



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

1504723

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Win Maples

PROPERTY ADDRESS 17020 Frederick Rd. Mt. Airy Md. 21771

TAX ACCOUNT # TAX MAP 0007 GRID 0002 PARCEL 0179 LOT NO. 4 PROPOSED LOT SIZE (ACRES) 1.63 ACS

ZONING CATEGORY TIER

PROPERTY OWNER(S) Andrew Wilkerson

DAYTIME PHONE 301-801-0570 CELL EMAIL

MAILING ADDRESS 17020 Frederick Rd. Mt. Airy Md. 21771

APPLICANT Fogles Septic RELATIONSHIP TO OWNER:

DAYTIME PHONE 410-795-0780 CELL EMAIL

MAILING ADDRESS 580 Obrecht Rd. Sykesville Md. 21784

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 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 and directly related to the requested permit/service.

Signature of applicant

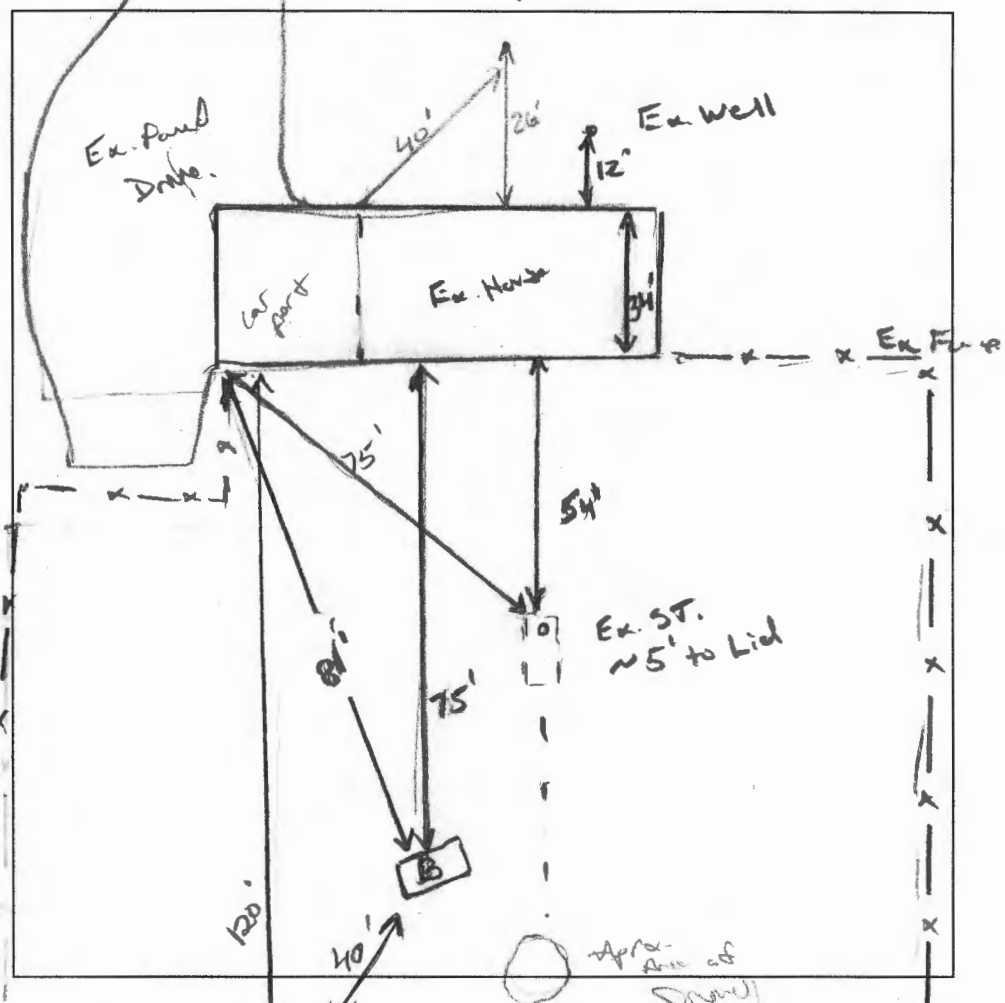
1-11-19

SIGNATURE OF APPLICANT

DATE

- Fredrik Rd -

A/P _____



(A)
 Red Br CL
 m Co SBK
 15% Rd
 15% sp
 DAK Co. Rd L
 m Co SBK - PL
 45-55% Rd
 > 50% Rd

(B)
 B. Rd CL
 WK Co 70%
 Fr. Ma.
 B. Rd L
 WK F 10%
 Fr. Ma.
 100% sp
 B. Rd L
 WK PL
 Fr. Ma.
 m. Mas.
 100% sp.
 10% Rd.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/30/19	(A)		_____				F
	(B)	5'8" / 13'	00:50	00:55	01:00	5	P
		7'6"	00:12	00:13	00:16	3	P

REMARKS Stopped digging Per c A @ 10'. Area limited w/ rock.
 SANITARIAN K. Wolf BACKHOE Jake OTHERS owner
 TEST HOLES USED IN SDA 2 AVG. PERC TIME 4 SQ. FT/BR _____
 TRENCH WIDTH 3' INLET DEPTH 3 MAX. BOT DEPTH 16.5 EFFECTIVE S/W 4.5 (.62)

$\frac{600}{1.2} = 500 \div 3 = 167 (.62) = 104$

Weather = Heavy Snow