



Bureau of Environmental Health
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Maura J. Rossman, M.D., Health Officer

1507348

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Green Hill Manor
 PROPERTY ADDRESS 6710 Montell DR Highland 20777
STREET TOWN ZIP

TAX ACCOUNT # 347645 TAX MAP 34 GRID 20 PARCEL 243 LOT NO. 4 PROPOSED LOT SIZE (ACRES) 42775 SF
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Raymond Driver
 DAYTIME PHONE 301-854-1162 CELL _____ EMAIL driverrrbs@gmail.com
 MAILING ADDRESS 6710 Montell DR Highland 20777
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 410-795-5670 CELL _____ EMAIL kim@foglesinc.com
 MAILING ADDRESS 580 Obrecht Rd Seylesville Md 21784
STREET CITY, STATE ZIP

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 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

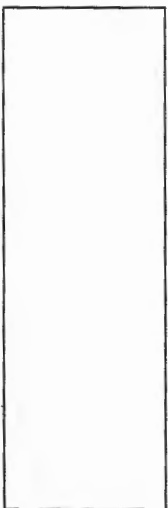
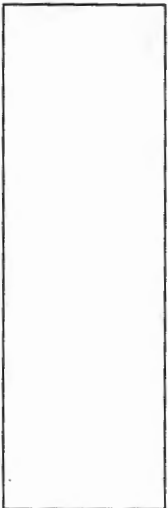
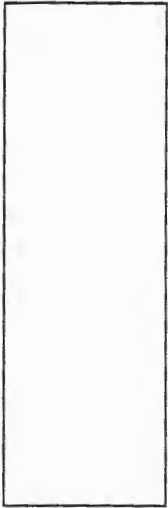
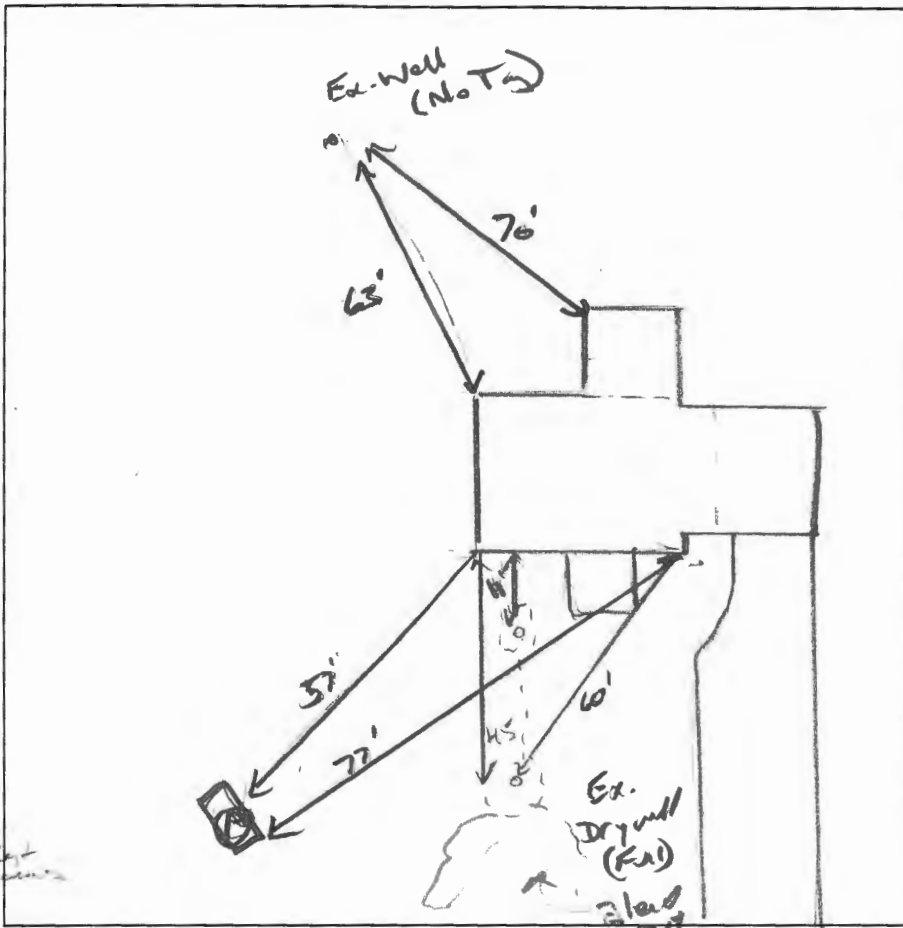
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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.

Kim Fogle 3/14/20
 SIGNATURE OF APPLICANT DATE

567348



(A)

12" Br / i. Br.
 WK SAK, Fr. able
 i. Br SL
 WK SAK, Fr. able
 not covered 5% silt +
 chum
 3' i. Br / Y SL
 WK SAK, roots
 highly weared
 Fr. able, 15% sp
 6' i. Br / Y / Rd SL
 WK Kopl
 Fr. able, 15% sp
 10' i. Br / M / rd. FSL
 WK Eapl.
 14' getting hard.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/1/20	(A)	3' 14"	00:02	00:05	00:09	41	P
		4' 10"	00:02	00:04	00:06	2	P
		H ₂ O paused @ 14'				10 min	

REMARKS _____

SANITARIAN K. Wolf BACKHOE Ridley OTHERS bupe owner

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

TRENCH WIDTH 3' INLET DEPTH 3.5 MAX. BOT DEPTH 5.5 EFFECTIVE S/W 3.5 - 5.5
 (2')

$$3 BR = \frac{450 sp}{1.2} = 375 \div 3 = 125 (.62) = 77.5 LF$$



HOWARD COUNTY HEALTH DEPARTMENT

67348

DATE 3/1/20

Received From

PHONE #

For

- CASH
- CHECK

NO.

\$

Received By

Dollars