HOWARD COUNTY HEALTH DEPARTMENT

70995
A5

DATE 3/11/22

Received From Fogle Septic Clean Inc PHONE #

For Perc + Repair
1959 Scaggsville Rd.
Fulton, MD 20759

☐ CASH
☒ CHECK
NO. 5048

Three hundred thirty and 00/100 Dollars

$ 330.00

Received By V McKinney

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook www.facebook.com/hotohealth
Twitter: HowardCoHealthDep

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION A510995

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 11959 Scaggsville Rd (STREET) Fulton (TOWN) 20759 (ZIP)

TAX ACCOUNT # 3560146 TAX MAP 41 GRID 19 PARCEL 80 LOT NO. ___ PROPOSED LOT SIZE (ACRES) .5297 AC

ZONING CATEGORY _____ TIER ___

PROPERTY OWNER(S) Nicole Smith

DAYTIME PHONE 202-407-1472 CELL _____ EMAIL Nikkismithy@yahoo.com

MAILING ADDRESS 11959 Scaggsville Rd (STREET) Fulton (CITY, STATE) 20759 (ZIP)

APPLICANT Fogle's Sept. & Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5670 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 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.

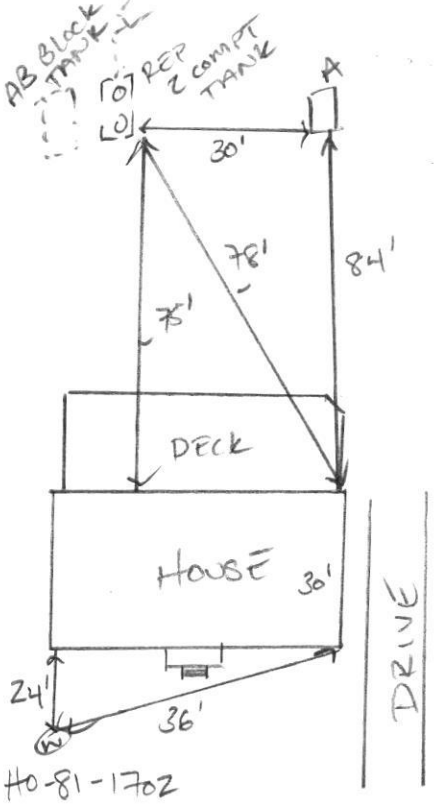
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Kimberly A. Fogle

SIGNATURE OF APPLICANT _____ DATE _____

JW 10/29/15

A/P 570995



SCAGGSVILLE ROAD

0 A

B HORIZON

4' BRN SL SBK WK Cr MICACEOUS

12' GRN/YEL BRN SL PL V MICACEOUS WEATHERED SAND STONE (VERY BEAUTIFUL)

14' GRN SAPROLITE

16'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H

REMARKS OBSERVATION ONLY - CONFIRM 4' BUFFER

SANITARIAN CABAHUG 001997 BACKHOE FOGLES OTHERS _____

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

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