

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 Spring Hollow
 PROPERTY ADDRESS 17104 Spring Hollow Ct Mt. Airy 21771
STREET TOWN ZIP
 TAX ACCOUNT # 04-362845 TAX MAP 7 GRID 8 PARCEL 528 LOT NO. 12 PROPOSED LOT
 ZONING CATEGORY _____ TIER _____ SIZE (ACRES) _____

PROPERTY OWNER(S)

Jaime Lynch
 DAYTIME PHONE 443-845-0121 CELL _____ EMAIL jaime.cheret@gmail.com
 MAILING ADDRESS _____
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] 8/15/2024
 SIGNATURE OF APPLICANT DATE

WS - Spring Hollow Court 17104 - perc App. 2024
 783

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO 12

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Willis Lambert Cissel Jr
(SIGNATURE OF APPLICANT)



HOWARD COUNTY HEALTH DEPARTMENT

86784

CASH
 CHECK

CODES

DATE 8/15/24

A5

Received From Fogles Septic Clean Inc
For perc - 17104 Spring Harvest

NO. 80618

Two Hundred Fifty Five Dollars

\$ 205.00

Received By Heather Jay

HD-216

PERMIT

COUNTY #

SOIL PROFILE

599

dark red orange SiClM 10% Rx

1gt brown tan SiLM 20% Rx

>50% rock refusal

600 776

orange red SiClM 10% Shale

1gt orange pink SiLM micaceous 20% Shale refusal

475

orange brown SiClM

40% Shale Saprolite tan orange SiLM

SOIL PROFILE

598

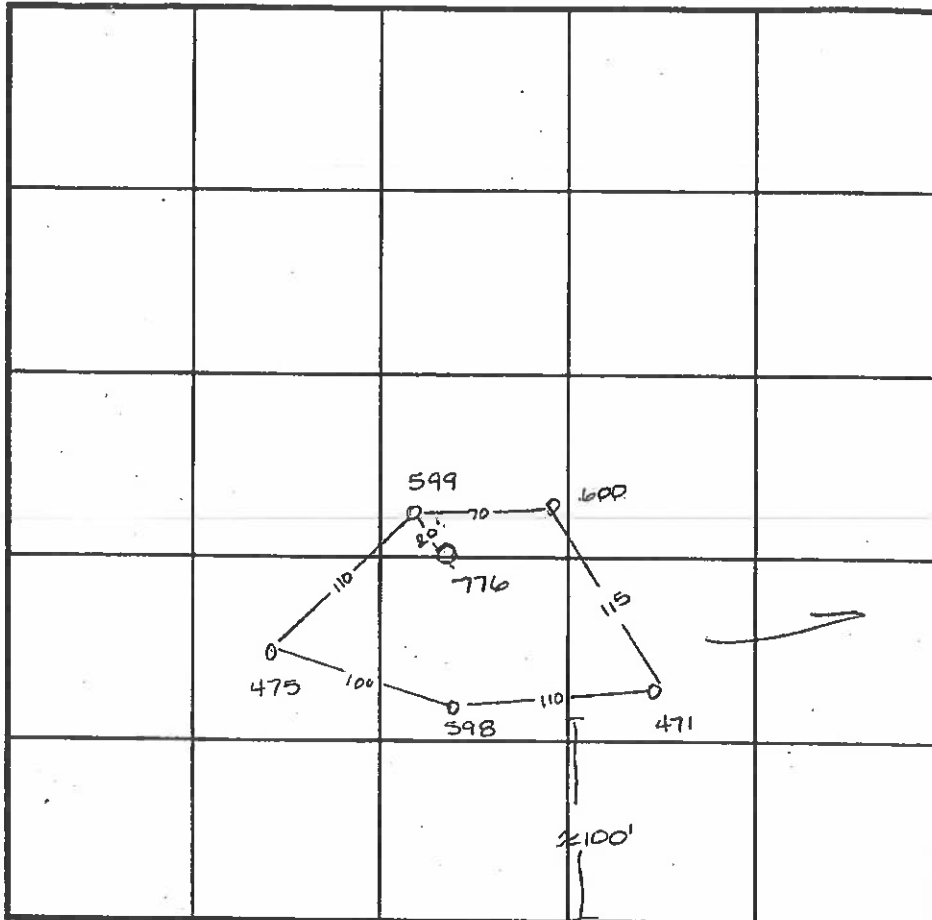
orange red SiClM 10% Shale

1gt orange pink SiLM micaceous 20% Shale refusal

orange red SiClM 15% shade

1gt yellow pink SiLM 20% Shale

30% Shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8-20-96	599	3.0 / 9.0	11:45	11:47 ³⁰	11:47 ³⁰	11:49 ³⁰	2min	
		insufficient depth to bedrock & fast perc times						F
	600	Visual	to 11.5 - see profile -				OK	
	475	2.5 / 11.0	11:38 ³⁰	11:40	11:40	11:42	2min	
	598	3.5 / 10.5	10:56	10:56 ³⁰	10:36 ³⁰	10:57 ⁴⁵	1 1/4 min	
	471	3.5 / 11.5	10:01	10:01 ³⁰	10:01 ³⁰	10:02 ³⁰	1min	
10-16-97	776	Visual	to 11.5 see profile -				OK	

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

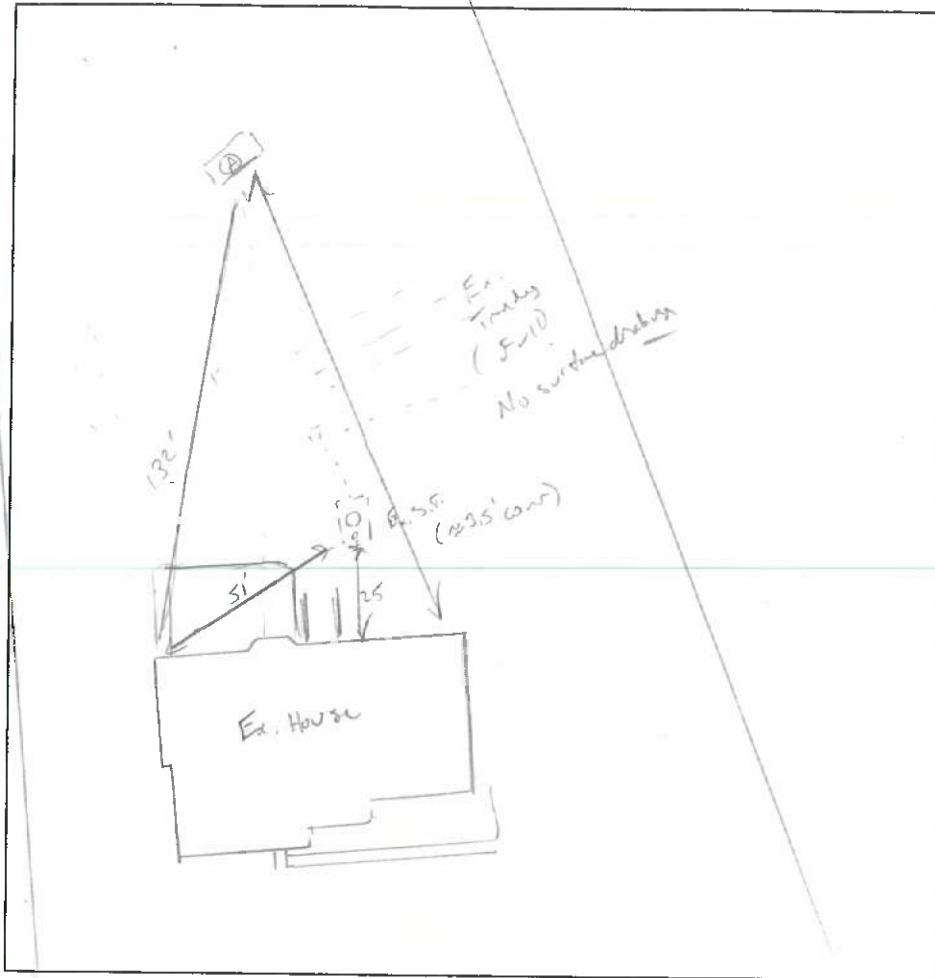
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



- 12"
- 3'
- 13'
- (A)
- 1 lb br km
WKC, SBK,
SS 1/4"
- 4/Br. SICK
246 SBK, SS
- Br SICK,
Dense mGSok
Fruite,
cherry
- 1/Br 1/4 SIK
WKC pL.
20% suprolite
- 1/Br VFSIL
25% sp
cherry

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/5/2024	(A)	6'10" 13'v	00:45	00:51	00:53	7	P
		H2O pond @ 13'				~10mp	P

SS = slightly sandy

REMARKS Ex. tanks full, Homeland inspection report.

SANITARIAN K. Wolf BACKHOE mike OTHERS Helpers

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

TRENCH WIDTH 3 INLET DEPTH 3' MAX. BOT DEPTH 9' EFFECTIVE SW 6.5-9' (.55)

4BR = $\frac{600}{0.3} = 750 \div 3 = 250 (.55) \div 138$

