

# Bureau of Environmental Health

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www.hchealth.org

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

A502404

## APPLICATION

### FOR PERCOLATION TESTING AND SITE EVALUATION

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

3646 Sharp Rd

Glenwood

21738

STREET

TOWN

ZIP

TAX ACCOUNT #

334329

TAX MAP

21

GRID

14

PARCEL

177

LOT NO.

PROPOSED LOT  
SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Kirk Olson

DAYTIME PHONE

410-489-9139

CELL

443-654-8485

EMAIL

MAILING ADDRESS

3646 Sharp Rd

Glenwood

21738

STREET

CITY, STATE

ZIP

APPLICANT

Fogles Septic Clean

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-795-5170

CELL

EMAIL

Kim@foglesinc.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

4

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

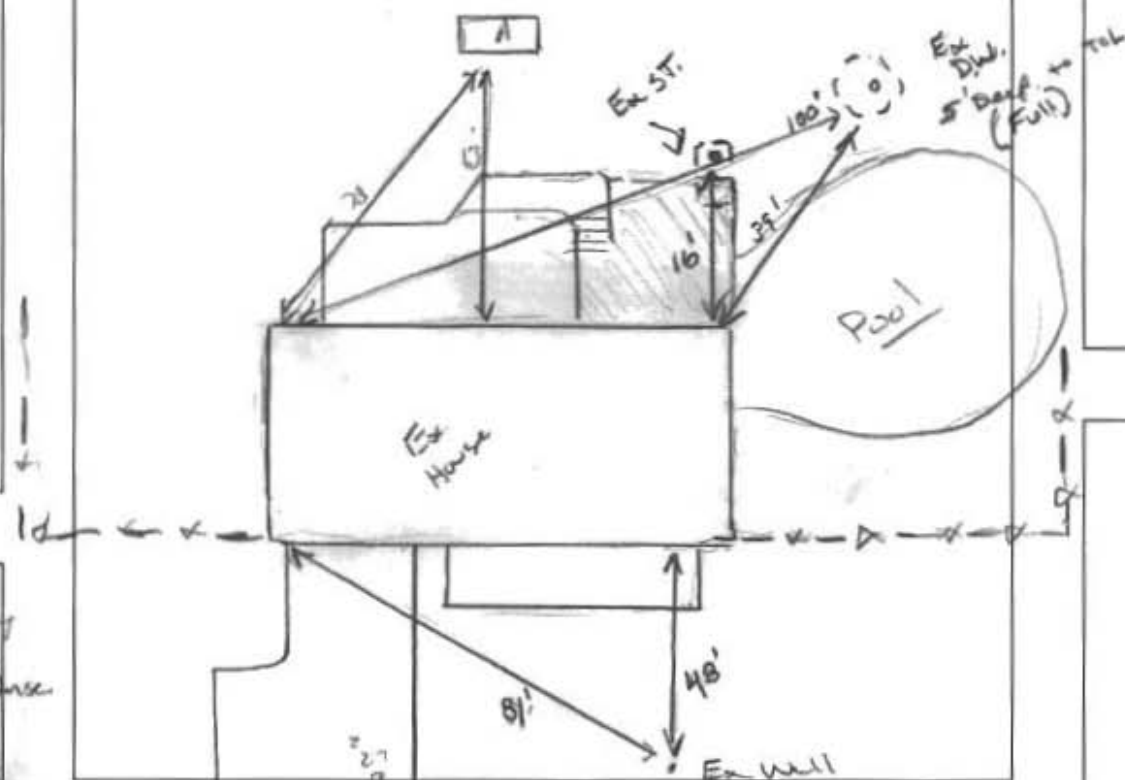
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

Fogles Septic Clean

SIGNATURE OF APPLICANT

DATE



2' Br/Red Lk  
 W/SK, cherty  
 on  
 6' Br/Red Lk, Dense  
 W/SK, silty  
 8' Br/Red Lk, Dense  
 W/SK, silty  
 15' Br/Red Lk, Dense  
 W/SK, silty  
 VFSL  
 W/SK, silty  
 Uniform  
 Dry

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/30/18	(A)	7/15'	00:05	00:07	00:12	5	(P)

REMARKS \_\_\_\_\_  
 SANITARIAN K. Wolf BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA 1 AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 9' EFFECTIVE SW 6.5

$$\frac{600 \text{ gal}}{1.2} = 500 \div 2 = 250 (500) = 125 \quad 2 \times 250$$