

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 The Chase
PROPERTY ADDRESS 11633 Vixens Path Ellicott City 21042
STREET TOWN ZIP
TAX ACCOUNT # 05-405076 TAX MAP 29 GRID 2 PARCEL 24 LOT NO. 8 PROPOSED LOT SIZE (ACRES)
ZONING CATEGORY TIER

PROPERTY OWNER(S)

Neelam Ashai
DAYTIME PHONE 240-498-4237 CELL EMAIL neelamashai@gmail.com
MAILING ADDRESS 11633 Vixens Path Ellicott City, MD 21042
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 5 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.

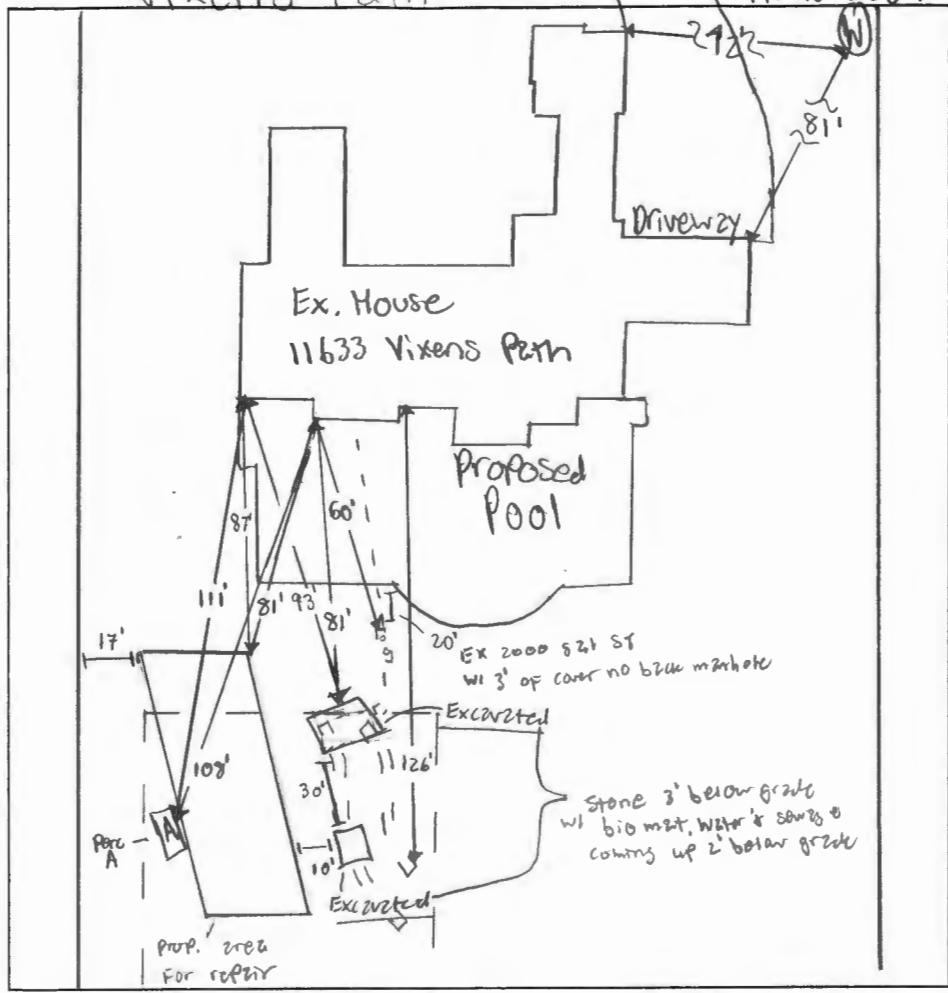
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

[Handwritten Signature]

3/18/2025

SIGNATURE OF APPLICANT

DATE



Perc A

- 1' Dark Brown loam with coarse subangular blocks
- 3' Brown yellow silt loam Fr. cble med un subangular blocky
- 9' Light Brown fine sandy loam with coarse subangular blocks
- Light Brown / yellow with & Fr. cble Loamy sand fine crumb

14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/28/2025	A ₁	3' 9"	00:00:00	05:00:00	12:30:00	7:30:00	P
	A ₂	14' 5"	H ₂ O @ Bottom	→		N 7mp	

REMARKS lane has 3' of cover Ex. 5 bedrooms
 SANITARIAN K. Wolf / S. Page BACKHOE Ricky Colson / Kevin OTHERS Dr. Neelam Ashai (H/O)
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 0.8 SQ. FT/BR 750
 TRENCH WIDTH 2' INLET DEPTH 2' MAX. BOT DEPTH 8' EFFECTIVE SW 4'-9' (.36)

$$\frac{750 \text{ sq ft}}{0.8} = 937.5 \div 2 = 468.75 \cdot 0.36 = \underline{\underline{170}}$$