

Bureau of Environmental Health  
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 website: www.hchealth.org

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

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Lot 6 Petty Subd LOT # \_\_\_\_\_

PROPERTY ADDRESS 3230 Jones Rd Woodbine  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) Stephan Freitage

DAYTIME PHONE 410 802 1024 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 3230 Jones Rd Woodbine  
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic RELATIONSHIP TO OWNER: Consultant

DAYTIME PHONE 410 295-5670 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 580 Obrecht Rd Sykesville  
STREET CITY, STATE ZIP

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

- 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)
- PROPERTY:
- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: \_\_\_\_\_
  - CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
  - REPAIR OR REPLACE FAILING OSDS
  - UPGRADE EXISTING OSDS
- IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?
- YES
  - NO

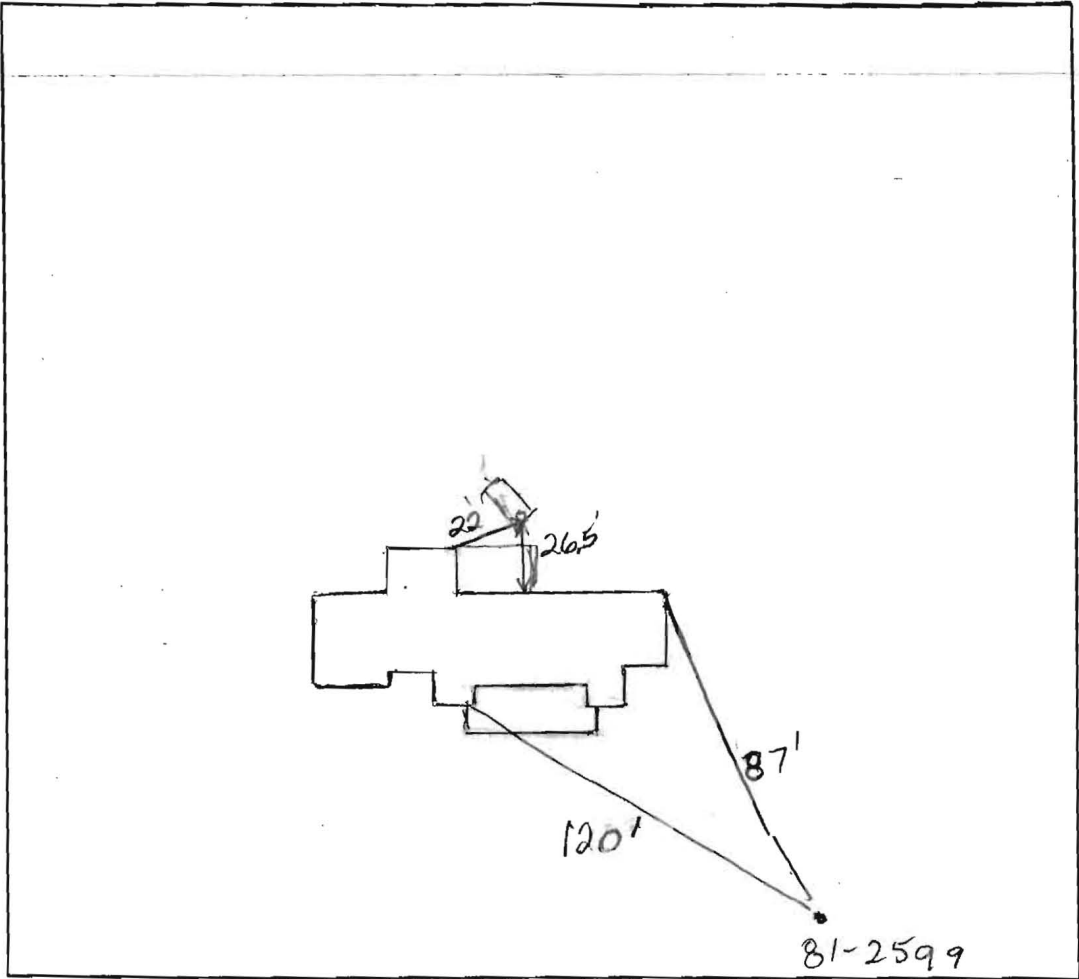
AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- 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.

Kurt A. Russell 3/12/13  
SIGNATURE OF APPLICANT DATE



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/27/2013							
<p>Perce Testing</p> <p>Cancelled, Pipes</p> <p>Clogged With Tree Roots</p>							

REMARKS \_\_\_\_\_

SANITARIAN \_\_\_\_\_

BACKHOE \_\_\_\_\_

OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_

AVG. PERC TIME \_\_\_\_\_

SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_

MAX. BOT DEPTH \_\_\_\_\_

EFFECTIVE S/W \_\_\_\_\_