



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Phone: 410-313-2600 Fax: 410-313-2548

TDD: 410-313-2323 | Toll Free: 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hchohealth

Twitter: @HowardCoHealthDep

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

6700 Cortina DR Highland 20777

TAX ACCOUNT #

376629

TAX MAP

34

GRID

20

PARCEL

354

LOT NO.

9

PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Ryan Cooper

DAYTIME PHONE

301-974-2039

CELL

EMAIL

RyanLewisCooper@gmail.com

MAILING ADDRESS

6700 Cortina DR Highland

APPLICANT

Fogle's Septic Clean

RELATIONSHIP TO OWNER

Contractor

DAYTIME PHONE

410-705-5670

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... 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

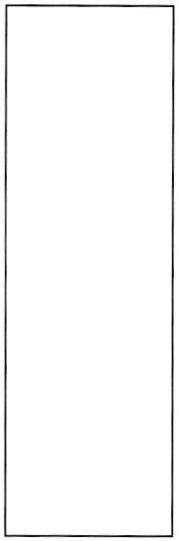
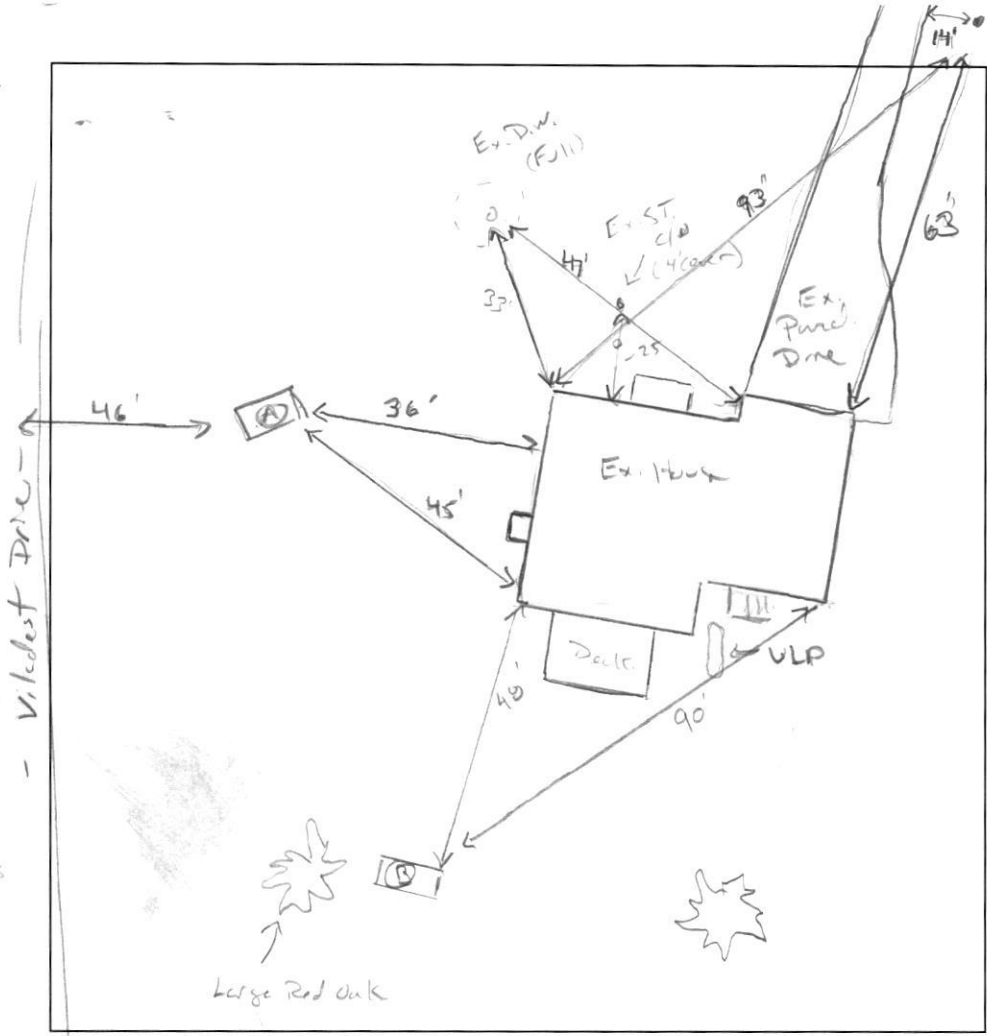
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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: Kim Fogle Date: \_\_\_\_\_

WS-PT-22-02660

A/P \_\_\_\_\_



(A)  
 10'  
 Br h, OM, WK 60 SSK, roots  
 2'  
 11 Br h, WK 60 SSK, 15% chaus, Frable, micaceous  
 1 Br/Y/Rd SL, m Co PL, Frable, micaceous, 15% rd, 15% oak spr  
 6'  
 Br/Y/Rd SL, WK Co PL, Frable, highly micaceous, 15% Rock powder, 15% schist chaus  
 13'v

(B)  
 14'  
 Br h, m Co SSK, Frable  
 2'  
 Br/Y h, WK Co SSK, roots, Frable, 5% Rx.  
 3'  
 Br/Y SCL, m Co SSK, Frable, roots, micaceous  
 5'  
 1 Br/Y SL, m Co PL, Frable, highly micaceous  
 8'  
 Br/Y/Rd SL, WK Co PL, Frable, micaceous  
 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/30/2022	(A)	5' / 13'	00:38	00:39	00:41	2	P
		repour	00:42	00:44	00:46	4	P
		H2O poured	13'			~5 spi	
	(B)	46" / 15'	00:28	00:40	00:55	15	P
		H2O poured @	15'			~7 spi	
		6'	00:53	00:55	0:59	4	P

REMARKS Ex. Dry well Full. Property + meter. Note (B) easier digging  
 SANITARIAN K. Wolf BACKHOE Mikes Frable OTHERS Mike  
 TEST HOLES USED IN SDA 2 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH 2 INLET DEPTH 3' MAX. BOT DEPTH 7 EFFECTIVE SW 4

$4DR = \frac{600}{0.3} = 2000 \div 2 = 1000 (0.44) = 440$