

Bureau of Environmental Health

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

1567388

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Clarksville Ridge Sec 3 Lot # 39

PROPERTY ADDRESS 11509 Crows Nest Rd Clarksville 21029

TAX ACCOUNT # 349486 TAX MAP 35 GRID 21 PARCEL 203 LOT NO. 39 PROPOSED LOT SIZE (ACRES) 1 AC

ZONING CATEGORY TIER

PROPERTY OWNER(S) William Jacobellis

DAYTIME PHONE 443-472-7804 CELL EMAIL

MAILING ADDRESS 11509 Crows Nest Rd Clarksville 21029

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 Md 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: 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

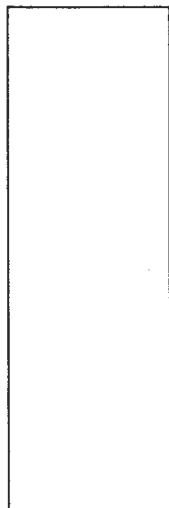
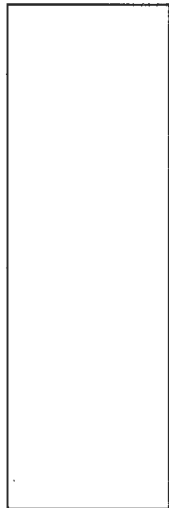
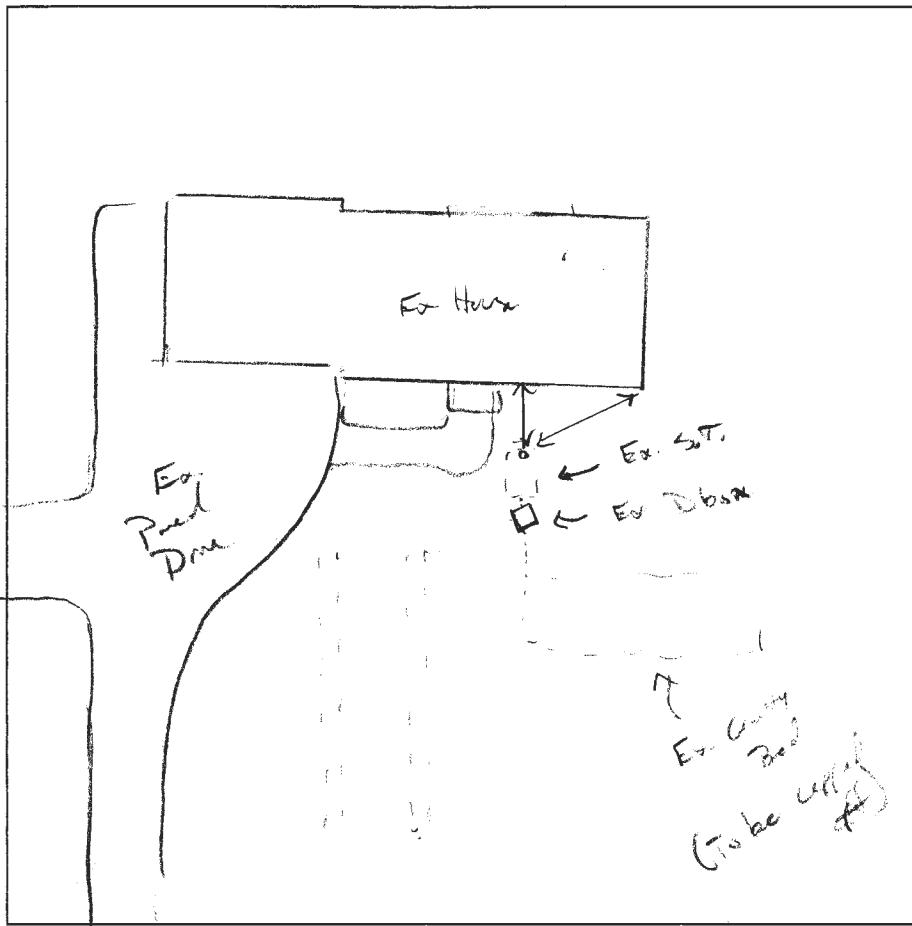
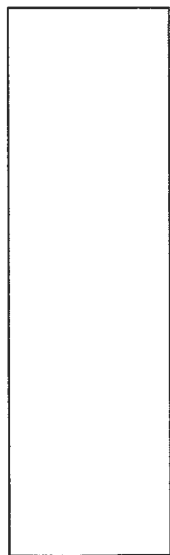
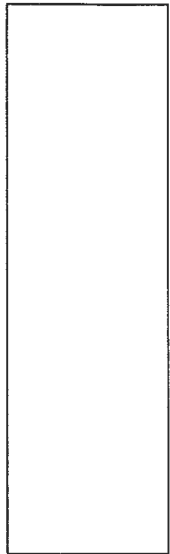
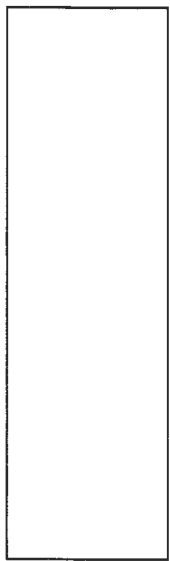
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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: [Handwritten Signature] DATE: 5/4/20



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/20/20		no	perc	needed			

REMARKS no perc needed

SANITARIAN K. Wolf BACKHOE _____ OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____