



# HOWARD COUNTY HEALTH DEPARTMENT

56481

DATE

6/10/15

A5

Received  
From

Jogles

PHONE #

407 795 5670

☐ CASH

☒ CHECK

NO.

49803

For

Phone Repair / 465 Rt. 32

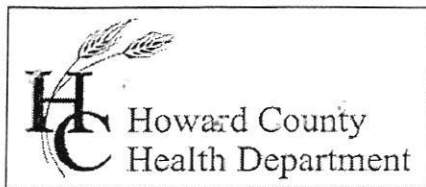
\$

330.00

Dollars

Received By

Juanita King



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

## APPLICATION

### FOR PERCOLATION TESTING AND SITE EVALUATION

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME GANS Residence LOT #         
PROPERTY ADDRESS 465 Sykesville Rd Sykesville MD 21784  
STREET TOWN ZIP  
TAX ACCOUNT #        TAX MAP 4 GRID 15 PARCEL 46 ZONING DESIGNATION       

#### PROPERTY OWNER(S)

Patricia Gans  
DAYTIME PHONE 443 745 4209 CELL        EMAIL         
MAILING ADDRESS 465 Sykesville Rd Sykesville MD 21784  
STREET CITY, STATE ZIP

#### APPLICANT

Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor  
DAYTIME PHONE 410-795-5670 CELL        EMAIL Kim @ Fogle's, INC. com  
MAILING ADDRESS 580 0                       
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

#### 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)

#### PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:         
☐ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT  
☐ REPAIR OR REPLACE FAILING OSDS  
☐ UPGRADE EXISTING OSDS

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- ☐ YES  
☐ NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

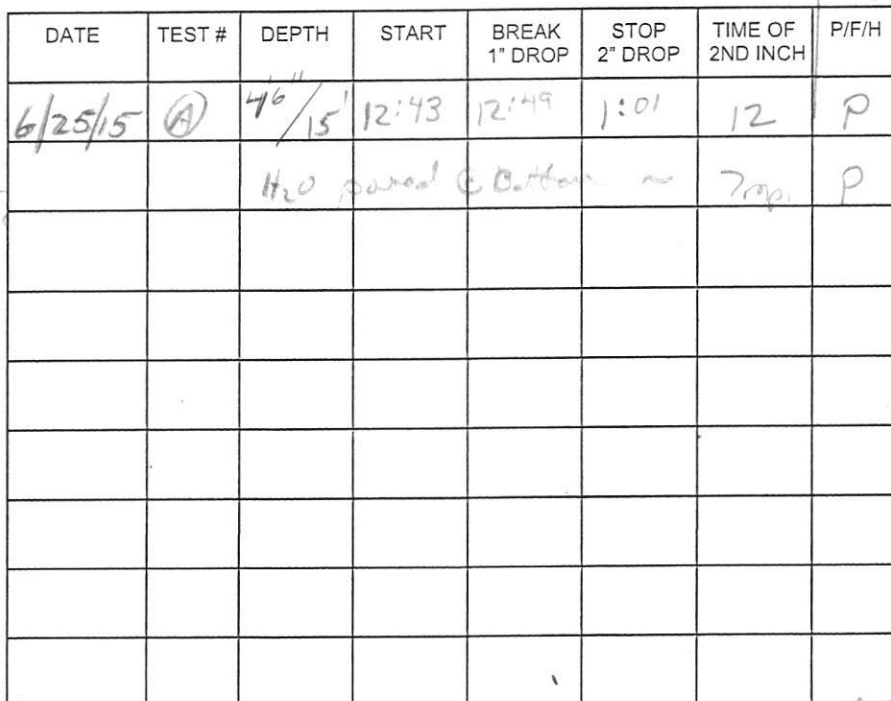
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE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



REMARKS Time spent adjusting and finding area to meet proposed addition

SANITARIAN K. Wolf BACKHOE Take = Feller OTHERS owner / 1 per

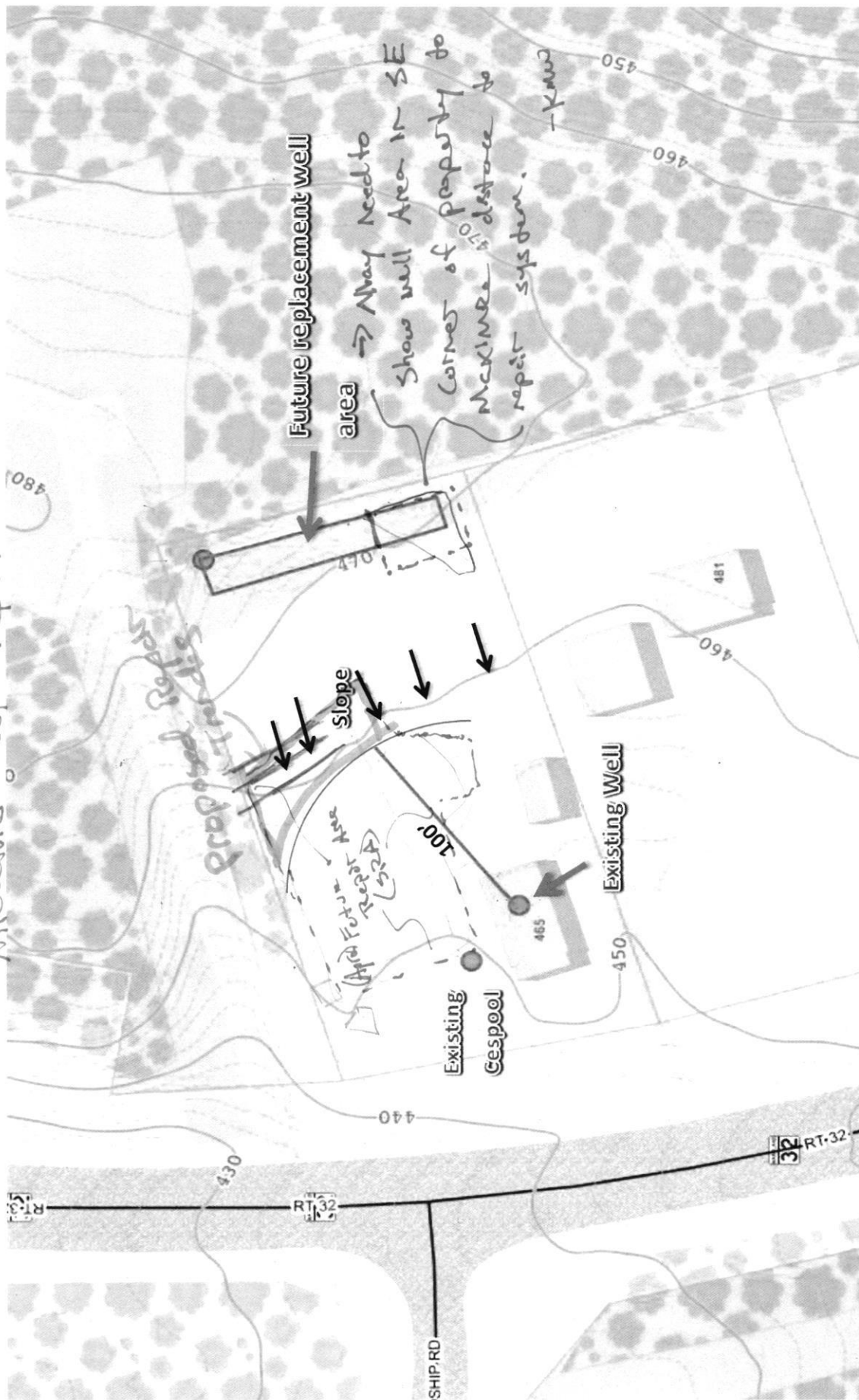
TEST HOLES USED IN SDA 1 AVG. PERC TIME 12 SQ. FT/BR 0.8

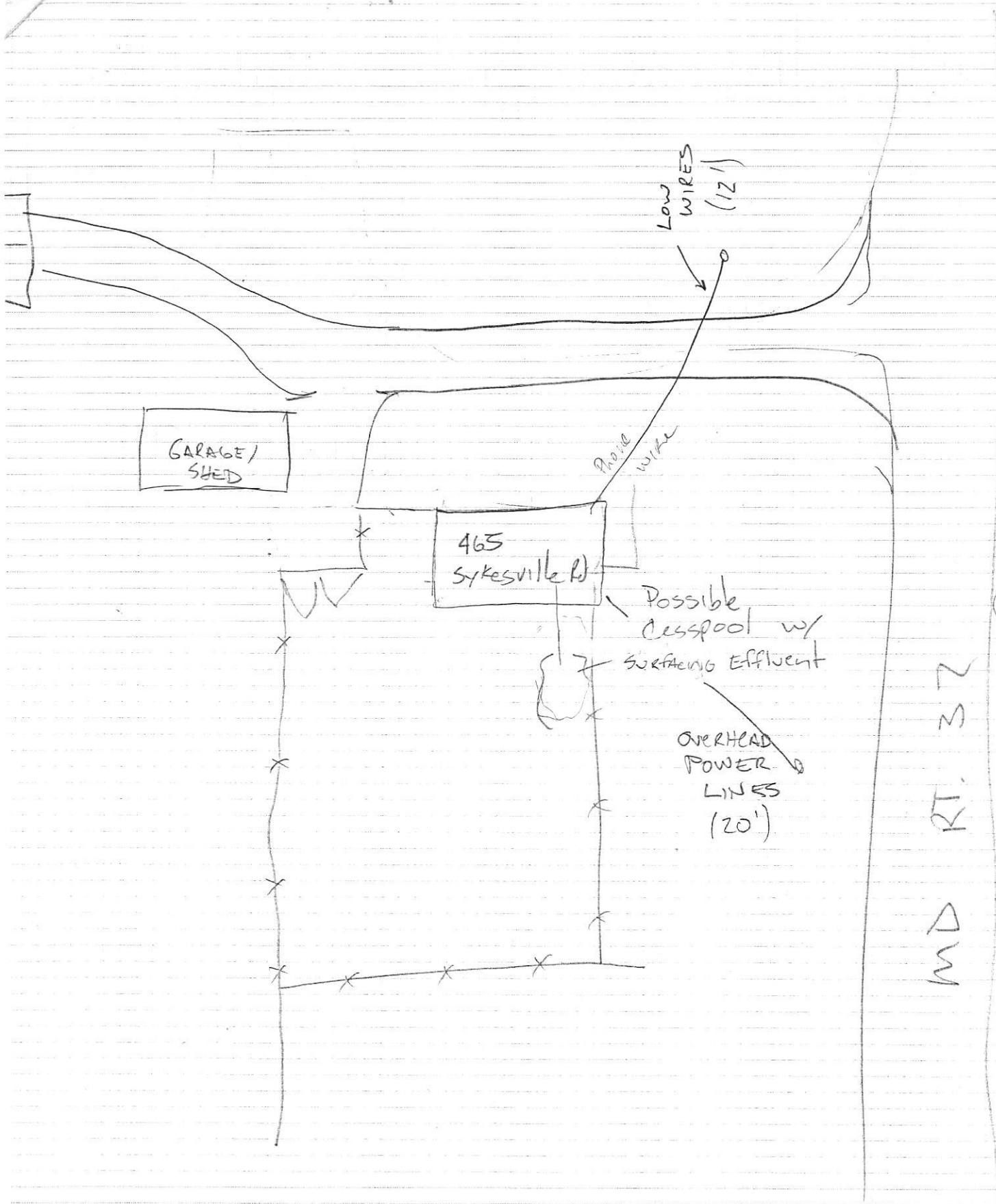
TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 6 EFFECTIVE S/W 4 (.62)

$4 (150) = \frac{600}{0.8} = 750 \div 3 = 250 (.62) = 155 \text{ LF}$  3 x 52'

6/26/15

Possible Site Plan for Proposed Additional  
Alterations w/ Repair





N  
R  
D