



Bureau of Environmental Health  
 8930 Stanford Blvd | Columbia, MD 21045  
 410.313.2640 - Voice/Relay  
 410.313.2648 - Fax  
 1.866.313.6300 - Toll Free

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

**APPLICATION**

**FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_

PROPERTY ADDRESS 7139 Pindell School Rd Fulton 20759  
STREET TOWN ZIP

TAX ACCOUNT # 05-367069 TAX MAP 0041 GRID 0009 PARCEL 0145 LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) 1.242 ac

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)** Tom Sittner

DAYTIME PHONE \_\_\_\_\_ CELL 301-672-5829 EMAIL tsittner69@yahoo.com

MAILING ADDRESS 7139 Pindell School Rd Fulton, MD 20759  
STREET CITY, STATE ZIP

**APPLICANT** Fogle's Septic Clean, Inc. RELATIONSHIP TO OWNER: Septic Contractor

DAYTIME PHONE 410-795-5670 CELL \_\_\_\_\_ EMAIL john@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville, 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 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

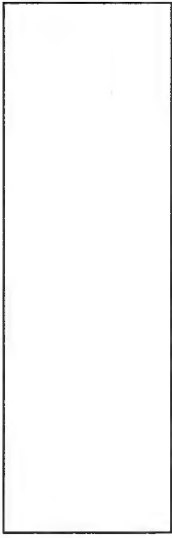
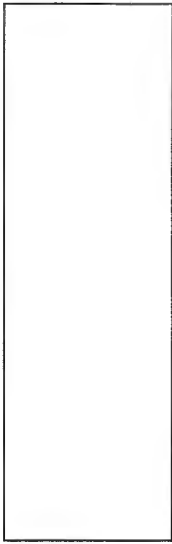
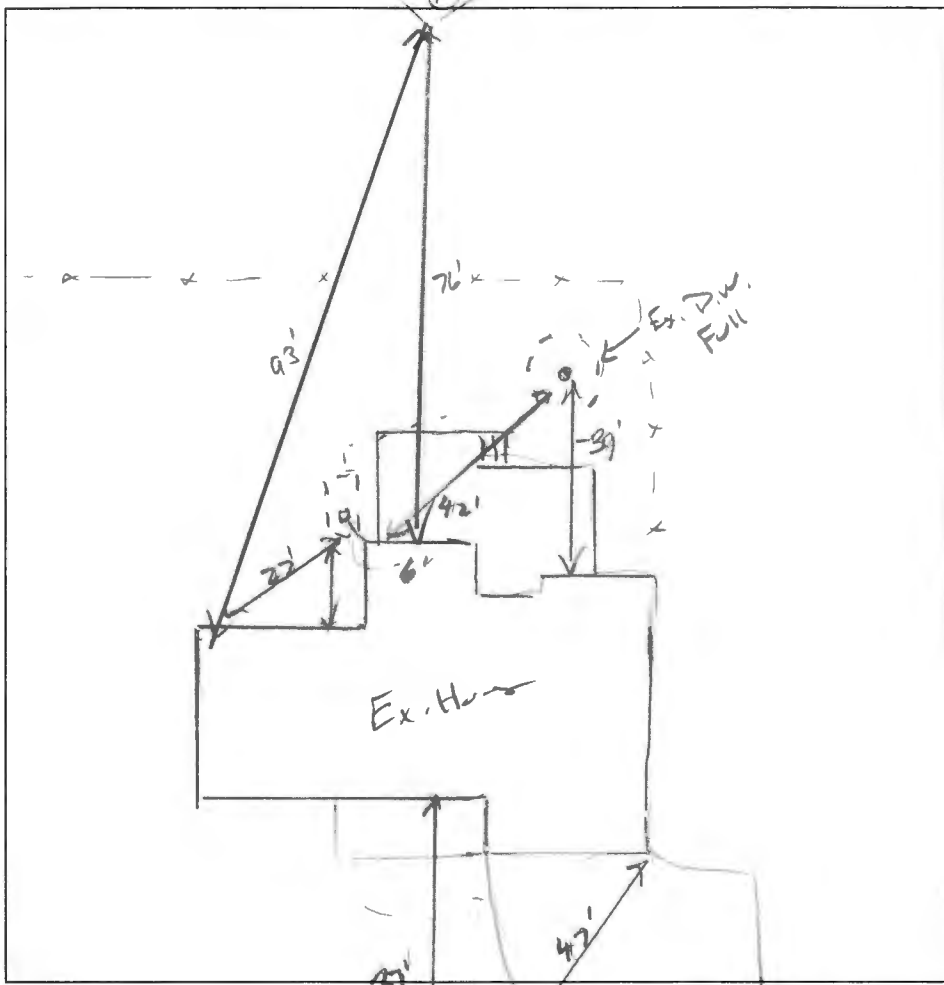
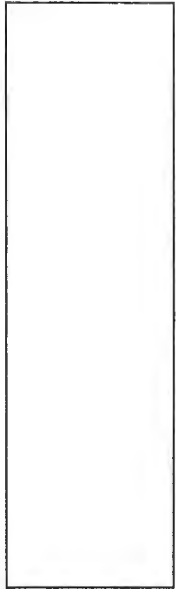
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

7/18/23

DATE



(A)  
 Deck Brk/rd cl  
 m cosnk  
 route  
 10" / rd 2  
 2" x 50K,  
 3" x 4", CW  
 ch. w/s  
 1" B / rd SL  
 WK CO SLK  
 F. Wd  
 15% CR  
 14" x 14" area  
 may area  
 1" BR / rd SL  
 WK CO PL  
 Frable  
 14" x 14" area  
 15% S, probe

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/28/2023			↓ Ex. Well				
	(A)	5' 14 7/8"	00:40	00:41	00:42	1	H
	re probe		00:43	00:45	00:47	2	P

REMARKS \_\_\_\_\_

SANITARIAN Ki vol/f BACKHOE Same = 1-2 hrs OTHERS own

TEST HOLES USED IN SDA 1 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR 1.2

TRENCH WIDTH 3' INLET DEPTH 3.5' MAX. BOT DEPTH 7' EFFECTIVE SW 4.5'-7'

$$\frac{4BR}{12} = \frac{600}{12} = 500 \div 3 = 167 (1.55) = 92 (2 \times 46)$$

14 7/8"



9/19/2023

Received PIZ of crushed  
drywell from contractor

Ⓢ