



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 West Friendship Est S1

PROPERTY ADDRESS 3117 Fox Valley Dr West Friendship 21794
STREET TOWN ZIP

TAX ACCOUNT # 03-319008 TAX MAP 15 GRID 16 PARCEL 42 LOT NO. 40 PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Bjorn Thorstensen | Contractor - Chris Berarducci

DAYTIME PHONE _____ CELL 443-797-9409 (Chris) EMAIL cfuco1@hotmail.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 4 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

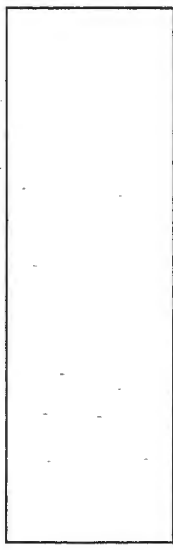
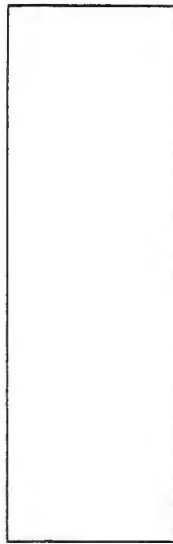
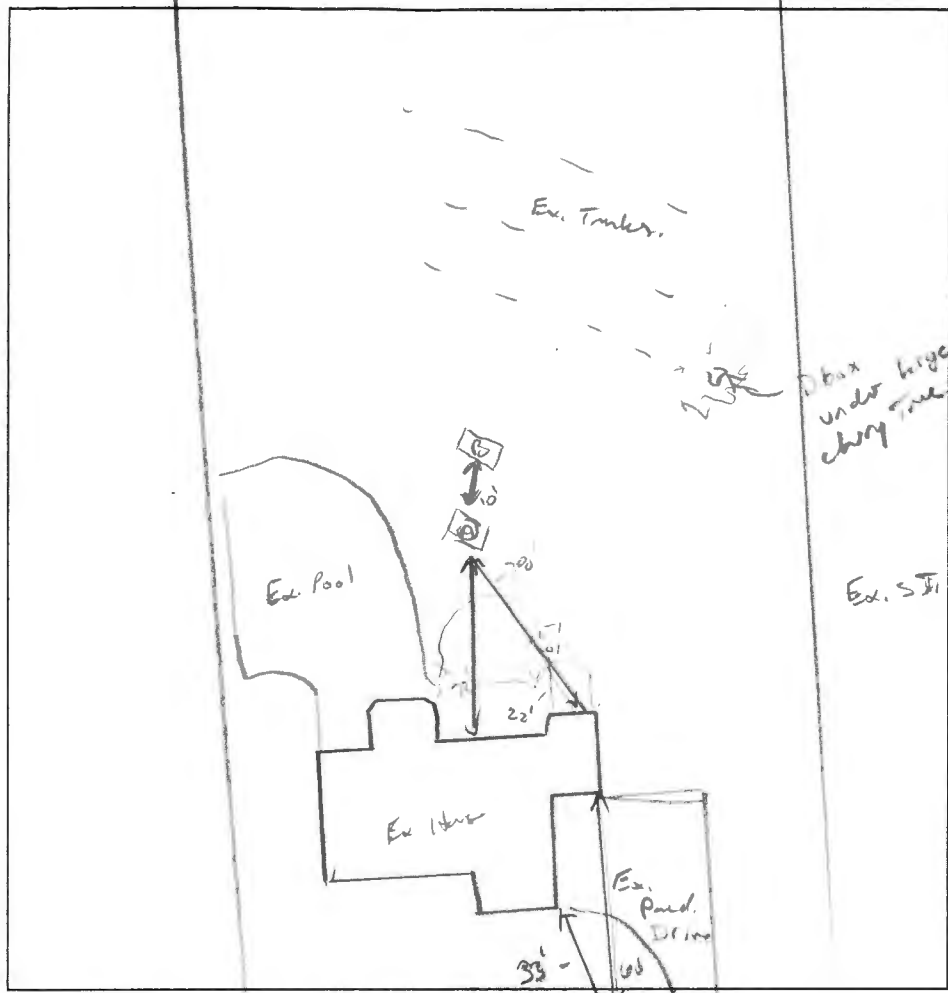
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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

4/2/2025

 DATE



(A)

Br/M CL
M6 SBK
40% Ra
Drt Br/Rd CL
M6 SBK
75% Ra
Frost
Hard Bk

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/12/2025	(A)	11'	—	Fail	—	—	F
	(B)	3'7" 12 1/2"	00:21	00:24	00:31	7	P
		H2O pured to		12'6"	—	27 p	F

3'
74

(B)

Br L
M6 SBK
Drt Br/Rd CL
M6 SBK
10-15% ch
1 br. FS/L
w/cu pl.
Highly
means
15% ch
1 br. FS/L
w/cu pl.
minors
10-15% ch

REMARKS _____
SANITARIAN K. Wolf / M. Burns BACKHOE Ricky OTHERS _____

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

TRENCH WIDTH 2 INLET DEPTH 2'6" MAX. BOT DEPTH 8' EFFECTIVE SW 4' (-36)

$HR = \frac{600}{2} = 300$
 $2750 \div 2 = 375$
 $.36 \times 375 = 135$
 $2 \times 70 = 140$

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