

Bureau of Environmental Health

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

ASL 8876

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 12704 Triadelphia Rd Ellicott City 21042
STREET TOWN ZIP

TAX ACCOUNT # 285413 TAX MAP 22 GRID 5 PARCEL 129 LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Red Crisostomo

DAYTIME PHONE 443-878-9379 CELL EMAIL

MAILING ADDRESS 12704 Triadelphia Rd Ellicott City 21042
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic Clean RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-5100 CELL EMAIL kim@foglesinc.com

MAILING ADDRESS 580 Obrecht Rd Ellicott City 21042
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:

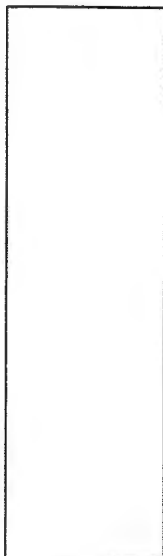
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE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

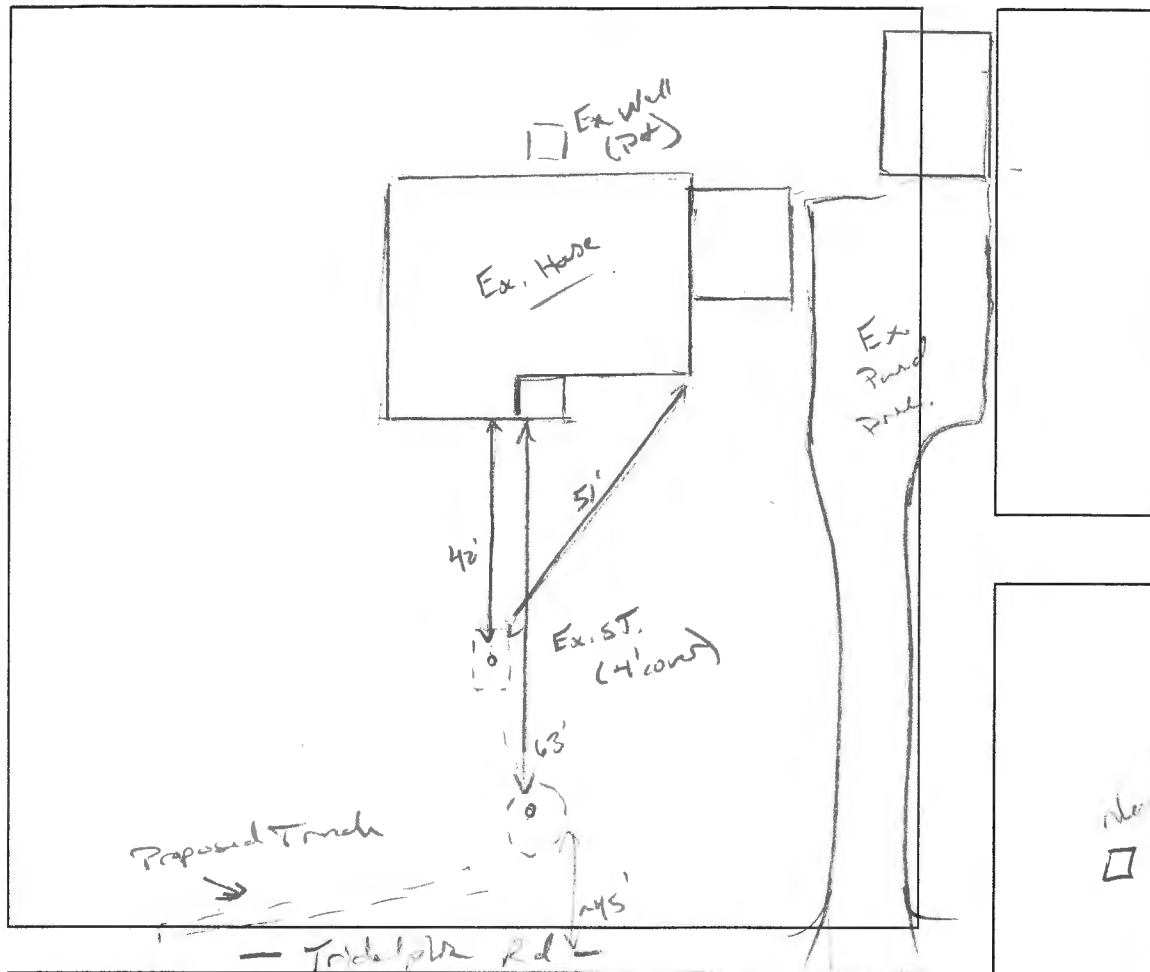
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE



(A)

Dk Br L, on
M Co ssk, Fr. sh. b2'
Dk Br / Rd cl,
M F ssk,
comp. in
N / Sca
10% ssk4'
Br / R / SCLWK Co ssk,
clay silts
10% for.
micaceous7'
Br / Rd / YSLWK Fpl,
Friable,
light clay micaceous14'
↓

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/13/21	(A)	7'6" / 14'v	00:07	00:09	00:12	3	P
		H ₂ O paused @ 14'				7	P

REMARKS Only 2 BR house. Dwell full. Limited area in frontSANITARIAN K. Wolf BACKHOE Chris = Foster OTHERS JamieTEST HOLES USED IN SDA 1 AVG. PERC TIME SQ. FT/BR TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 10 EFFECTIVE S/W 6.5 (.45)

$$3BR = \frac{450}{1.2} = 375 \div 3 (.45) = 57 \text{ LFE}$$