



Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

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) Bonnie IM

DAYTIME PHONE 301-717-3361 CELL Same FAX #1A

MAILING ADDRESS 12054 Seaggsville Rd Fulton Md 20759
STREET CITY/TOWN STATE ZIP

APPLICANT Fogle's Septic Clean Inc

DAYTIME PHONE 410-795-5670 CELL _____ FAX _____

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

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME 12054 Seaggsville Rd LOT NO. 5

PROPERTY ADDRESS 12054 Seaggsville Rd 20759
STREET TOWN/POST OFFICE

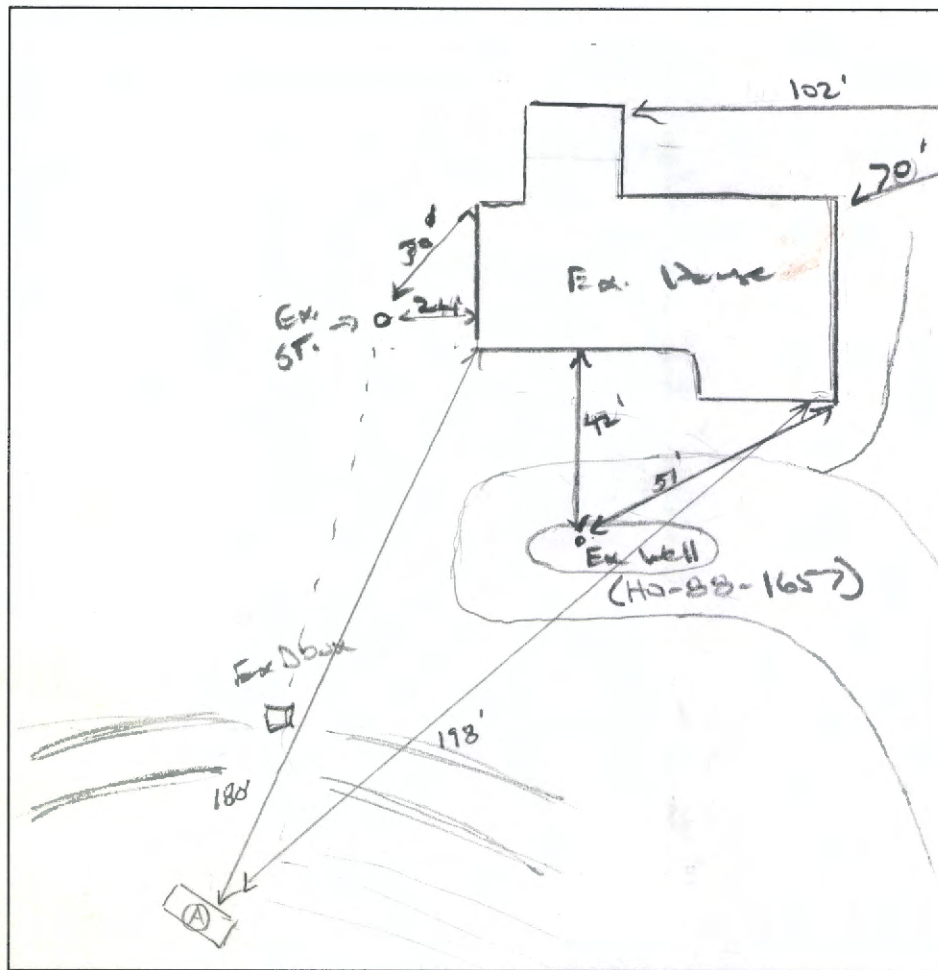
TAX MAP PAGE(S) 41 GRID 13 PARCEL(S) 0067 PROPOSED LOT SIZE 3,132 SF

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.

Fogle's Septic Clean Inc
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



Fox Well
HO-94-0644
Ex
Cave

1'
3'
6-7'
10'
16'

Br/OM, 2506
roots
Br-11 Br/L
M SSK, F. table
Mort, CS
B-1 R/SCL
WKSCK, sticky
smearing, moist
↓
1: Br/Y/R sil
tight thick pl.
F. table.
5% area select
1: Br/Y sil
1: W, W. pl.
Dry, many
N. can

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/20/18	(A)	7' 16"	00:39	00:54	01:24	30	(P)
		16'				10api	(P)

REMARKS Soil in front limited & low perc. Future repair one in bank.
 SANITARIAN K. Wolf BACKHOE Jake OTHERS over
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 2' INLET DEPTH 5 MAX. BOT DEPTH 10 EFFECTIVE SW 7