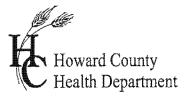
1	ward County		PLIC			
Нел	alth Department	FOR PERC	OLATION TEST	ING AND SIT	E EVALUA	TION
TEST DATE(S)	·		TEST TIME	• *	@ 531	364
AGENCY REVIEW: _		<u>.</u>			DATE 02	-12
		DO NOT WRITE	ABOVE THIS LINE	·		
HEREBY APPLY FOR TH	E NECESSARY TESTIN	NG/EVALUATION PRIOF	TO ISSUANCE OF SEWAG	E DISPOSAL SYSTE	M PERMIT(S) TO:	
REPAIR/ADD T	: NEW SEPTIC SYSTEM(O AN EXISTING SEPT EXISTING SEPTIC SYS	IC SYSTEM		DED: JCTURE(S) TO AN EXISTING ST AN EXISTING STRU		
	LOT(S) EXISTING LOT IN A SU EXISTING PARCEL OF		IS THE PROPER YES NO	ТҮ W[THIN 2500' OF	ANY RESERVOIR?	
THE TYPE OF STRU RESIDENTIAL W COMMERCIAL INSTITUTIONAL PROPERTY OWNER(S)	ITH PI (PROVID	E DETAIL OF NUMBERS	IN THE COMPLETED STR S AND TYPES OF EMPLOYI MBERS AND TYPES OF EM	EES/ CUSTOMERS O	N ACCOMPANYING	PLAN)
DAYTIME PHONE 44	3 535 9	949 CELL		FAX		
MAILING ADDRESS	15146 Sa	pling Rid	ge Dr Dr	axton	ZIQ: STATE	36
APPLICANT Foale	ès Sentic	Clean -	Inc /Kur		1	
DAYTIME PHONE 410	795-567	0 CELL 410	984-5211	FAX		
MAILING ADDRESS 5	580 Obred	nt Rd	Sy Kesville	mD	STATE 21	184 71P
APPLICANT'S ROLE:		BUILDER BUY			\sim	JLTANT
PROPERTY LOCATION	_ /	÷.				
SUBDIVISION/PROPERT	15146 STREET	Saphing f	lidge Ar	Day WN/POST OFFICE	ton	
AX MAP PAGE(S)	GRID		s) 147	PROPOSED LO	DT SIZE	\$
S APPLICANT, I UNDE	RSTAND THE FOLL	OWING: THE SYSTE	M INSTALLED SUBSEQ	JENT TO THIS APP	LICATION IS ACC	CEPT-
BLE ONLY UNTIL PUB	LIC SEWERAGE IS A	VAILABLE. THIS AF	PPLICATION IS COMPLE	TE WHEN ALL AP	² LICABLE FEES A	ND A
UITABLE SITE PLAN H	AVE BEEN RECEIVE	D. I ACCEPT THE	RESPONSIBILITY FOR C	OMPLIANCE WITH	ALL M.O.S.H.A. A	AND
		a		W OF A PERC CER	TIFICATION PLAN	٧.
EST RESULTS WILL BE	EMAILED TO APPLIC	CANT. Ku	44 CASLELI SIGNATURE	OF APPLICANT		
HOWARDCOINTY	EALTH DEPARTN	IENT, BUREAU OF	ENVIRONMENTAL HE	ALTH, WELL AN	D SEPTIC PROG	RAM



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) ______ TEST TIME _____

A/P _____

AGENCY REVIEW:

DATE _____

DO NOT WRITE ABOVE THIS LINE

CHECK AS NEEDEI			CHI D	UANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO: CHECK AS NEEDED: NEW STRUCTURE(S) ADDITION TO AN EXISTING STRUCTURE REPLACE AN EXISTING STRUCTURE				
	/ LOT(S) EXISTING LOT IN A SUBDIV EXISTING PARCEL OF REC			IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?				
THE TYPE OF STR RESIDENTIAL V COMMERCIAL INSTITUTIONAL	VITHPROPO (PROVIDE DE	TAIL OF NUMBERS	S AND TYPES (OF EMPLOYEES/ CU	(NOTE UNKNOWN IF STOMERS ON ACCON ES/USERS ON ACCON	MPANYING PLAN)		
PROPERTY OWNER(S)							
DAYTIME PHONE CELL				FAX				
MAILING ADDRESS	STREET			CITY/TOWN	STATE	ZIP		
APPLICANT				446 - Ma rina Andrew Andre				
DAYTIME PHONE CELL				FAX				
MAILING ADDRESS								
	STREET			CITY/TOWN		ZIP		
	DEVELOPER BUII	_DER BUY	'ER RE	LATIVE/FRIEND	REALTOR	CONSULTANT		
PROPERTY LOCATION SUBDIVISION/PROPER	N RTY NAME		LOT N	0				
PROPERTY ADDRESS	STREET	2007.0.1						
TAX MAP PAGE(S)	GRID	PARCEL(S)	PR	OPOSED LOT SIZE	*****		
AS APPLICANT, I UNDE	ERSTAND THE FOLLOWI	NG: THE SYSTE	M INSTALLE	D SUBSEQUENT T	O THIS APPLICATION	ON IS ACCEPT-		
ABLE ONLY UNTIL PUE	BLIC SEWERAGE IS AVAI	LABLE. THIS AI	PPLICATION	IS COMPLETE WH	EN ALL APPLICABL	E FEES AND A		
SUITABLE SITE PLAN I	HAVE BEEN RECEIVED.	I ACCEPT THE	RESPONSIBI	LITY FOR COMPLIA	ANCE WITH ALL M.	D.S.H.A. AND		
"MISS UTILITY" REQUI	REMENTS. APPROVAL I	S BASED UPON	SATISFACTO	DRY REVIEW OF A	PERC CERTIFICAT	ION PLAN.		
TEST RESULTS WILL E	BE MAILED TO APPLICAN	Τ.						
	HEALTH DEPARTMEN IBIA GATEWAY DRIVE TDD (410	COLUMBIA, I	ENVIRONM MARYLAND		WELL AND SEPT			

HD-216 (2/03)

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

