



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

**APPLICATION**  
**FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME Haviland Hills

PROPERTY ADDRESS 13913 Wayside Dr Clarksville 21029  
STREET TOWN ZIP

TAX ACCOUNT # 360080 TAX MAP 34 GRID 13 PARCEL 220 LOT NO. 18 PROPOSED LOT  
SIZE (ACRES) 2.37

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)** Gerda & Roland Michalski POC is Jim Swenson (son-in-law)

DAYTIME PHONE \_\_\_\_\_ CELL 202.701.3983 EMAIL jim.swenson@zenimaxonline.com

MAILING ADDRESS \_\_\_\_\_  
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 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

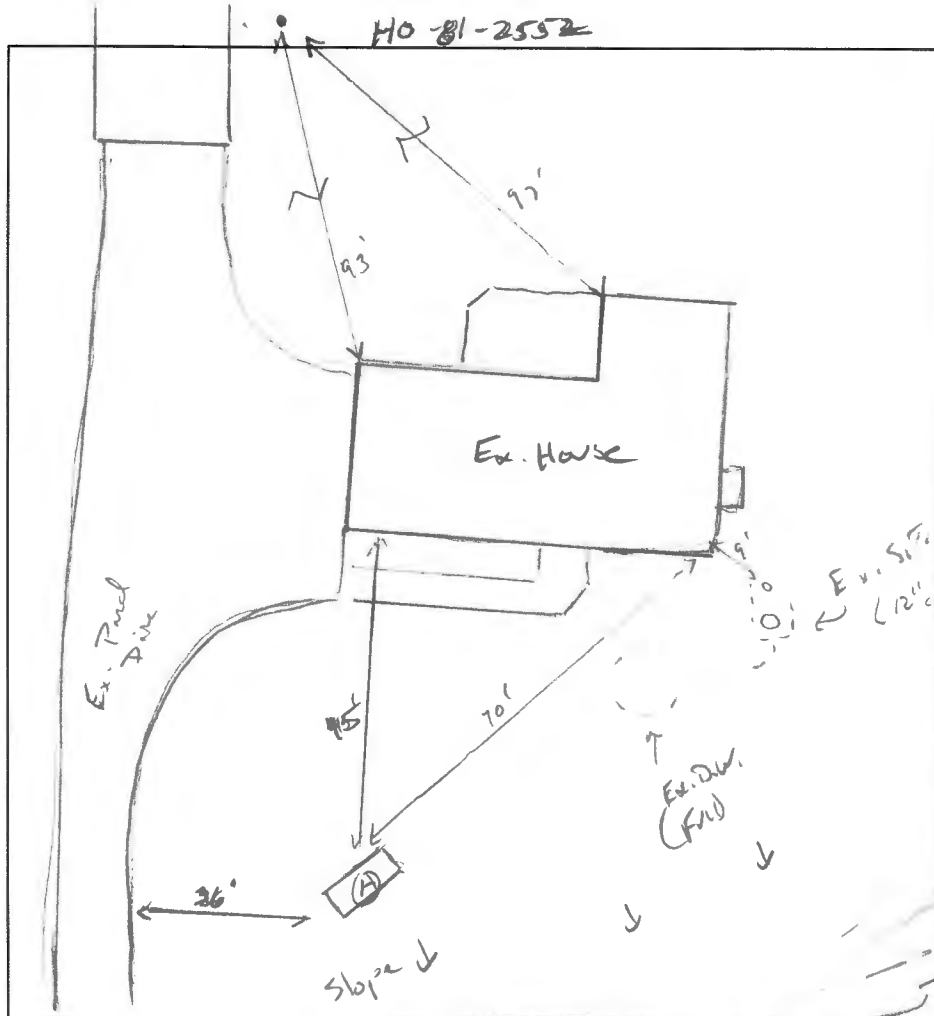
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

SIGNATURE OF APPLICANT

11/15/23

DATE



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/1/2023	(A)	5' 8" 13 1/2'	00:13	00:14	00:16	2	1+
		H <sub>2</sub> O poured @ 13 1/2'				~6 mpi	P
		Repair	00:16	00:18	00:21:30	3 1/2	P

\*Soil is consistent below 5'

REMARKS Ex. tank over full, located D.W. black stone @ surface

SANITARIAN K. Wolf BACKHOE Jamie Foyles OTHERS Welp

TEST HOLES USED IN SDA 1 AVG. PERC TIME 3 SQ. FT/BR 1.2

TRENCH WIDTH 2' INLET DEPTH 2' MAX. BOT DEPTH 7' EFFECTIVE SW 5'-7' (.5)

$$3BR = \frac{450 \text{ gal}}{12} = 375 \div 2 = 187.5 (.57) = 107$$

(A)  
Drk Br L  
2m BK rub  
Br/Y CL  
Wk FSBK  
CW, sticky  
11 Br/Y L  
Wk FSBK  
CW, friable  
10% Rn Frags  
11 Br/Drk Br SL  
Wk Co ph. CW  
Friable  
15% Separ. to  
Pockets R  
H/Ly m...  
13 1/2'



