

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ *AP A 526693*

AGENCY REVIEW: \_\_\_\_\_ DATE *5/10/07*

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 4 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Tim Siebes

DAYTIME PHONE 410 531 3861 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 12220 Ioka Ct Ellicott City MD 21042  
STREET CITY/TOWN STATE ZIP

APPLICANT Fogles Septic

DAYTIME PHONE 410 795-5670 CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 580 Obrecht Rd Sykesville MD \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME 1 LOT NO. \_\_\_\_\_

PROPERTY ADDRESS 12220 Ioka Ct Ellicott City  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

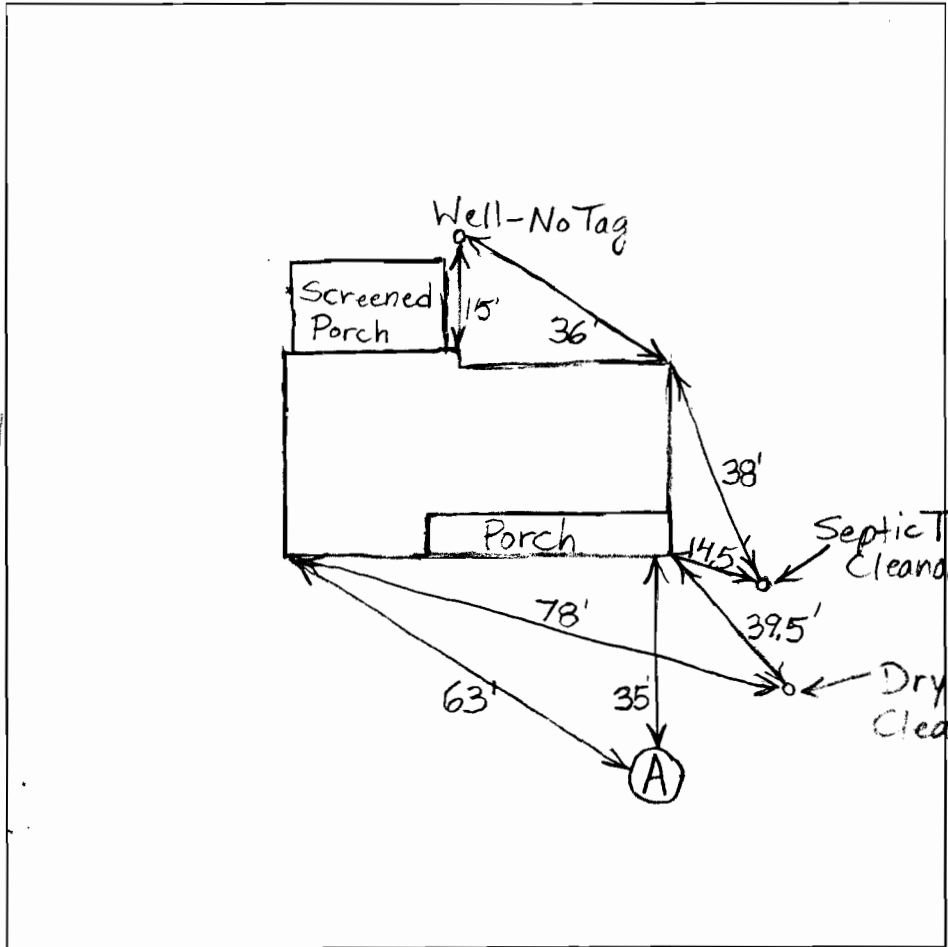
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Kent A. Carrell  
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P (A)

1.5' Or Br Sa Cl Loam  
5-10% Rock  
Red Br Sa Cl Loam  
Trace Rock  
3.5' Dense Red Br Loamy Sand  
5.5' Tan Loamy Sand  
5-10% Saprolite  
15'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5/23/07	A	4.5' / 15' V	10:44	10:51:30	11:07	15 1/2	P
		6'	11:11:30	11:13:15	11:16:45	3 1/2	P

REMARKS Water Poured In Bottom of Hole A - Rate Good  
 SANITARIAN B. Baker BACKHOE Fogles OTHERS Margaret Siebes  
 TEST HOLES USED IN SDA A AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 6'

**INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION**

For internal office use only

**Reason for Request:**

- Failing System (includes surface discharge or inadequate treatment zone)
- Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?
- \*System relocation for proposed addition for setback compliance
- \*Verification of adequate system capacity per COMAR 26.04.02.02D (4)
- To replace collapsed septic tank
- To replace collapsed drywell

Septic Contractor: Fogles Septic Clean Inc  
Contractor's Address: 500 Obrecht Rd  
Sykesville MD  
Contractor's Phone #: 410 795-5670  
Property Address: 12220 Ioka Ct  
Property (Subdivision) & Lot # \_\_\_\_\_  
County file number if known: \_\_\_\_\_  
Owner's Name: Tim + Margaret Selbes  
Is public sewer available/nearby: \_\_\_\_\_  
**If public sewer may be close, mention further research will be performed to verify availability**  
Names of Any Previous Owners: \_\_\_\_\_  
Year House Built: \_\_\_\_\_  
# of Existing Bedrooms: 4  
# of Bedrooms after completion of addition: \_\_\_\_\_  
Has this request been discussed previously with another Sanitarian: \_\_\_\_\_  
If yes, then with whom and when: \_\_\_\_\_

**A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair / upgrade / evaluation. No inspection will be performed without fee collection at the office.**

Print out copy of Real Property Data via Dept. of Taxation website \_\_\_\_\_ Indexed file found \_\_\_\_\_

\*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362).  
If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).  
If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.  
If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion.  
Owner should contact Charlotte Dryden at x 4419 for further detail.

Environmental Sanitarian tentatively assigned per rotating index card box: \_\_\_\_\_  
Date of request: \_\_\_\_\_ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling sanitarian.