



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 533219

AGENCY REVIEW: _____

DATE 4-28-10

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 4 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) Laura Wohlberg

DAYTIME PHONE 410 241 4483 CELL _____ FAX _____

MAILING ADDRESS 14601 Roxbury Rd Glenelg STATE _____ ZIP _____
STREET CITY/TOWN

APPLICANT Kurt / Fogle's Septic Clean, Inc.

DAYTIME PHONE 410 795-5670 CELL 410 984-5211 FAX 410 795-3432

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

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME LB Scott Prop LOT NO. 4

PROPERTY ADDRESS 14601 Roxbury Rd Glenelg
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 21 GRID 22 PARCEL(S) 37 PROPOSED LOT SIZE 2 AC

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.

Kurt A. Cassell

SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

(A)

Or Br Sa
Cl Loam

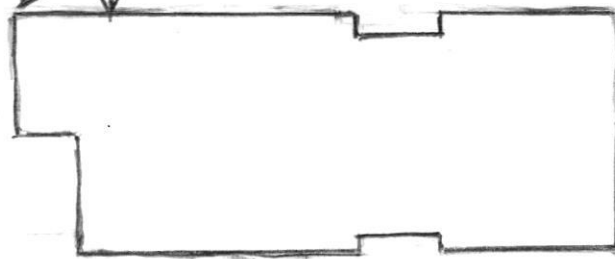
Fine Spk 2'-3'

Dense Or
Br Sa Loam,
Some Clay 4'

Red Sa Loam 5'

Red Purple
Loamy Sa Some Soporite 12'Rock Increasing
to ~ 35%
Dry 14.5'

16.5' 12'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/18/10	A	4' / 14.5'	10:46	11:06	Pulled		
		5'	11:08	11:18:45	11:38:45	20 P	
		6'	11:44:15	11:46:20	11:49:40	3 1/2	

REMARKS Groundwater Close to Wet Season Levels
Water Poured In Bottom of Hole - Quick RateSANITARIAN B. Baker BACKHOE Fogles OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____