

## Bureau of Environmental Health

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

### APPLICATION

#### FOR PERCOLATION TESTING AND SITE EVALUATION

##### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME GLENWOOD SPRINGS  
PROPERTY ADDRESS 2814 SHADOW ROLL CT. ELICOTT CITY MD. 21738  
STREET TOWN ZIP  
TAX ACCOUNT # \_\_\_\_\_ TAX MAP 14 GRID 17 PARCEL 229 LOT NO. 36 PROPOSED LOT SIZE (ACRES) 3.4  
ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Rob + Dianne ALTIERI  
DAYTIME PHONE 410.707.5733 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
MAILING ADDRESS SAME

APPLICANT FOGLES SEPTIC RELATIONSHIP TO OWNER: Contractor  
DAYTIME PHONE 410.795.5670 CELL \_\_\_\_\_ EMAIL Kim@foglesinc.com  
MAILING ADDRESS 580 OBRECHT RD. SYKEVILLE MD 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

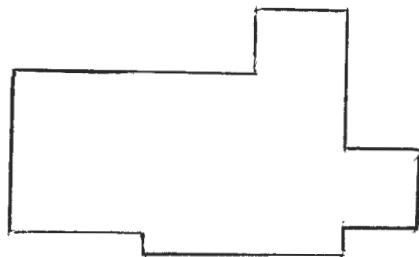
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

SIGNATURE OF APPLICANT

DATE

A/P \_\_\_\_\_



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/3/2015	Perc. testing cancelled by homeowner. Basement backup was supposedly caused by malfunctioning sump pump. (B)						

REMARKS \_\_\_\_\_

SANITARIAN \_\_\_\_\_ BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE S/W \_\_\_\_\_

