



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AGENCY REVIEW: \_\_\_\_\_

AP 558754  
DATE 6/3/16

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)  
☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM  
☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)  
☐ ADDITION TO AN EXISTING STRUCTURE  
☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)  
☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION  
☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES  
☐ NO

THE TYPE OF STRUCTURE IS:

- ☐ RESIDENTIAL WITH \_\_\_\_\_ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)  
☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)  
☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) McGowan

DAYTIME PHONE 410-442-5789 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 11849 Ramsburg Rd Marriottsville Md 21104  
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic Clean

DAYTIME PHONE 410-795-5670 CELL \_\_\_\_\_ FAX 410-795-3432

MAILING ADDRESS 580 Obrecht Rd Sykesville Md 21784  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT  
Installer

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME 11849 Ramsburg Rd LOT NO. 22

PROPERTY ADDRESS 11849 Ramsburg Rd 21104  
STREET TOWN/POST OFFICE

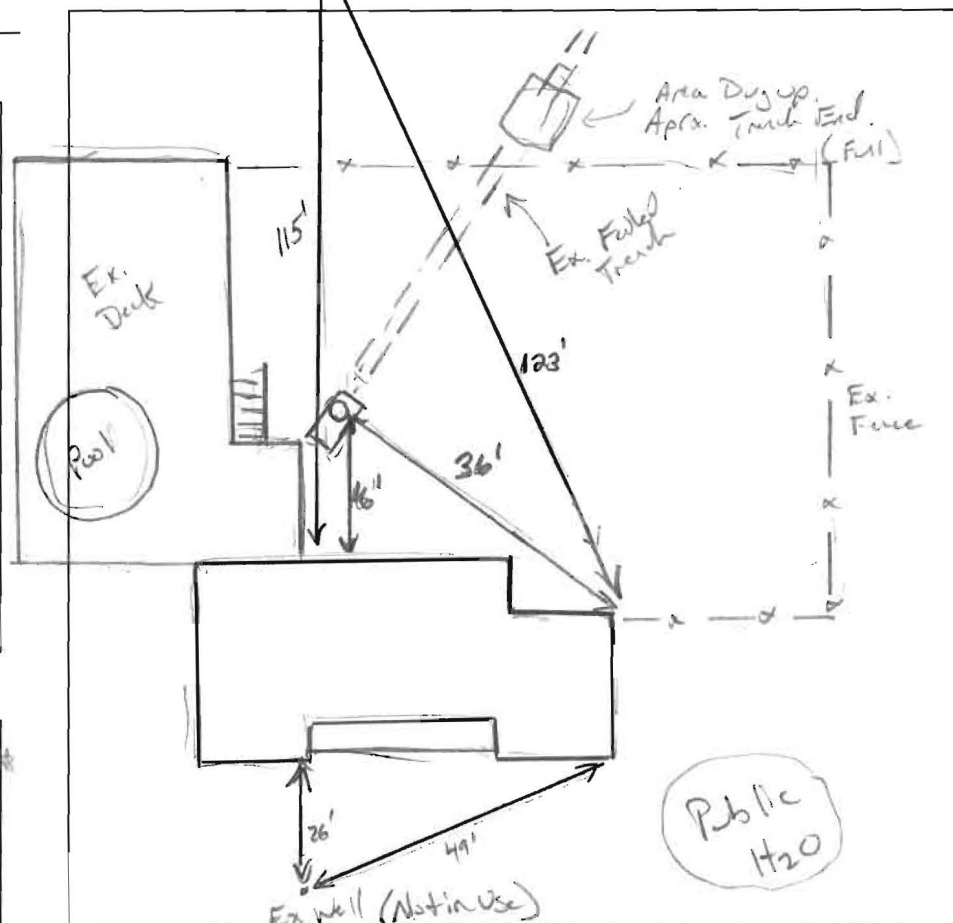
TAX MAP PAGE(S) 10 GRID 20 PARCEL(S) 238 PROPOSED LOT SIZE 1.022

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

[Signature]  
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



Rensburg.

Public  
H<sub>2</sub>O

[illegible]

SANITARIAN K. Wolf BACKHOE Jake OTHERS owner

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

TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 7 EFFECTIVE S/W 4.0

$$3BR(150) = \frac{450}{1.2} = 375 \div 3 = 125 \text{ (112)} = 62 \text{ LF}$$