

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

AS 9538

**APPLICATION**

**FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

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

PROPERTY ADDRESS 11809 Triadelphia Rd Elliott City 21042  
STREET TOWN ZIP

TAX ACCOUNT # 289305 TAX MAP 16 GRID 20 PARCEL 238 LOT NO. 76 PROPOSED LOT SIZE (ACRES) \_\_\_\_\_

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

PROPERTY OWNER(S) Rhyan Ganel

DAYTIME PHONE 410-491-7147 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 11809 Triadelphia Elliott City 21042  
STREET CITY, STATE ZIP

APPLICANT Fogles Septic Pleaw RELATIONSHIP TO OWNER: Contractor

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

MAILING ADDRESS 530 Choccolt Rd Sykesville 21781  
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 5 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] 6/1/21  
 SIGNATURE OF APPLICANT DATE

*PO 1538*

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

**INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE**

**Reason for Request:**

- Failing System
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- Collapsed septic tank
- Collapsed drywell

**Has the septic tank been pumped within the last month?**

\_\_\_ Yes      Date pumped: \_\_\_\_\_  
\_\_\_ No

**Was a visual inspection of the septic tank and/or drain fields conducted?**

\_\_\_ Yes      Explain observation: \_\_\_\_\_  
\_\_\_ No

**Existing system design**

- Drywell
- Trench
- Mound
- Unknown
- Other: \_\_\_\_\_

**Was a visual inspection of the sewage line conducted?**

\_\_\_ Yes  
\_\_\_ No

**Blockage Leading to the field**

\_\_\_ Yes      Explain \_\_\_\_\_  
\_\_\_ No

**Is discharge surfacing on the ground?**

\_\_\_ Yes  
\_\_\_ No

**Additional Comments:**

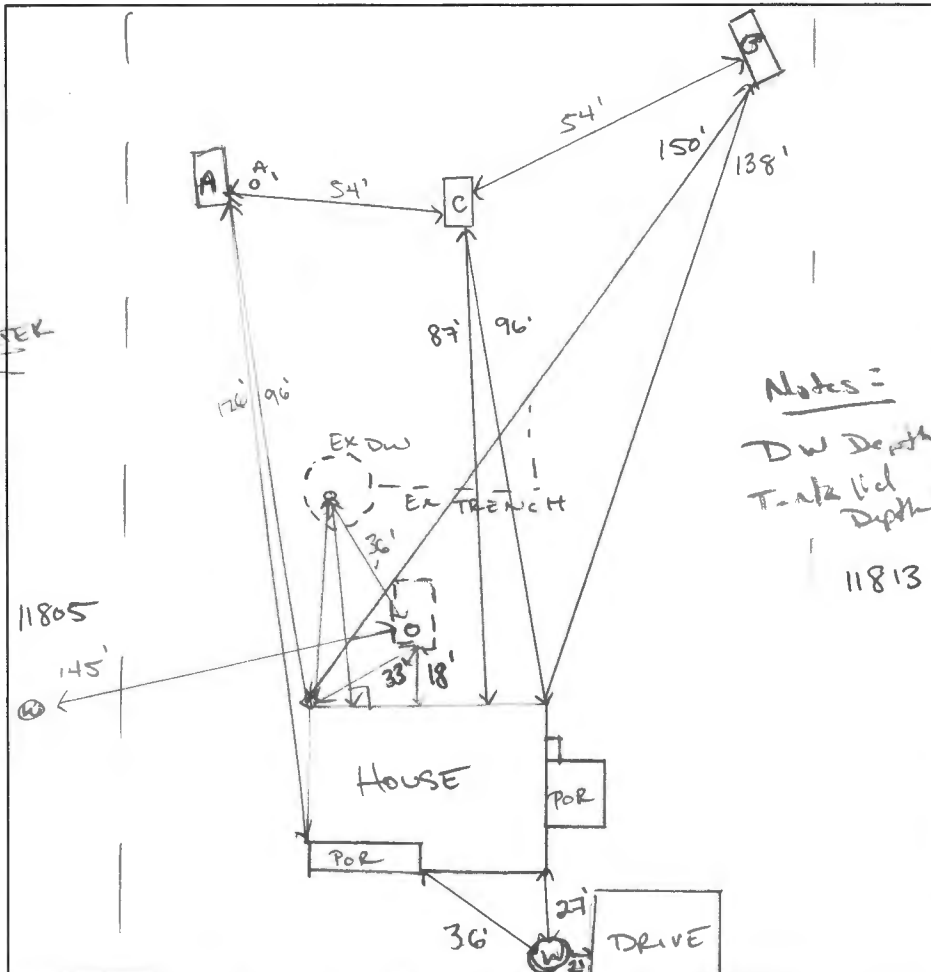
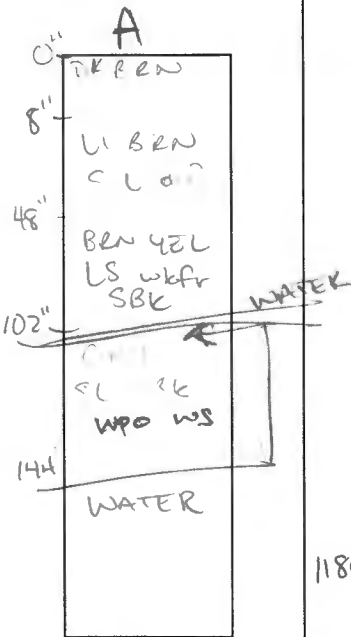
\_\_\_\_\_  
\_\_\_\_\_

\*For REPAIRS, are the owners proposing, or do they plan to add in the future any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulations.

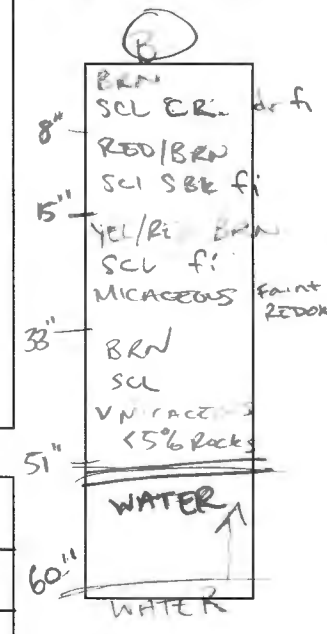
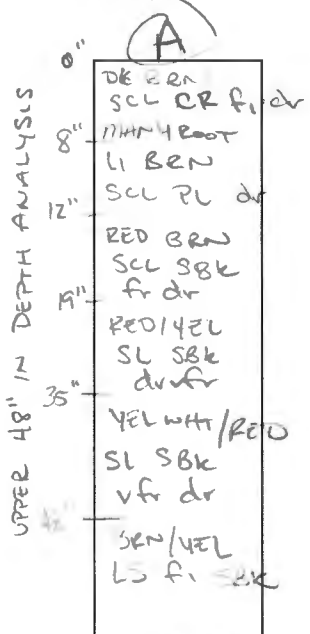
Septic Contractor: Fogle's Septic Clean      Contractor's Phone: 410-795-5670  
 Contractor's Address: 580 Obrecht Rd      Sykesville  
 Property Address: 11809 Triadelphia Rd      County File: \_\_\_\_\_  
 Subdivision: Evergreen Estates      Lot: 76      Year Built: 1969  
 Owner's Name: Rhyan Garet      Existing bedrooms: 5  
 Name of previous owners: Maha Murali      Existing bedrooms: \_\_\_\_\_  
    Proposed bedrooms: \_\_\_\_\_

\*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.  
 \*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.\*  
 Print out a copy of Real Property Data via Dept. of Taxation website \_\_\_\_\_ Indexed file found \_\_\_\_\_  
 If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.  
 No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency exists.  
 The contractor is to notify the office of the emergency as soon as possible.

2/2020



Notes =  
 DW Depth =  
 Tank lid Depth =  
 11813



SHELF/BOTTOM TRIADELPHIA ROAD

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
06/10/2021	A	4" / 8.5'	0:00	5:00	14:30	9:30	P
06/10/2021	A	2.5' / 8.5'	0:00	<40m			
06/10/2021	A <sub>1</sub>	1" / 1'	0:00	8:30	28:30	20:00	P
06/10/2021	B	WET SEASON SOIL, I+A / SAND MOUND REGION					
06/10/2021	C	VISUAL TO CONFIRM TREATMENT AREA BETWEEN A + C					4BR

LINEAR FEET CALC

0.8 w/ 0 SIDE WALL  
 $\frac{5.150 - 937.5}{0.8} = 336$

0.6 RATE 25' SIDE WALL  
 $417 = 2301$   
 $333 = 184'$   
 1.5' SIDE WALL  
 $= 297'$   
 $= 237'$

**C**  
 VISUAL SAME AS A.

REMARKS PUMP SYSTEM (REQ BAT FOR GROUNDWATER) (CONSIDER 1<sup>ST</sup> REP SYSTEM BETWEEN A + C)  
 SANITARIAN CABANUG BACKHOE FOGLES OTHERS HOME OWNER  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR 4 (5)  
 TRENCH WIDTH 3' INLET DEPTH 1.5' MAX. BOT DEPTH 4' EFFECTIVE SW \_\_\_\_\_

PERC B AREA MAY BE I+A / SANDMOUND  
 $\frac{5.150}{0.6} = 1250/3 = 417'$   
 $4 = 1000/2 = 333'$