

# Bureau of Environmental Health

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

A567989

## APPLICATION

### FOR PERCOLATION TESTING AND SITE EVALUATION

#### PROPERTY LOCATION

#### SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 14069 Stevens Valley Ct Glenwood 21738  
STREET TOWN ZIP

TAX ACCOUNT # 321294 TAX MAP 21 GRID 6 PARCEL 141 LOT NO. 1 PROPOSED LOT SIZE (ACRES) \_\_\_\_\_

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Robert Freedom

DAYTIME PHONE 443-216-7179 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 14069 Stevens Valley Ct Glenwood 21738  
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 CELL \_\_\_\_\_ EMAIL Kim@foglesine.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:

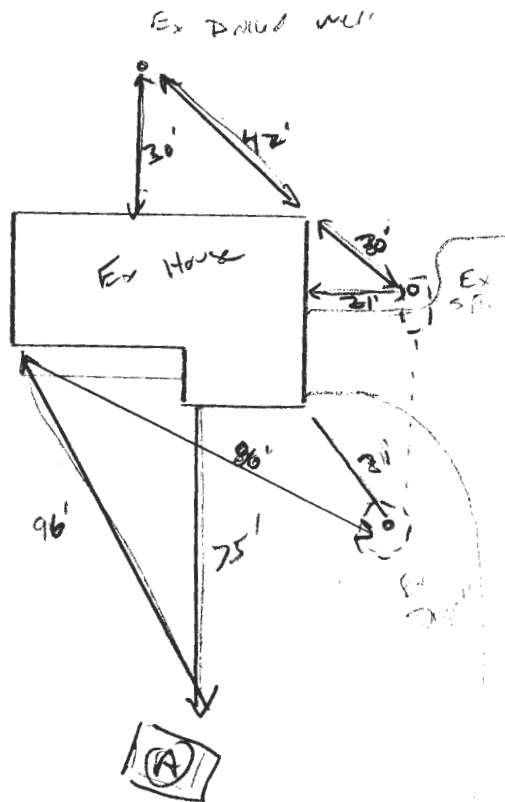
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE 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.

SIGNATURE OF APPLICANT

DATE



(A)  
10' or over  
2nd BRK  
Roots  
2'  
1: Br/Y CL  
CW WKF SCK,  
Friable,  
roots  
5.5'  
1: Br/Y SL  
WKC PL  
Friable  
Highly  
friable  
Carryover  
15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/6/20	(A)	6'3"/15'	00:56	01:01	01:09	7	P

REMARKS Ex. DWELL full. Be plenty of repair area in front yard.

SANITARIAN K. Wolf BACKHOE Rakey = Fogs OTHERS

TEST HOLES USED IN SDA 1 AVG. PERC TIME 7' SQ. FT/BR

TRENCH WIDTH 3' INLET DEPTH MAX. BOT DEPTH 9' EFFECTIVE SW 6'-9' (1.50)

$$4 \text{ BR.} = \frac{600 \text{ cu ft}}{0.4} = 750 \div 3 = 250 (1.50) = 125 = 2 \times 6.3'$$



