



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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME
PROPERTY ADDRESS 1029 Day Rd Sykesville, MD 21784
TAX ACCOUNT # 03-283968 TAX MAP 9 GRID PARCEL 287 LOT NO. 33 PROPOSED LOT SIZE (ACRES)
ZONING CATEGORY TIER

PROPERTY OWNER(S) Wendy Higgins
DAYTIME PHONE 301-807-7569 CELL EMAIL wendybiz@verizon.net
MAILING ADDRESS 1029 Day Rd Sykesville, MD 21784

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

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 (see note*) EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE * Main house - 3 bedrooms ADU Apartment - 1 bedroom
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

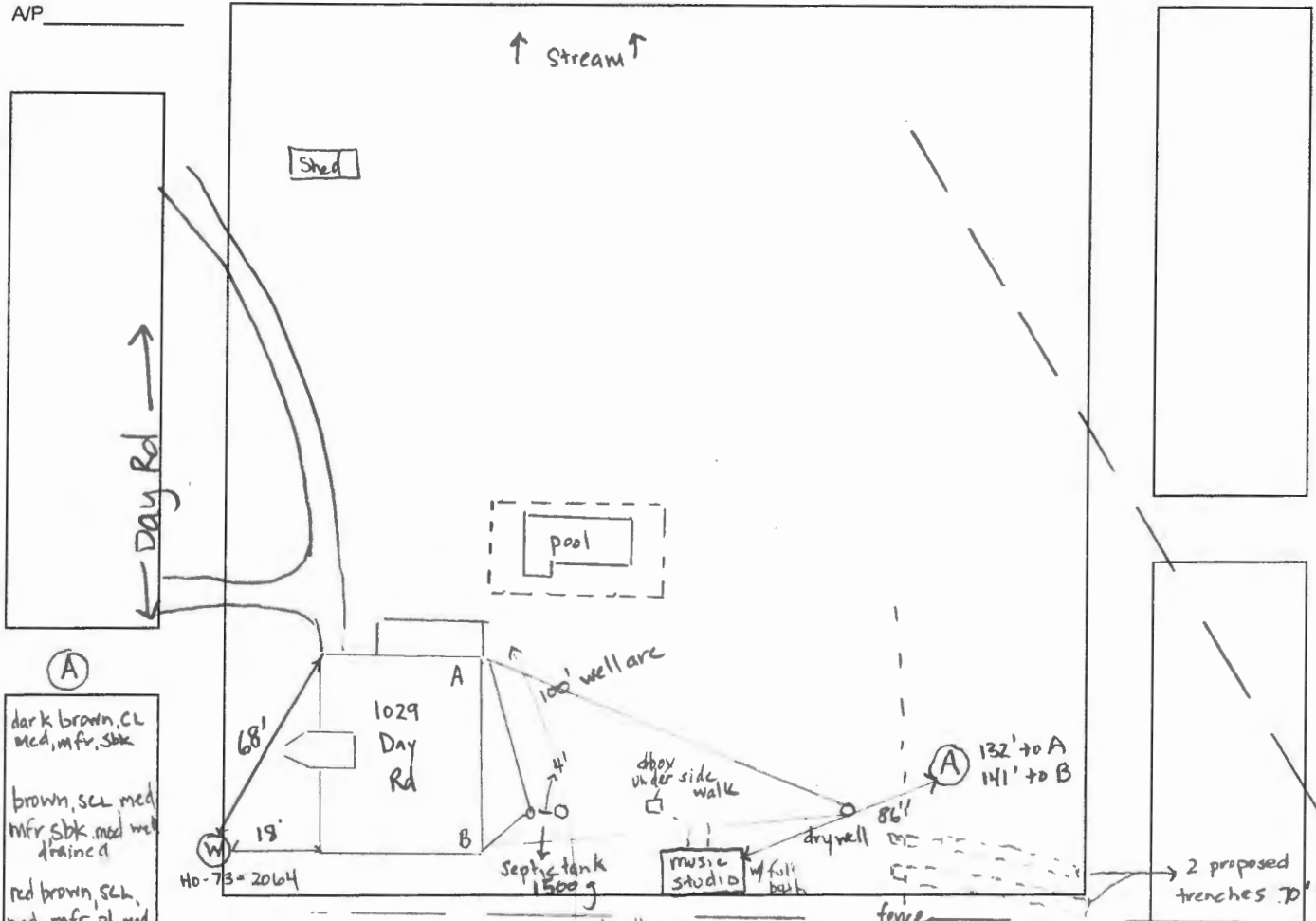
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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 DATE 3/25/2025

1029 DAY ROAD

AVP _____



- (A)
- 0-1' dark brown, CL med, mfr, sbk
- 1'-3' brown, scl med mfr sbk med well drained
- 3'-6' red brown, scl med, mfr, pl, med well drained
- 6'-9' red brown, scl med, mfr, sbk well drained
- 9'-14' red brown, scl med, mfr, sbk med well drained
14' bottom well drained

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/10/2025	A	4'	10:38	10:42	10:47	5min	P
4/10/2025		14' bottom	10:32	Bottom water pour	10:36	4min	P
(no water intrusion on up to 14')							

Music Studio
Septic line discharges into a dbox and solids discharged into drywell causing failure

REMARKS (work completed in past) failing dry well due to unpermitted septic work when full bath installed in music studio
 SANITARIAN R. Rappaport & S. Page BACKHOE Fogles-Ricky Carlson OTHERS Kevin w/fogles
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 5min SQ. FT/BR 5 or 6 br.
 TRENCH WIDTH 2 INLET DEPTH 2.5'-3' MAX. BOT DEPTH 7' or 8' EFFECTIVE SW 3' or 4'
 5br. $\frac{150 \times 5}{1.2} = 625' \div 2' = 313' \times .44 (\text{sw } 4'-7') = 138' (2 \text{ trenches @ } 69' \text{ each})$

2 proposed trenches 70' each

Fogles will propose: 5 bedroom
& 6 bedroom systems to homeowners

