

Bureau of Environmental Health  
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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

AP 545076

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT # \_\_\_\_\_

PROPERTY ADDRESS 2515 Thompson Dr Marriottsville 21104  
STREET TOWN ZIP

TAX ACCOUNT # 280756 TAX MAP 14 GRID 8 PARCEL 233 ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) George Boteler

DAYTIME PHONE 410-707-4082 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 2515 Thompson Dr Marriottsville Md 21104  
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 3 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.

Fogle's Septic Clean

SIGNATURE OF APPLICANT

6/24/13

DATE

21104

Proposed Trench Pipe

AP

①

Bad  
TOPO

10-2-

(B)

Water seeps wall 9' failure

dieborn L

2.5 / brn L. common mica

3.5 yel-red ls  
yel-brn sl  
few mice

6	pale brown ls	
	low mica	

7.5	grey-brn lfs
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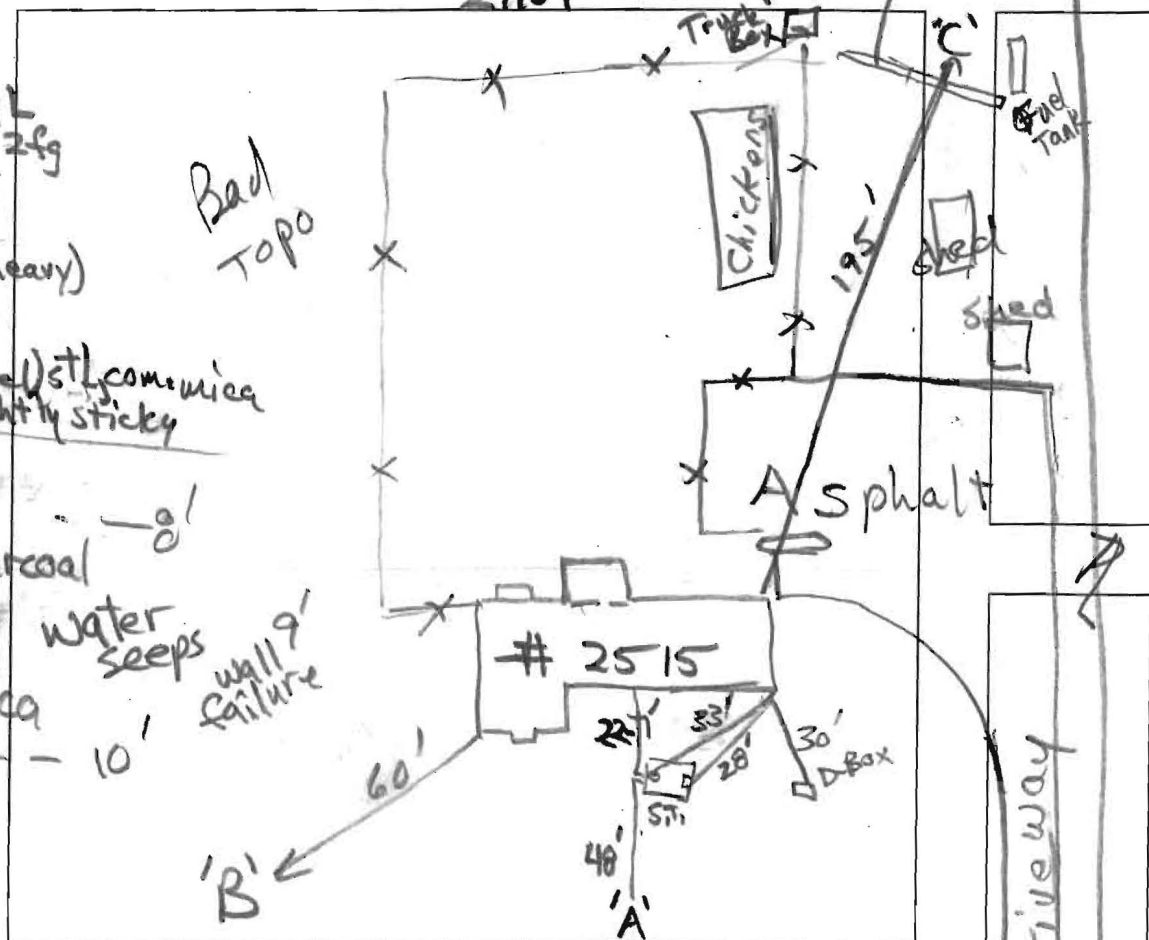
toyed - ted. Its  
many mica

12. It. grey ls

13. математика

Greyrock  
Scented

10

[illegible]

REMARKS

SANITARIAN

BACKHOF

OTHERS

Marcia Bateler

### TEST HOLES USED IN SDA

AVG PERC TIME

SO ET/BR

TRENCH WIDTH

INLET DEPTH

MAX BOT DEPTH

EFFECTIVE SM

R	H. grey	Is	REMARKS			
			SANITARIAN	BACKHOE	OTHERS	
			R. Bricker	Samie	Kevin	Marcia Bate

TEST HOLES USED IN SDA 10 AVG. PERC TIME 55 SQ. FT/BR 125

TRENCH WIDTH 2 INLET DEPTH 2.5 MAX. BOT DEPTH 8 EFFECTIVE SW 5.5