

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

**APPLICATION  
FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_  
 PROPERTY ADDRESS 8121 Murphy Rd Fulton MD  
STREET TOWN ZIP  
 TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT NO. 1 PROPOSED LOT SIZE (ACRES) \_\_\_\_\_  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)** Paul + Ann Scholz  
 DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_

**APPLICANT** Fogles Septic RELATIONSHIP TO OWNER: None  
 DAYTIME PHONE 410-795-5670 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 MAILING ADDRESS 580 Obrecht Rd Sykesville, MD 21074  
STREET CITY, STATE ZIP

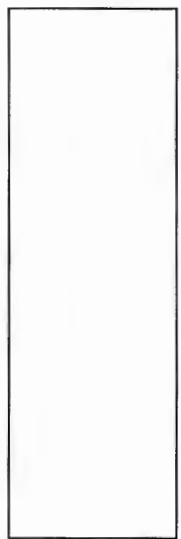
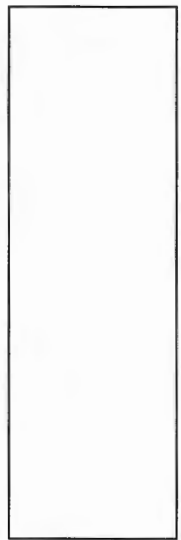
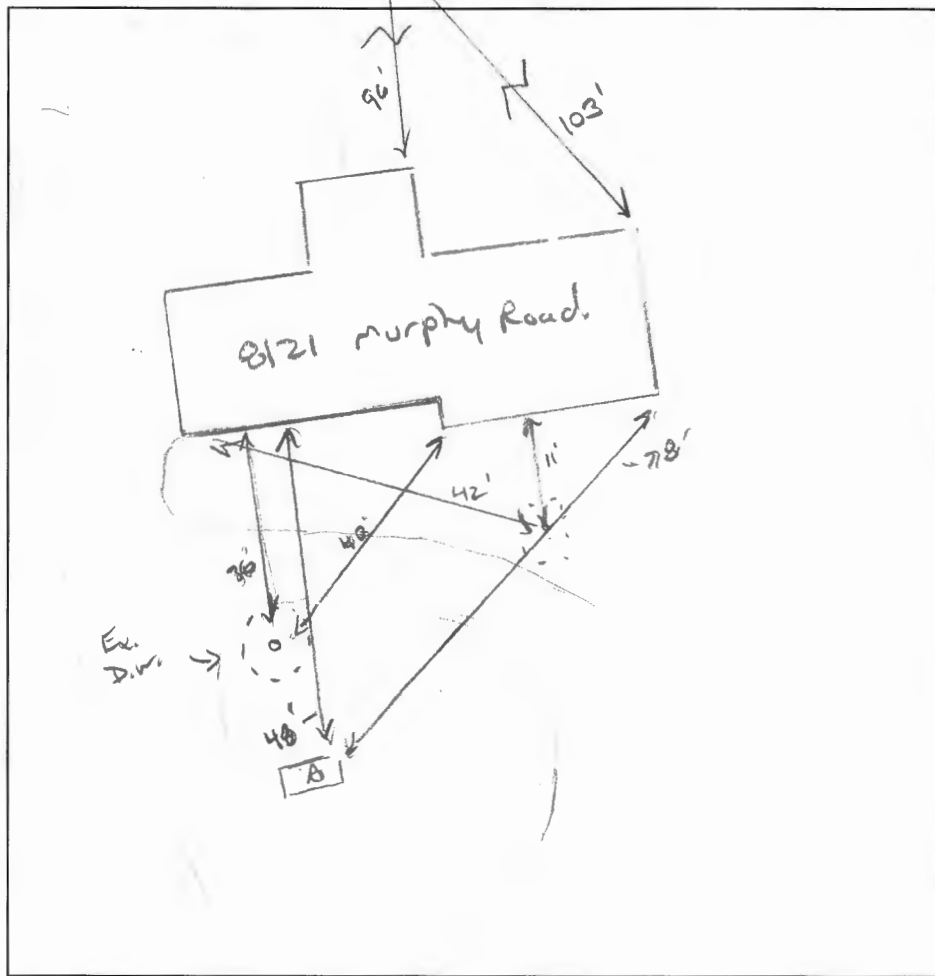
**I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):**

- 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 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.

Jeff Palmer 4-5-23  
 SIGNATURE OF APPLICANT DATE



(A)

2' 11 Br 26, m/c 20/20 CS, roots 15% ra. measures

5' 11 Br/Y L W/L 5 BK Friddle 15% ra, 15% sup measures

8' 11 Br/Y SL W/L 6 PL, 15% ra

10' 11 Br/Y FLS W/L 5 BK

16'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/25/2023	(A)	5' 3" / 16"	00:02	00:08	00:15	7	P
		1/20 pound		16		< 5mp	P

REMARKS Ex. D.W. failed. New well drilled in 2009.

SANITARIAN K. Wolf BACKHOE Ricky OTHERS owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME 7 SQ. FT/BR 0.3

TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 9' EFFECTIVE SW 5 (1.3)

$4 BR = \frac{600}{0.2} = 750 \div 2 = 375 (1.3) = 135$       105