

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

**APPLICATION**  
**FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_  
 PROPERTY ADDRESS 3918 Clarks Meadow Dr Glenwood 21738  
STREET TOWN ZIP  
 TAX ACCOUNT # 370880 TAX MAP 21 GRID 17 PARCEL 271 LOT NO. 8 PROPOSED LOT SIZE (ACRES) \_\_\_\_\_  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)** Kathy Chappell  
 DAYTIME PHONE 410-370-3229 CELL \_\_\_\_\_ EMAIL Chappellfamily1@verizon.net  
 MAILING ADDRESS 3918 Clarks Meadow Glenwood 21738  
STREET CITY, STATE ZIP

**APPLICANT** Foghe's Septic Clean RELATIONSHIP TO OWNER: Contractor  
 DAYTIME PHONE 410-795-5670 CELL \_\_\_\_\_ EMAIL John@foghesinc.com/Heather@foghesinc.com  
 MAILING ADDRESS 580 Obrecht Rd Sykesville 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

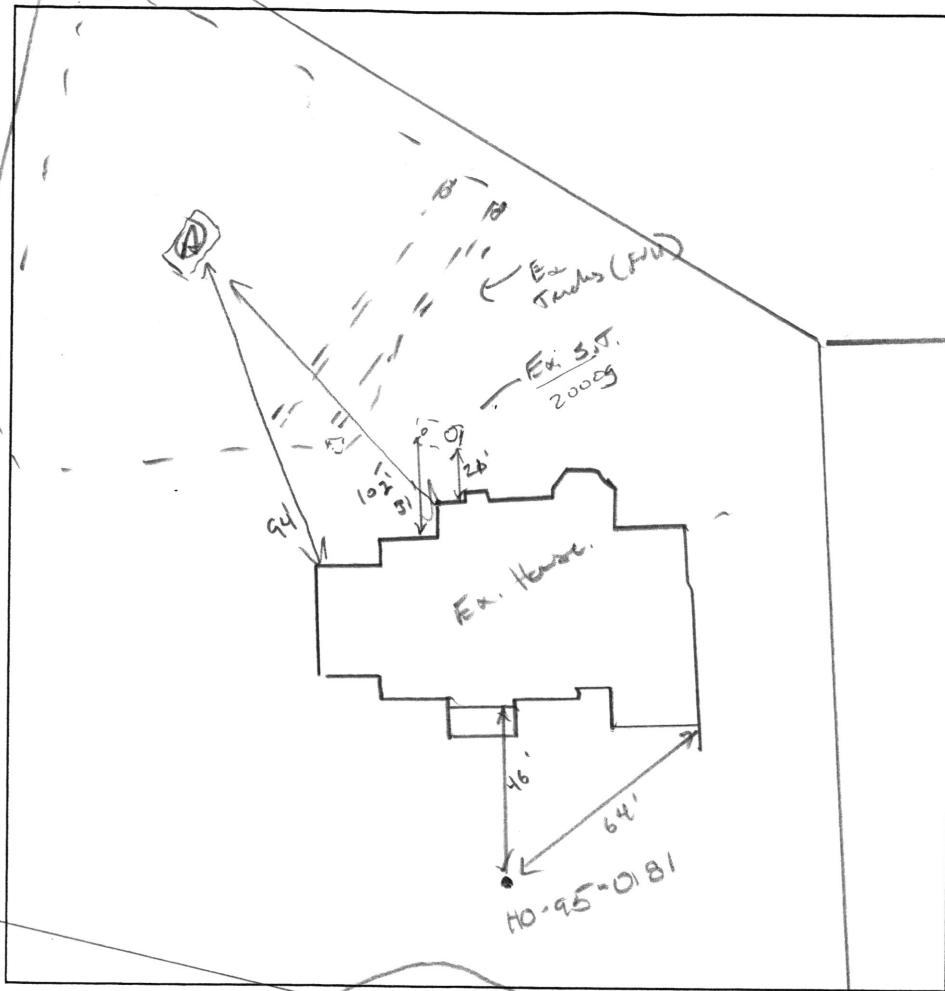
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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] \_\_\_\_\_  
 SIGNATURE OF APPLICANT DATE



2' libr/Rd SCL  
 WK to SBK  
 Frable,  
 micaceous

4' libr/Y FSL  
 WK to PL  
 Highly  
 micaceous  
 10% silt  
 chert

9' br/Y FLS  
 WK to PL  
 Highly micaceous  
 10% silt

14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/7/2025	(A)	3' 10" 14"	00:24	00:27	00:31	4	(P)
		H2O percol @ 14'				~ 5mp	P

REMARKS Ex. tanks full no surface discharge.

SANITARIAN K. Wolf BACKHOE Mike House OTHERS helper

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 4 SQ. FT/BR 1.2sqft/ft

TRENCH WIDTH 2 INLET DEPTH 3.5 MAX. BOT DEPTH 8.5 EFFECTIVE SW 4.5'-8.5'

$$G.B.R. = \frac{900}{1.2} = 750 \div 2 = 375 \cdot (.36) = 135 \text{ (or } (2 \times 68) \text{ ) } (.26)$$



517204

NOT TO SCALE

COUNTY #

SOIL PROFILE

3525

0'  
8"  
2'  
13'6"

brown topsoil  
red-brn to org-brn silty clay lm  
yellow brn silt lm  
yellow brn fine sandy lm  
10% decayed cork

3524

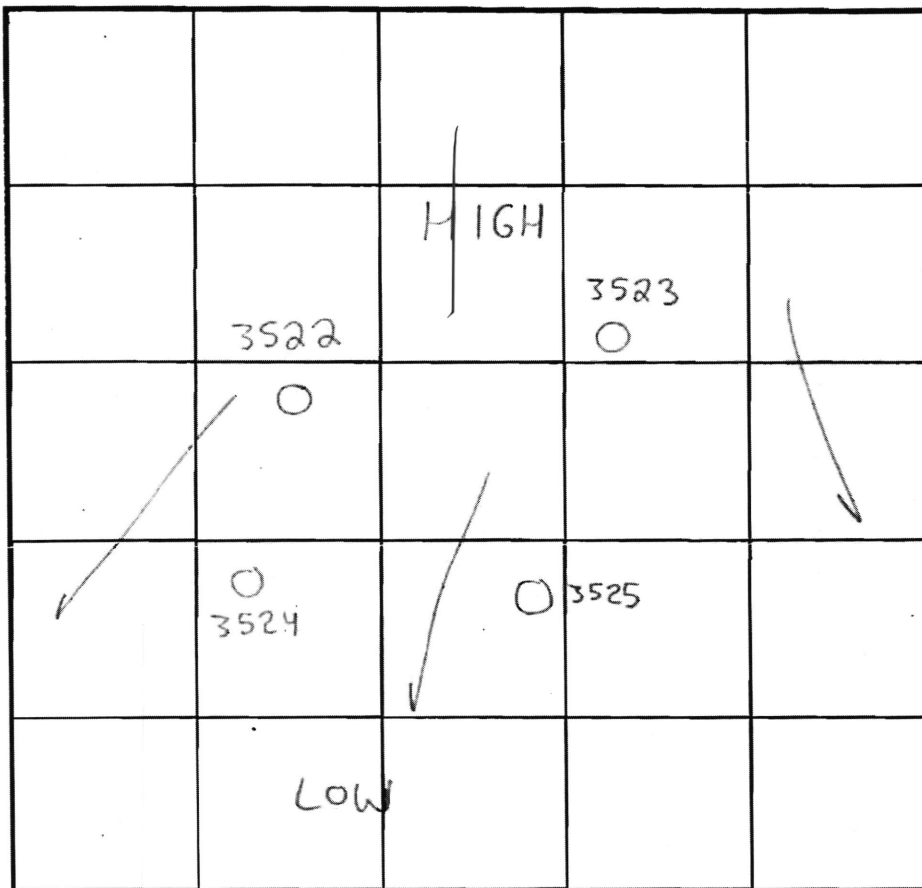
SEE 3525

SOIL PROFILE

3522

0'  
13'

SEE 3525



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/02	3525	13'6" V	(VISUAL)	OK	SEE	SOIL PROFILE)	NA OK
	3524	14' V	"	"	"	"	NA OK
	3523	13'6" V	"	"	"	"	NA OK
	3522	13' V	"	"	"	"	NA OK

REMARKS Holes consistent & textured/picked w/ trowel

TYPE OF SOIL Gently

TESTED BY SRK Donnie Simpson = Backhoe ALSO PRESENT Jim Selfridge - 12/4/02

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-7min TRENCH WIDTH 3'

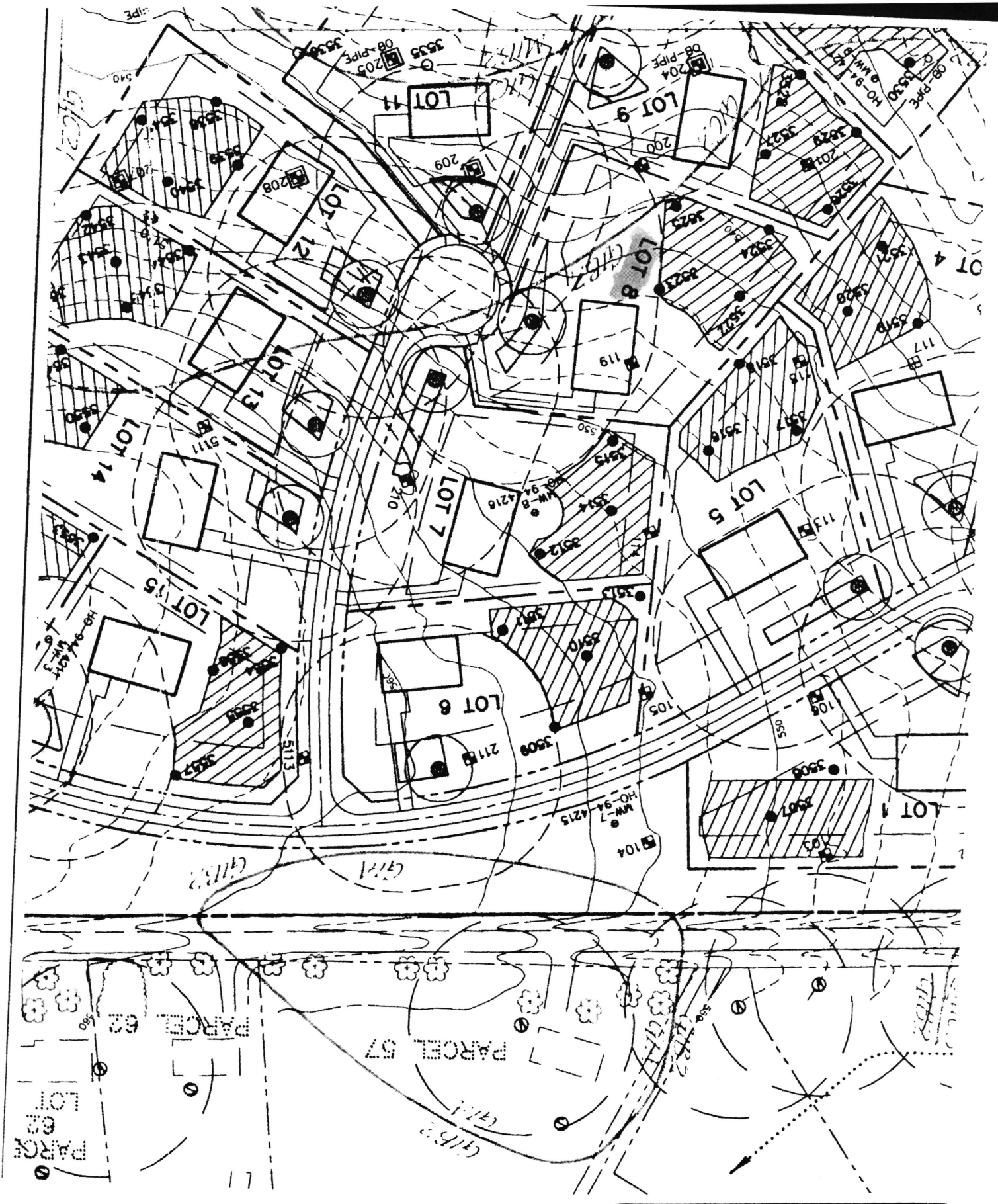
INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 5.5 SQ. FT./BEDROOM 180

Lot 8

3523

SEE 3525

13'6"



# APPLICATION

PERCOLATION TESTING

A 517904

F \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 9/5/02

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

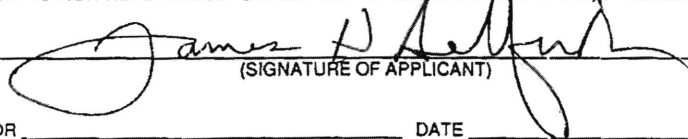
PROPERTY OWNER DORSEY MILL L.L.C.  
ADDRESS 14045 GARET DRIVE PHONE 410-531-8930  
GLENWOOD, MD 21738 PHONE FAX: 410-531-8939

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION DORSEY MILL ROAD LOT NO. \_\_\_\_\_  
ROAD AND DESCRIPTION 14445 DORSEY MILL RD, GLENWOOD, MD 21737

TAX MAP 21 PARCEL # 227  
SIZE OF LOT 53.87 AC. TYPE BLDG. SINGLE FAMILY DWELLING  
(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.

  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

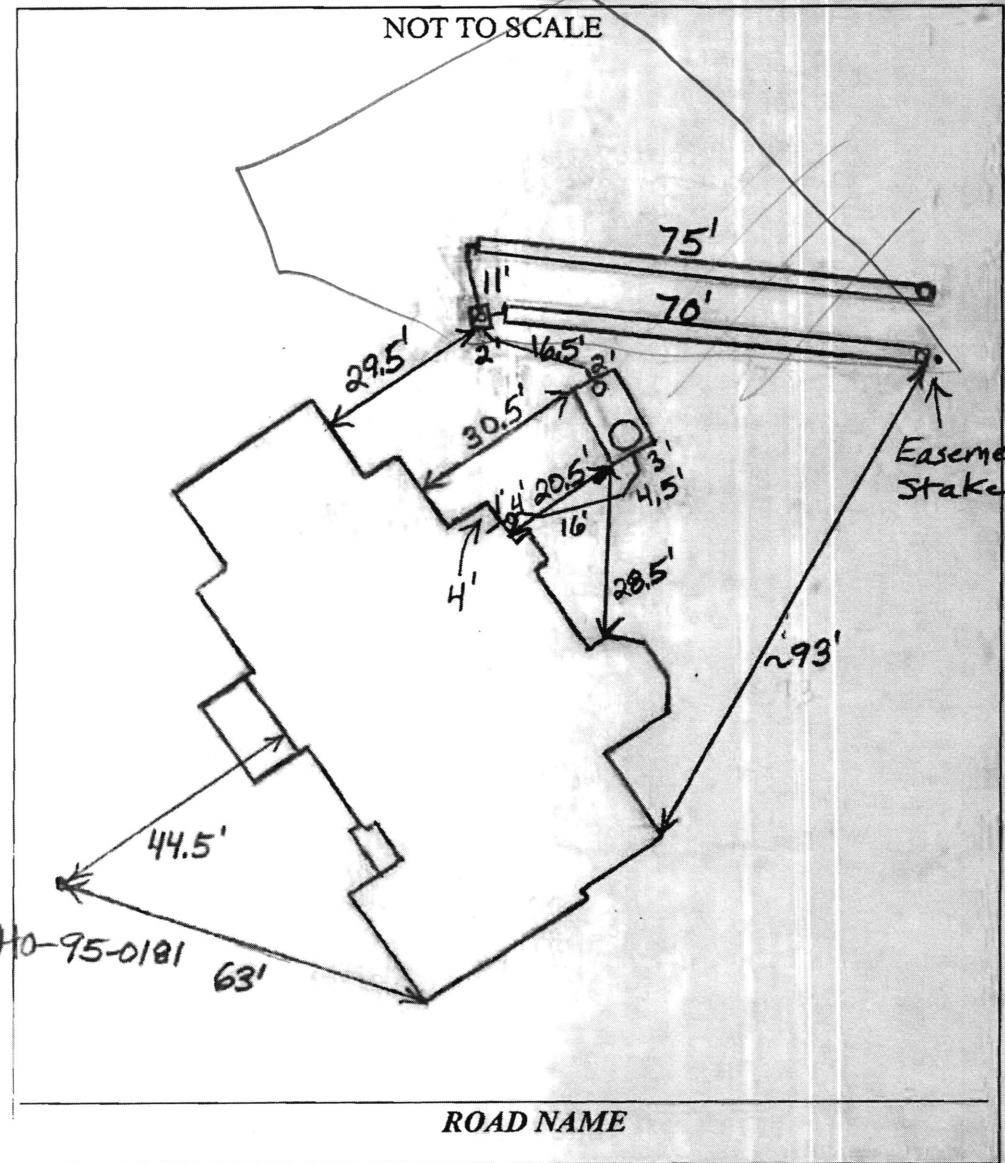
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

~ 1" = 30'

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	6'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>145'</u>		
ABSORPTION AREA <u>435+Sidewall</u>		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>2000</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>1'-2.5'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>No</u>
MANHOLE LOC	<u>Front</u>
6" PORT LOC	<u>Rear</u>
WATERTIGHT TEST	<u>No</u>
SLOTTED	<u>Yes</u>
DATE ON LID	<u>Yes</u>
PUMP/SEPTIC TANK LEVEL	<u>N/A</u>
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

5/19/09 Install a 68' and 75' trench on contour across the top of the easement. Inlet 3.5' and bottom 6'. Keep tank 20' from house and 5' from top trench. (BB)  
 5/28/09 System finished. O.K. to backfill. (BB)

INSTALLATION:

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

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 5/28/09

