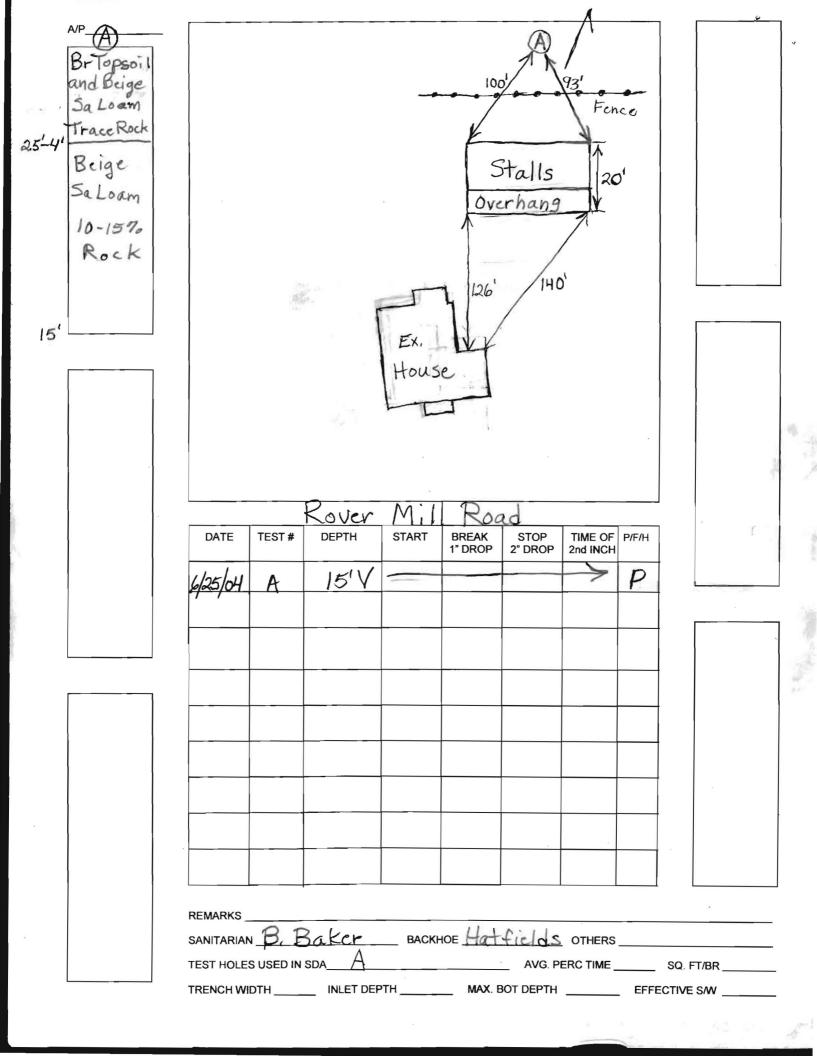


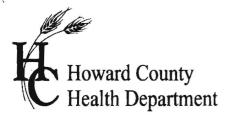
APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 6/25/64	TEST TIME		DATE		
AGENCY REVIEW:					
DO NOT	WRITE ABOVE THIS	LINE			
HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	CHECK /	SEWAGE DISPOSAL AS NEEDED: W STRUCTURE(S) DITION TO AN EXIST PLACE AN EXISTING	ING STRUCTURE	s) TO:	
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD	IS THE F PYE NO		500' OF ANY RESER	VOIR?	
☐ COMMERCIAL (PROVIDE DETAIL OF ☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL)	AIL OF NUMBERS AND TYPES	MPLOYEES/ CUSTON S OF EMPLOYEES/US	MERS ON ACCOMPA SERS ON ACCOMPA	NYING PLAN) NYING PLAN)	
PROPERTY OWNER(S) Wade and Bree	rda Hale				
DAYTIME PHONE CE	LL	FA	X		
MAILING ADDRESSSTREET	CITY	//TOWN	STATE	ZIP	
APPLICANT					
DAYTIME PHONE CEL	L	FAX	.		
MAILING ADDRESS		(50)	07475		
STREET		//TOWN			
APPLICANT'S ROLE: DEVELOPER BUILDER	BUYER RELAT	IVE/FRIEND	REALTOR (CONSULTANT	
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME ROYER N	_		LOT NO.	9	
PROPERTY ADDRESS 13930 Rover Misstreet	11 Road	TOWN/POST (DFFICE		
TAX MAP PAGE(S) GRID	PARCEL(S)	PROPO	SED LOT SIZE _		
AS APPLICANT, I UNDERSTAND THE FOLLOWING: TH	E SYSTEM INSTALLED SU	JBSEQUENT TO TH	HIS APPLICATION	IS ACCEPT-	
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE.	THIS APPLICATION IS C	OMPLETE WHEN A	ALL APPLICABLE I	EES AND A	
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCE	PT THE RESPONSIBILITY	FOR COMPLIANC	E WITH ALL M.O.S	S.H.A. AND	
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASE	D UPON SATISFACTORY	REVIEW OF A PER	RC CERTIFICATIO	N PLAN.	
TEST RESULTS WILL BE MAILED TO APPLICANT.		NATURE OF ARRUS	NIT		

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





APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

DO NOT WRITE ABOVE THIS LINE 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) NEW STRUCTURE(S) PREPAIRADD TO AN EXISTING SEPTIC SYSTEM ADDITION TO AN EXISTING STRUCTURE REPLACE AN EXISTING SEPTIC SYSTEM ADDITION TO AN EXISTING STRUCTURE CHECK ONE: IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR? CREATE NEW LOT(S) YES BUILD ON AN EXISTING LOT IN A SUBDIVISION YES BUILD ON AN EXISTING PARCEL OF RECORD YES RESIDENTIAL WITH PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIAT COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLA PROPERTY OWNER(S) STRUCTURE (NOTE UNKNOWN IF APPROPRIAT COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLA PROPERTY OWNER(S) STRUCTURE (NOTE UNKNOWN IF APPROPRIAT COMPANYING PLA PROPERTY OWNER(S) STRUCTURE (NOTE UNKNOWN IF APPROPRIAT COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLA PROPERTY OWNER(S) STRUCTURE (NOTE UNKNOWN IF APPROPRIAT CITY/TOWN STATE APPLICANT High Coulds State	
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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)	
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DAYTIME PHONE 301 854-5452 CELL FAX MAILING ADDRESS 13930 Rover Mill RD West Friendshy MD 217 STREET CITYTOWN STATE APPLICANT Hat Cilds Septic DAYTIME PHONE 301-854-6172 CELL 410-984-0047 FAX 410 489-4904 MAILING ADDRESS 13785 Bunt woods RD Glene (5 MC) 21737	AN)
MAILING ADDRESS 13930 Rover Moll Rd West Friendship Md 217 STREET CITY/TOWN STATE APPLICANT Hat Cilds Septic DAYTIME PHONE 301-854-6172 CELL 410-984-0047 FAX 410 485-4904 MAILING ADDRESS 13785 Bunt woods Rd Glenels Mcd 21737	
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DAYTIME PHONE 301-854-6172 CELL 410-984-0047 FAX 410 489-4904 MAILING ADDRESS 13785 Bunt woods R1 Glenels Mc 21737	294 ZIP
MAILING ADDRESS 13785 Buntwoods Rd Glenels Mc 21737	
100 112110 11200 11	*
STREET CITY/TOWN STATE	ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTA	ANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME 13930 Roser M. II RI LOT NO PROPERTY ADDRESS 13930 Roser M. II RI	
STREET TOWN/POST OFFICE	
TAX MAP PAGE(S)	_
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEP	PT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND	ΔA
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND	D
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT. 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

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