



Bureau of Environmental Health
8930 Stanford Blvd | 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 Dogwood

PROPERTY ADDRESS 6827 Redberry Rd Clarksville 21029
STREET TOWN ZIP

TAX ACCOUNT # 05-357756 TAX MAP 0035 GRID 0019 PARCEL 0205 LOT NO. 7A PROPOSED LOT
SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Larry Line

DAYTIME PHONE 301-706-1017 CELL _____ EMAIL _____

MAILING ADDRESS 6827 Redberry Rd Clarksville, MD 21029
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean, Inc.

RELATIONSHIP TO OWNER: Septic Contractor

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL john@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Sykesville, MD 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 2 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

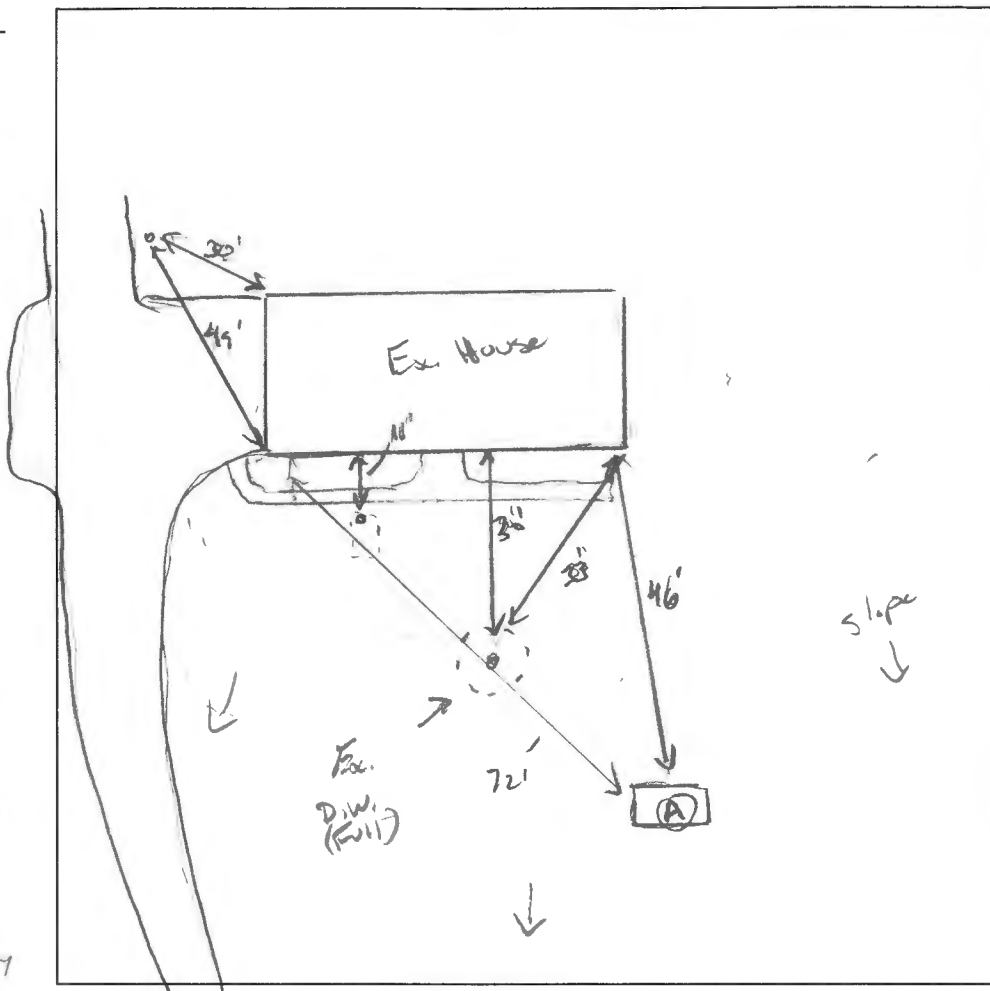
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

9/25/23

DATE



1' (A)
 B.Y. CL,
 1250K, 10%
 Frable
 1' BR L,
 WK CO SBL,
 Frable, chunky
 3' 1' BR SL
 WK CO PL
 Frable
 10% silty
 7' massive
 BR/Y SL
 WK CO PL
 15% RK,
 highly recessed
 9' 8" Hard Bedrock

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
10/10/2023	(A)	4' 10"	00:26	00:28	00:31	3	P
		1420 poured @ 10'			—	2/5 mps	P
3BR		$\frac{30}{12} = 375$	$\div 3 = 125$	$(.50) =$	$\frac{63}{2}$		

REMARKS Ex. D.W. Full, new surfacingSANITARIAN _____ BACKHOE Ricky OTHERS home owner

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

TRENCH WIDTH 3' INLET DEPTH 2' MAX. BOT DEPTH 6' EFFECTIVE S/W 3' (.50)