

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

1545111

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT # _____

PROPERTY ADDRESS 2605 Thompson Dr
STREET

TAX ACCOUNT # 287106 TAX MAP 16 GRID 14 PARCEL 182 TOWN _____ ZIP _____
ZONING DESIGNATION 3

PROPERTY OWNER(S) William Herzog

DAYTIME PHONE 410-637-8606 CELL _____ EMAIL _____

MAILING ADDRESS 5001 St. Albans Way Baltimore Md 21212
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean, Inc RELATIONSHIP TO OWNER: Consultant

DAYTIME PHONE 410-795-5670 CELL 410-984-5211 EMAIL _____

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):

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)

PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
☐ REPAIR OR REPLACE FAILING OSDS
☐ UPGRADE EXISTING OSDS

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.

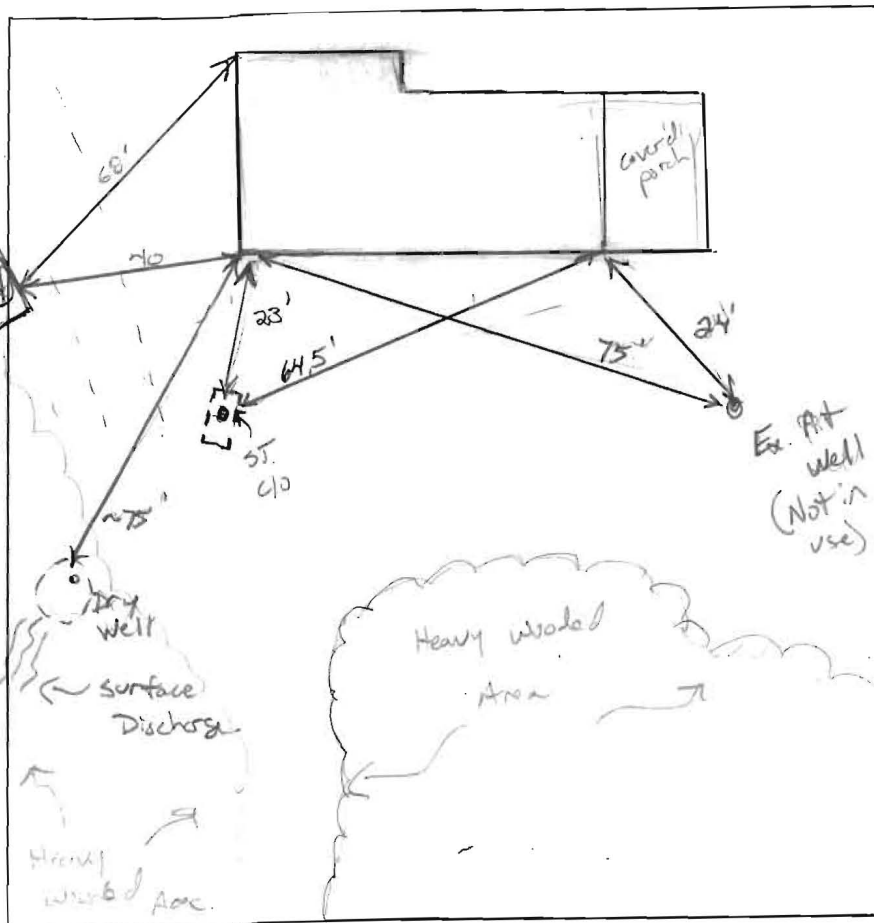
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Hunt A. Carroll

SIGNATURE OF APPLICANT

8/9/13

DATE



Any on mscik may roots

Br/Y L

some of roots

Y/Br. Sh.

10% chert

small roots

strong platy

course SL. -> sand

12' coop @ 12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/30/13	(A)	410' / 12'	11:15	11:18	11:22	4	(P)

REMARKS Heavily wooded area. Future repair will be towards but not property

SANITARIAN K. Wolf BACKHOE Fogel's OTHERS neighbor

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

TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 6 EFFECTIVE S/W 4.5'

$$4(150) = \frac{600}{1.2} = 500 \div 3 = 166.66 = 110 \text{ LF}$$

OK to install
2 x 65