



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 15110 Old Frederick Rd Woodbine 21797  
STREET TOWN ZIP  
 TAX ACCOUNT # 04-310985 TAX MAP 8 GRID 3 PARCEL 23 LOT NO. \_\_\_\_\_ PROPOSED LOT  
SIZE (ACRES) \_\_\_\_\_  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)** Carolyn Skeith

DAYTIME PHONE 410-489-7924 CELL 410-707-0665 EMAIL skeithretired@aol.com  
 MAILING ADDRESS same as above  
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.

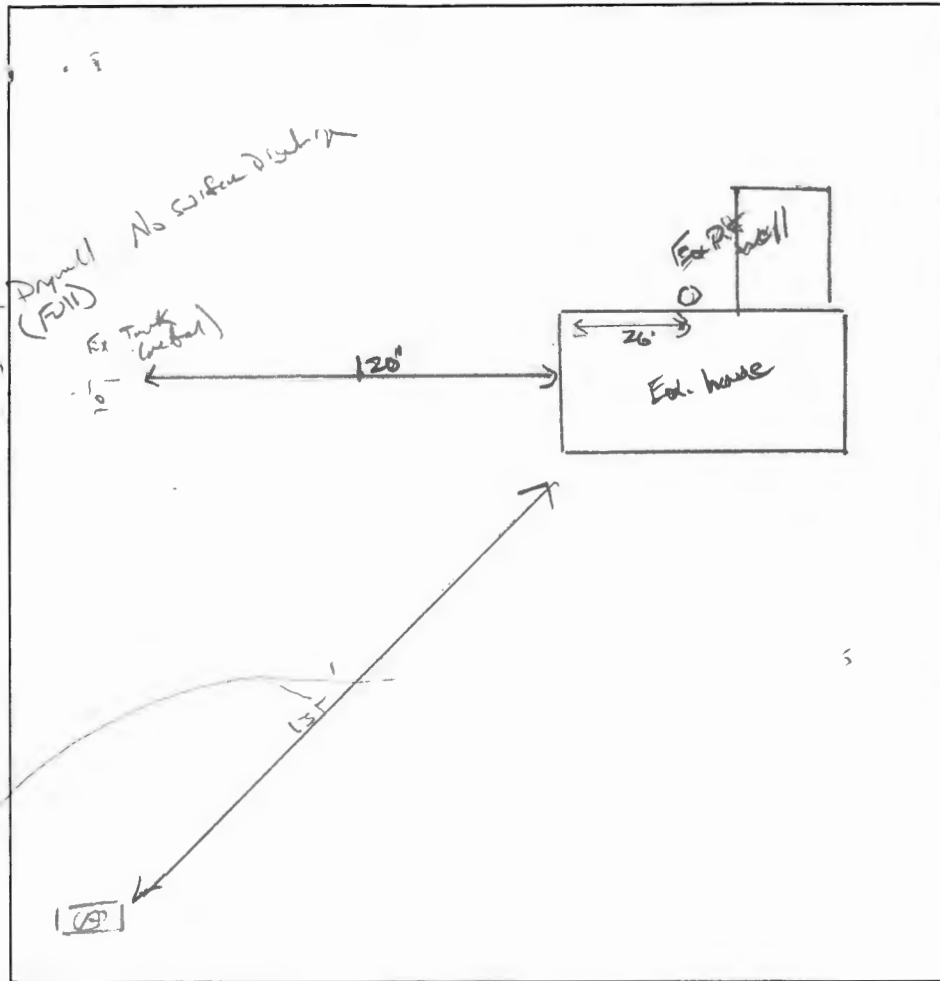
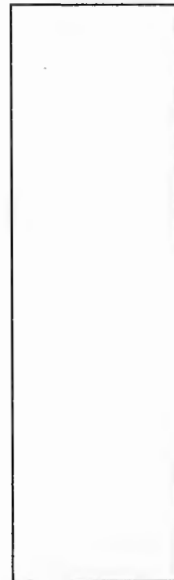
5/30/2024

SIGNATURE OF APPLICANT

DATE



①  
 2' lib L, WKC SBK, roots, few Rk.  
 4' lib Y L, WKC SBK, friable, 10% Sprinkle channels  
 B/Y/R SL, Wk FPL, friable, micaceous, 15% Sprinkle, 10% rock channels



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/7/2024	①	4' / 14' V	00:53	00:55	00:59	4	P
		H <sub>2</sub> O	poored @ 14'			~7mp	P

REMARKS Ex. metal tank, old Drivell w/ concrete 2' high.  
 SANITARIAN K. Wolf BACKHOE Ricky Colton OTHERS help

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

TRENCH WIDTH 2' INLET DEPTH 3' MAX. BOT DEPTH 7 EFFECTIVE SW 4-7 (.44)

$$MBR = \frac{600}{1.2} = 500 \div 2 = 250 (.44) = 110 LF$$

