

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

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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

3701 Blackberry Lane Ellicott City 21042

TAX ACCOUNT #

303861 TAX MAP 22 GRID 5 PARCEL 516 LOT NO. 7 PROPOSED LOT SIZE (ACRES) 1.662

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Ron Carlson

DAYTIME PHONE

410-404-5119

CELL

EMAIL

MAILING ADDRESS

3701 Blackberry Lane Ellicott City 21042

APPLICANT

Fogle's Septic Clean

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-795-5670

CELL

EMAIL

MAILING ADDRESS

580 Obercht Rd Jfkville 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 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

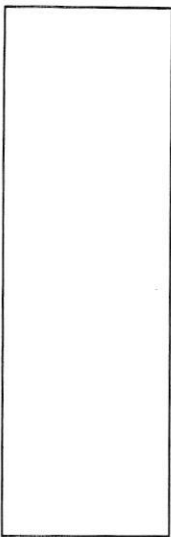
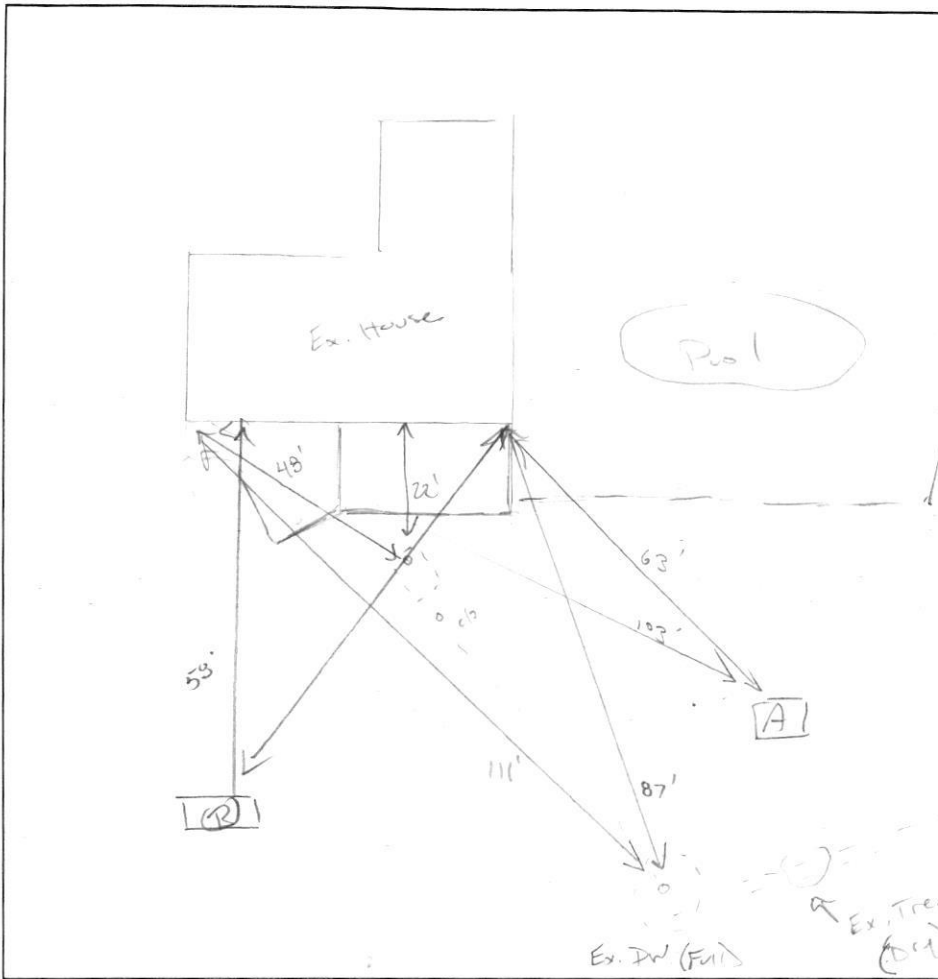
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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 DATE

WS-SP-APR-22 00125

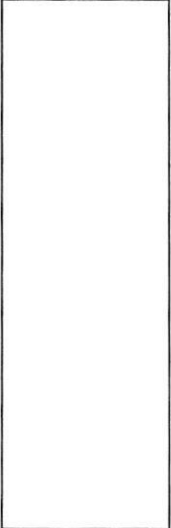
WS-PT-22-01483



(B)  
same as hole (A)

(A)  
Br L  
MSBK, Frable, roots  
16"  
Drk Br/YCL  
MSGSK, Frable, roots, CS  
3"  
Br/Y CL,  
WK CO SKK  
Frable  
Few clay filaments  
turning plastic  
6"  
11 Br/YCL  
WK CO PL  
Frable  
5% Qtz  
Micaceous  
15 3

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H	
5/20/22	(A)	6' / 15'	00:52	01:04	01:24	20	P	
		H <sub>2</sub> O pond @ 15'				2api	P	
	(B)	_____						P



REMARKS (Real Feteide) Hole A very sandy below 6-7' (use 1.25 sp/ft<sup>2</sup> for dep dist)  
 SANITARIAN K. Work BACKHOE Smiley = Fisher OTHERS 100 yds  
 TEST HOLES USED IN SDA 2 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR 1.25 sp/ft<sup>2</sup>  
 TRENCH WIDTH 2' INLET DEPTH 3 MAX. BOT DEPTH 10' EFFECTIVE SW 6 (-.36)

$5BP(750) = 625 \div 2 = 312.5 (.36) = 113$        $2 \times 5B' \text{ diameter}$



**RECEIPT**

Howard County, MD  
HOWARD COUNTY HEALTH DEPARTMENT  
ASCEND ONE BUILDING  
Columbia, MD 21045  
8930 STANFORD BLVD

**Application:** WS-PT-22-01483  
**Application Type:** EnvHealth/Well and Septic/Percolation Test/Application  
**Address:** 3701 Blackberry LN,

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<b>Receipt No.</b>	3953					
<b>Payment Method</b>	<b>Ref Number</b>	<b>Amount Paid</b>	<b>Payment Date</b>	<b>Cashier ID</b>	<b>Received</b>	<b>Comments</b>
Check	75729	\$165.00	05/17/2022	JUKING		Repair/ Paid previous

**Work Description:** Repair / Perc 3701 Blackberry Lane

03-303861

P 30541 A 20766  
DATE 2/27/80 9/11/74

LOCATION	<u>Bruin Hill</u>	APPLICATION	
	<u>3701 Blackberry Lane</u>	HOLD	
		APPROVED	(✓)
		REJECTED	( )
LOT	<u>7</u>		
APPLICANT	<u>Lee Sutherland</u>	INSTALLATION	
OWNER	<u>Richard Knight</u>	HOLD	
		APPROVED	(✓)
PERMITTEE	<u>Bob Gradyoff</u>	APPROVED	<u>4/1/80</u>
		DATE	