



Bureau of Environmental Health
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1587929

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Glenwood Springs

PROPERTY ADDRESS 2839 Shadow Roll Ct Glenwood 21738
STREET TOWN ZIP

TAX ACCOUNT # 04-346750 TAX MAP 14 GRID 17 PARCEL 229 LOT NO. 30 PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Kerri & Damon O'Toole

DAYTIME PHONE 443-285-9760 CELL _____ EMAIL kerri@the-otooles.net

MAILING ADDRESS 2839 Shadow Roll Ct Glenwood, MD 21738
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 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.

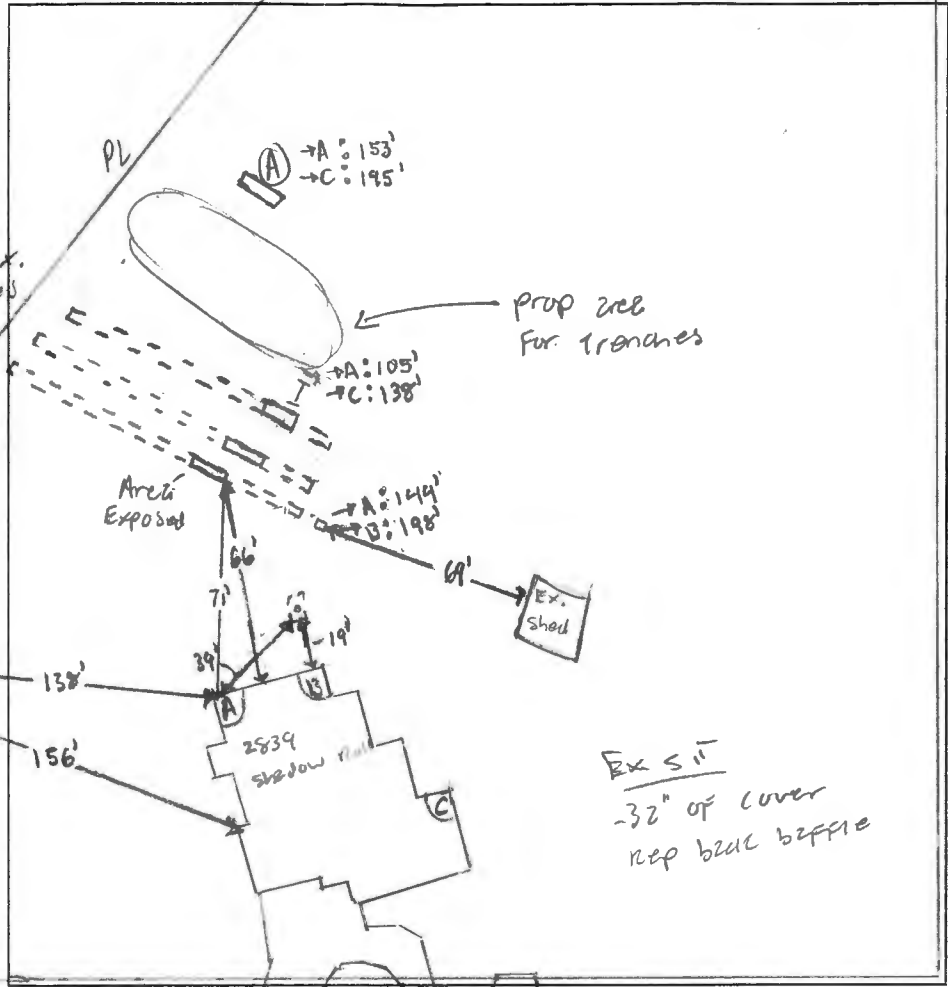
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.



 SIGNATURE OF APPLICANT

1/17/2025

 DATE



HO-81-2684

- (A)
- 12" DRK BR clay loam
- Red Br SL CLAY 102m
- 3' WK SBK CK MicG
- Light BROWN/red FSIL WK F PL MicG
- 4' P20 Light Brown/Yellow VFSI, WK F PL channery
- 8' LIBRY VFSL WK F PL micaceous channery
- 14' Paint red & low Chrome

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/4/2025	(A)	4'8" / 14"	00:55	00:58	01:02	4 min	P

REMARKS H10 will enter rest of Sell home. Also found 2 (20) litres near (B) on home, could not confirm where found.
 SANITARIAN R. Wolf / Shop P BACKHOE Ricky = Fogles OTHERS Helper / owner

TEST HOLES USED IN SDA 1 AVG. PERC TIME 4 SQ. FT/BR 1.2 gal / ft²

TRENCH WIDTH 2' INLET DEPTH 3' MAX. BOT DEPTH 8' EFFECTIVE SW 5'-8" (.44)

5BR Design = $\frac{750 \text{ gal}}{1.2 \text{ gal/ft}^2} = 625 \text{ ft}^2 \div 2 = 312.5 \text{ ft} (.44) = 138 (2 \times 70)$