



Bureau of Environmental Health

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

1563963

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

River Park Estates

PROPERTY ADDRESS

1026 Taylor Park Rd Sykesville

21784

TAX ACCOUNT #

285391

TAX MAP

9

GRID

5

PARCEL

131

LOT NO.

45

PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Lee Dunchak

DAYTIME PHONE

443-280-5690

CELL

EMAIL

Ldunchak@hotmail.com

MAILING ADDRESS

1026 Taylor Park Rd

Sykesville

21784

APPLICANT

Fogle's Septic Clean

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-995-5670

CELL

EMAIL

Kim@foglesine.com

MAILING ADDRESS

580 Obrecht Rd

Sykesville

21784

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.

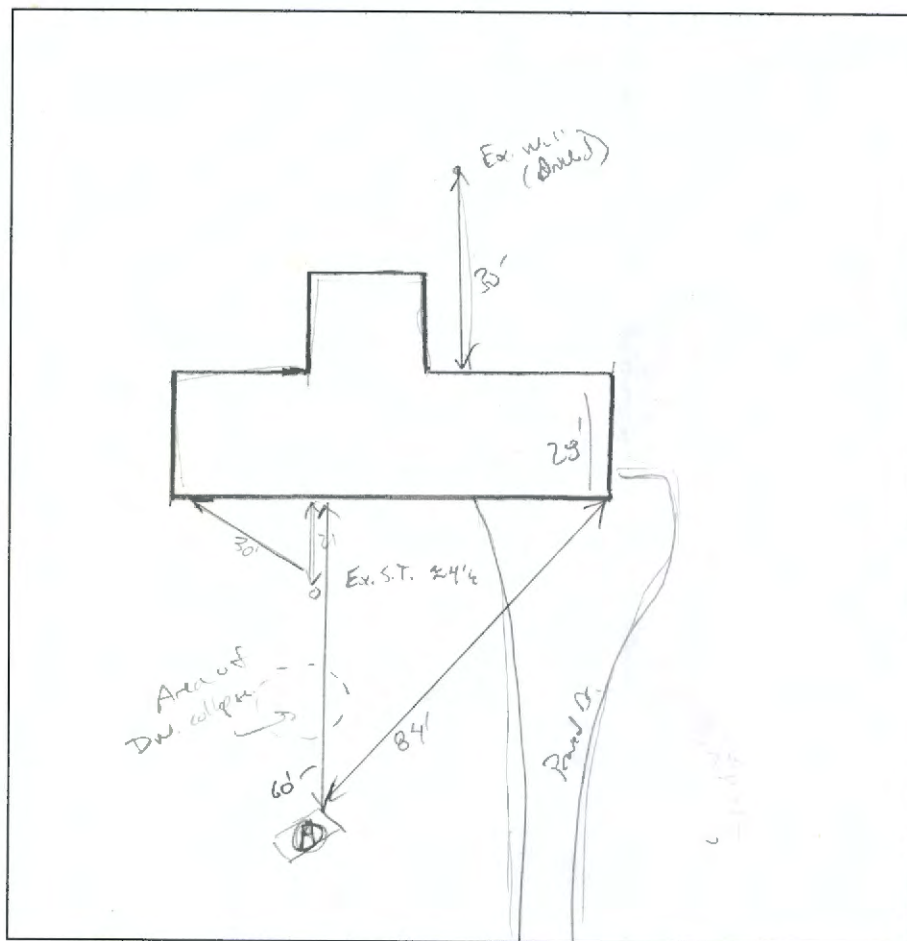
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE



1' Dr Bc OM, L,
 WKM SBK roots
 1: Br SiCL
 Fwk sek
 Friable,
 slightly sticky
 5' 1: Br / Beige SL
 WKM SBK,
 Friable,
 5% chnms.
 10% RA
 7' 1: Br / Y FSL
 WKFOL
 Friable, dy.
 15% sgrnls
 10% rocks
 12' Hard Bottom



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/6/18	(A)	5'10" / 12'	00:03	00:07	00:15	8	P

REMARKS _____

SANITARIAN K. Wolf BACKHOE BP = Fuchs OTHERS _____TEST HOLES USED IN SDA _____ AVG. PERC TIME 8 SQ. FT/BR 0.8TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 0 EFFECTIVE SW 5

$$3BR = 450$$

$$\frac{450}{0.8} = 562.5 \div 3' = 187(15) = 93.84$$

31' 2x23'