Howard County Health Department

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
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Maura J. Rossman, M.D., Health Officer

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 3818 Walt Ann Dr (STREET) Ellicott City (TOWN) 21042 (ZIP)

TAX ACCOUNT # 296415 TAX MAP 22 GRID 15 PARCEL 145 LOT NO. 18 PROPOSED LOT SIZE (ACRES) 1.46AC

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Kim Doohoon

DAYTIME PHONE 240-374-9021 CELL _____ EMAIL dkim9002@gmail.com

MAILING ADDRESS 3818 Walt Ann Dr (STREET) Ellicott City (CITY, STATE) 21042 (ZIP)

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5650 CELL _____ EMAIL Kim@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd (STREET) Sykesville (CITY, STATE) 21784 (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 3 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.

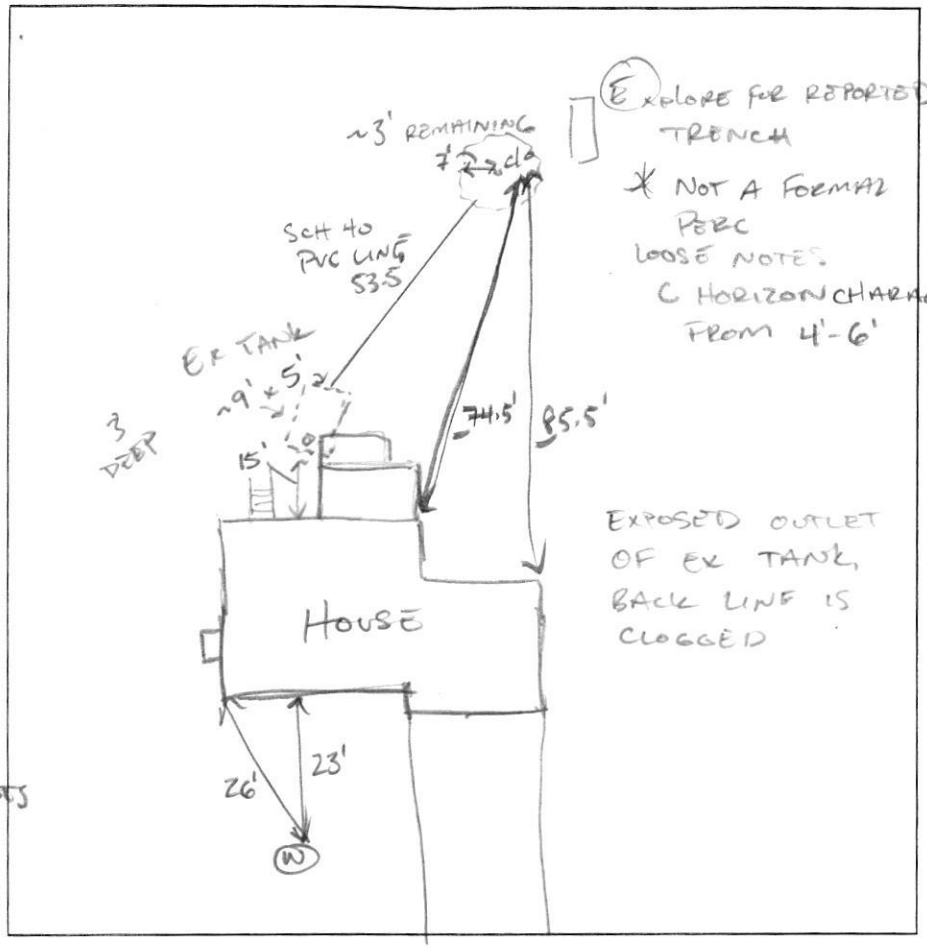
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Kimberly A. Fogle 7/13/22

SIGNATURE OF APPLICANT DATE

JW 10/29/15

A/P 572087



E EXPLORE FOR REPORTED TRENCH

* NOT A FORMAL PERC

LOOSE NOTES:
C HORIZON CHARACTERIZED FROM 4'-6'

EXPOSED OUTLET OF EX TANK, BACK LINE IS CLOGGED

E

8" BRN SCL MANY LG ROOTS

TRANSITION

22" YEL BRN (B) SCL SBK

4' RED SBK SL FEW CHANNER MICACEOUS dry friable

6' YEL BRN IS

PROFILE QUICK NOTES

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
07/21/2022		CLOGGED + COLLAPSED					
		ORANGEBERG					
		MINOR		REPAIR			

REMARKS BACKED UP INTO HOUSE LAST WEEK. HOUSE WAS VACANT FOR 2 YRS PRIOR W/ BACKUP INTO HOUSE AT THAT TIME

SANITARIAN CABANUG 001997 BACKHOE FOGLES OTHERS HOME OWNER

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

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INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- [X] Failing System
- [ ] System relocation for proposed addition
- [ ] System upgrade for proposed addition
- [ ] Inadequate treatment zone
- [ ] Collapsed septic tank
- [ ] Collapsed drywell

Has the septic tank been pumped within the last month?

___Yes Date pumped:_____
X No

Was a visual inspection of the septic tank and/or drain fields conducted?

X Yes Explain observation: Drywell full + trench is failing
___No

Was a visual inspection of the sewage line conducted?

___Yes
___No

Existing system design

- [X] Drywell
- [X] Trench
- [ ] Mound
- [ ] Unknown
- [ ] Other: _____

Blockage Leading to the field

___Yes Explain _____
X No

Is discharge surfacing on the ground?

X Yes
___No

Additional Comments:

*For REPAIRS, are the owners proposing, or do they plan to add in the future any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulations.

Septic Contractor: Fogle's Septic Contractor's Phone: 410.795.5670
Contractor's Address: 580 Ohrecht Rd Sykesville, MD 21784
Property Address: 3818 Walt Ann DR County File:
Subdivision: Shepards Glen Lot: 18 Year Built: 1971
Owner's Name: Kim Doohoon Existing bedrooms: 3
Name of previous owners: _____ Existing bedrooms: _____
Proposed bedrooms: _____

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.
Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.
Print out a copy of Real Property Data via Dept. of Taxation website_____Indexed file found_____
If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.
No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency exists.
The contractor is to notify the office of the emergency as soon as possible.

2/2020

WS-PT-22-02382