

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 _____
 PROPERTY ADDRESS 11202 Old Hopkins Rd Clarksville, MD 21029
STREET TOWN ZIP
 TAX ACCOUNT # 05-344840 TAX MAP 41 GRID 16 PARCEL 189 LOT NO. _____ PROPOSED LOT
 ZONING CATEGORY _____ TIER _____ SIZE (ACRES) _____

PROPERTY OWNER(S) Amir Dastouri
 DAYTIME PHONE 301-204-5714 CELL _____ EMAIL amirdastouri@gmail.com
 MAILING ADDRESS same as above
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:

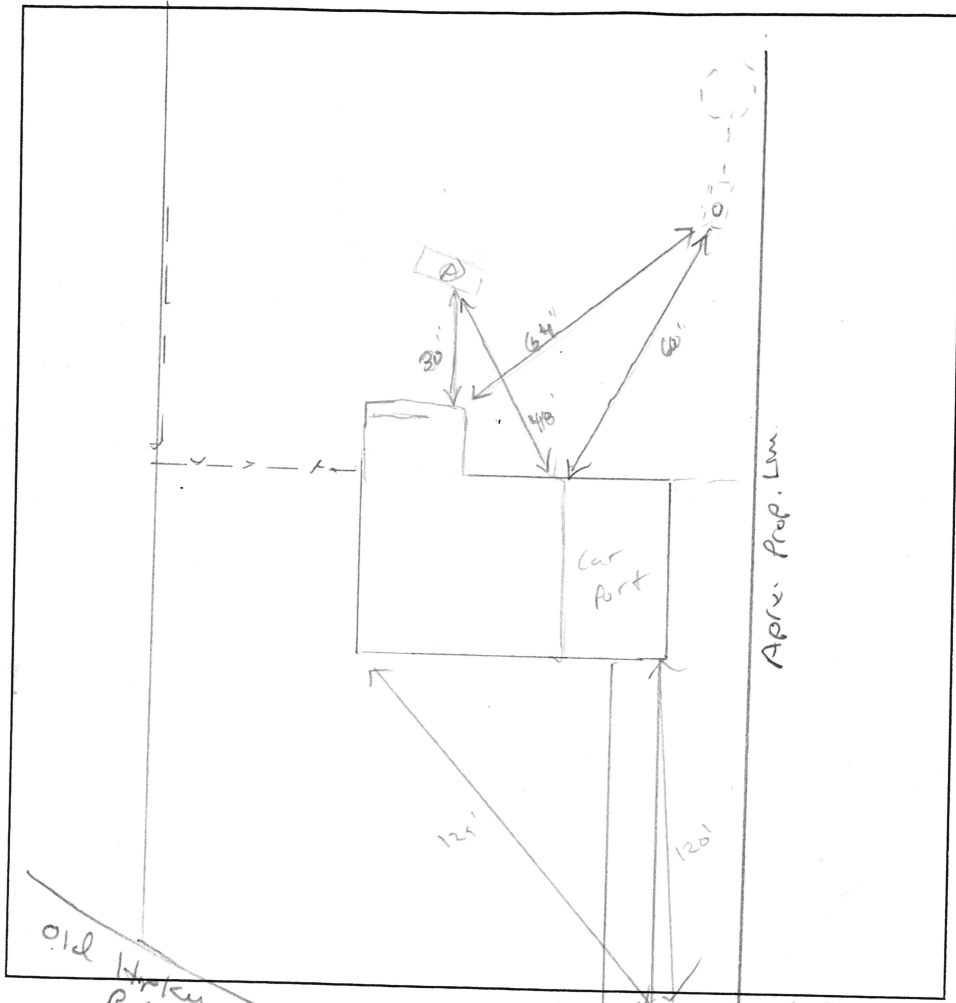
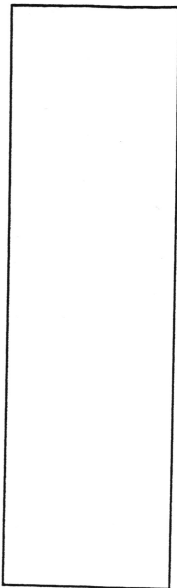
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE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

7/15/2025

 DATE



(A)
 2' Dr. K Br L.
 m Co SAK,
 runs
 Br SICK
 m Co SAK,
 Frable, CW
 10% R_x
 5' 1 1/2" Y SL
 WK G pl
 WK Frable,
 charny.
 m Co SAK
 some sprite
 9' 1 1/2" Y L₂
 WK G pl
 WK Frable,
 Highly m Co SAK
 loose 10% sprite
 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/25/2015	(A)	5' 6" / 14' V	00:02	00:04	00:06	2	P
		H ₂ O passed @	14'			~ 7 min	P
	report	5'	00:07	00:09	00:13	4	P

REMARKS _____
 SANITARIAN R. Wolf BACKHOE Ricky Culson OTHERS _____
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 3 SQ. FT/BR 1.2 sq ft / ft²
 TRENCH WIDTH 3 INLET DEPTH _____ MAX. BOT DEPTH 7.5 EFFECTIVE SW 2' (62)
 $3BR = \frac{480}{12} = 333 \div 3 = 111 (62) = 70 LF$ 5 1/2 - 7 1/2