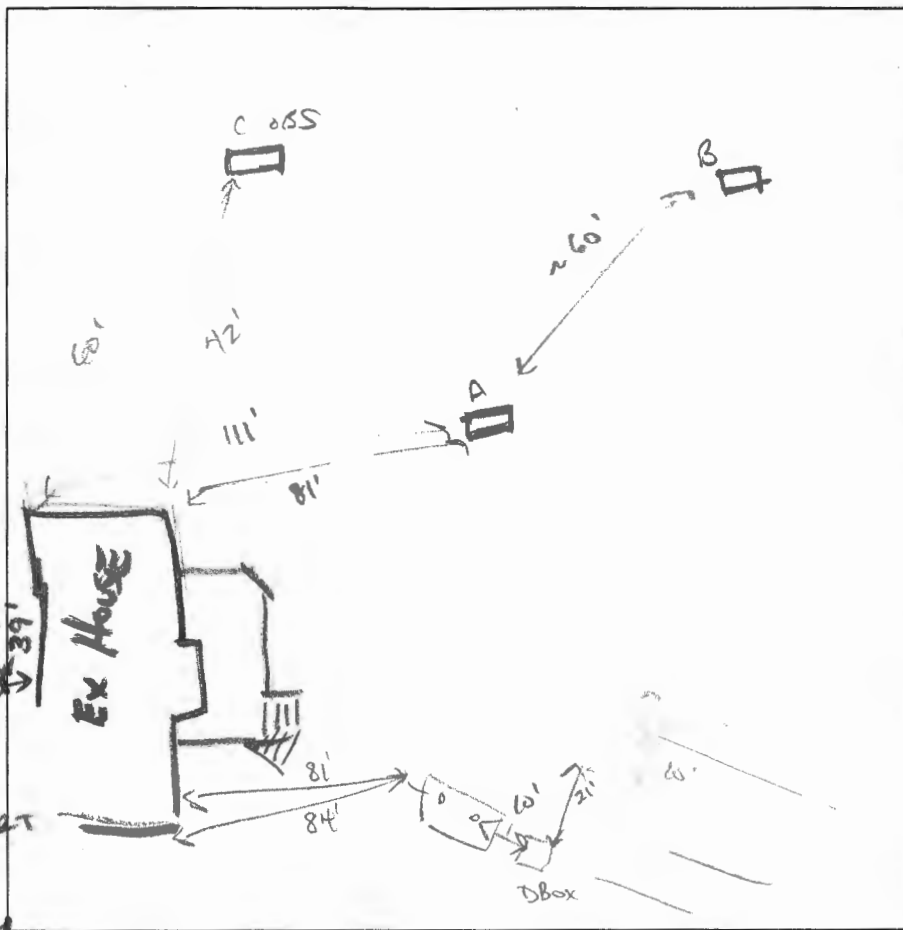
Fogle's Septic Clean

SIGNATURE OF APPLICANT

DATE

① 56319

A
 1.5' RED - LIBRN
 SCL ANGR. BLK
 4.5' EFF. AREA
 RED
 SILVAM
 L SBK
 6' RED WSS
 SILVAM
 WY REDOX
 8' MBD
 12' 1/4"
 39'
B
 1' DR BRN SCL
 3 BK 3
 2 BK 3
 FR SBK CHEST
 3' R/YEL BR
 ST
 TIGHT CLAY
 FACES
 4.5' R/NEI BRN
 SILVAM
 WEATHERED
 SAP
 6'
 14' SAP
C VISUAL
 3.5' RED WSS
 LG DIST
 REDOX
 SSL
 6'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
03/02/2010	A	5.5'	10:56	11:13	11:32	20 min	P
03/02/2010	B	5' 12'	11:59	12:11 VISUAL FAIL			
	RESA	6' 14'	12:17	12:32	12:54	22 min	P
	A	7' 8"	00:45	1:52	1:05	13 min	P
			WATER POUR @ BOTTOM (5 gal)				
			27 MIN/IN				

REMARKS EX SYS. Hydraulically SAT. STONE IS CLEAN. DMA'D SEWER LINE

SANITARIAN CABANIS 001997 BACKHOE JAMIE OTHERS CODY

TEST HOLES USED IN SDA _____ AVG. PERC TIME 21 min SQ. FT/IN 4 BR

TRENCH WIDTH 2' INLET DEPTH 2' MAX. BOT DEPTH 8' EFFECTIVE SW 3.5'

D Box 29 PERC 511

$4 BR \times 100 = 1000 / 3 = 334 \times .45 = 151$
 0.6
 $12 = 500 \times .44 = 220$



HOWARD COUNTY HEALTH DEPARTMENT

67319

DATE
2/21/20

P15 P15

Received From

Toplas Optic Clear

PHONE #

410 795-5070

For

Porc Kopen / 14/165

Carrage Meal

CASH

CHECK

NO.

011314

Three hundred and forty

Dollars

\$

330.00

Received By

SKH