

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Phone: 410-313-2600 Fax: 410-313-2648

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www.hchealth.org

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

1681 Woodstock Rd Woodstock 21163

TAX ACCOUNT #

287041

TAX MAP

10

GRID

18

PARCEL

411

LOT NO.

N/A

PROPOSED LOT

1.31 AC

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Fred Strauch

DAYTIME PHONE

410-376-2381

CELL

EMAIL

FWStrauch@yahoo.com

MAILING ADDRESS

1681 Woodstock Rd Woodstock Md 21163

APPLICANT

Fode's Septic Clean

RELATIONSHIP TO OWNER

Contractor

DAYTIME PHONE

410-785-5670

CELL

EMAIL

Kim@fodlesinc.com

MAILING ADDRESS

580 Obrecht Rd Sykesville Md 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... Construct new OSDs on undeveloped lot... Repair or replace failing OSDs... Upgrade existing OSDs

BUILDING:

- Residential with 3 existing or proposed bedrooms... Commercial (provide detail of type of use and numbers of employees/customers on accompanying plan)

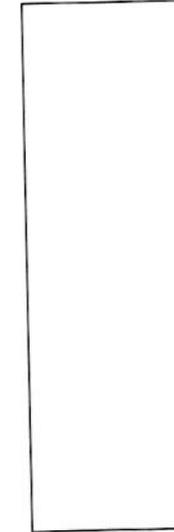
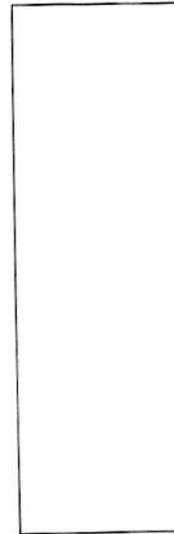
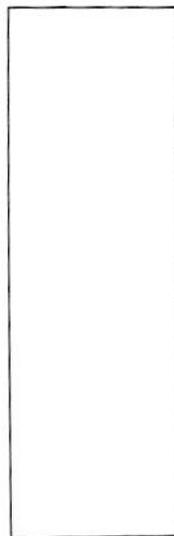
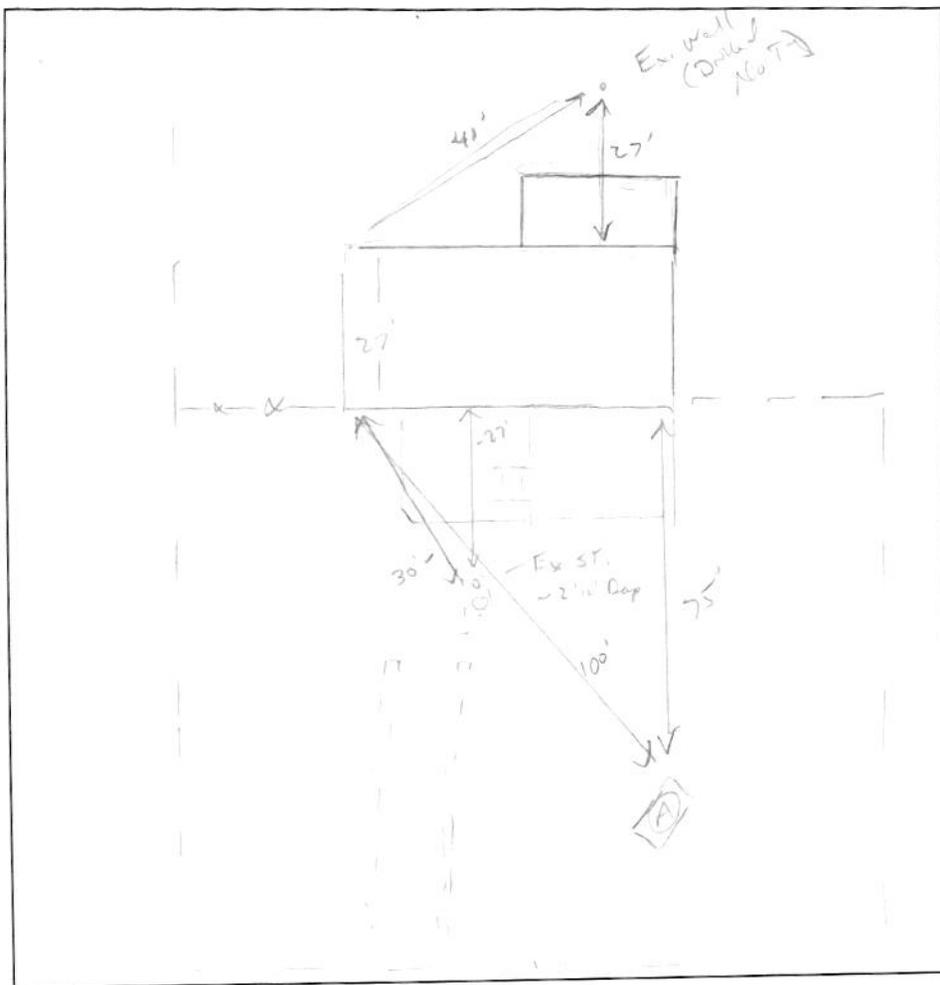
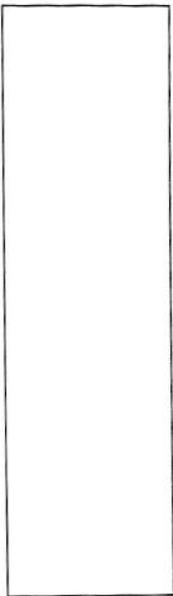
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- Yes No

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- This application is valid for two (2) years from date of fee payment and approval is eased 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: [Signature] DATE: 7/1/25



(A)
 Br/Ok/rd
 Wk/Spl/100
 2'
 Lbr SCL
 Wk/Spl
 Fitch
 4'
 Lbr/SCL
 Wk/Spl
 Fitch
 8'
 Br/Rd/HFSL
 Wk/Spl
 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/29/2005	(A)	4'7" / 14'	00:06	00:08	00:11	3	P
		H ₂ O	found @ 14'			MSmpl	P

REMARKS Ex. tanks probed, holding water, long br mat (per contractor)
 SANITARIAN K. Wild BACKHOE Mike Hooper OTHERS help

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

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 7' EFFECTIVE S/W 4.5-7 (.55)

$3BR = \frac{4.25 \text{ spd}}{1.2} = 3.54 \div 3 = 1.18 \text{ (.55)} = \underline{69'} \text{ LF}$

Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, July 2, 2025 1:45 PM
To: john@foglesinc.com
Subject: 1681 Woodstock Road | perc repair

John,
Wanted to get this one scheduled. I will be on vacation starting the 9th – 16th. Is this something that can wait until the 17th or 18th? Or is that to late?

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org



kwolf@howardcountymd.gov

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 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 _____
 PROPERTY ADDRESS 1681 Woodstock Rd Woodstock, MD 21163
STREET TOWN ZIP
 TAX ACCOUNT # 03-287041 TAX MAP 10 GRID 18 PARCEL 411 LOT NO. _____ PROPOSED LOT
SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Ryan Pickett

DAYTIME PHONE 443-355-9961 CELL _____ EMAIL rpickett3310@aol.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

DATE

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
	<p>Open covered, no one was on site (contractor or homeowner). Called contractor, they explained that it was a blockage in the line that was cleared and no other issues were evident. No surface sewage was seen. <u>pen</u></p>