

Bureau of Environmental Health

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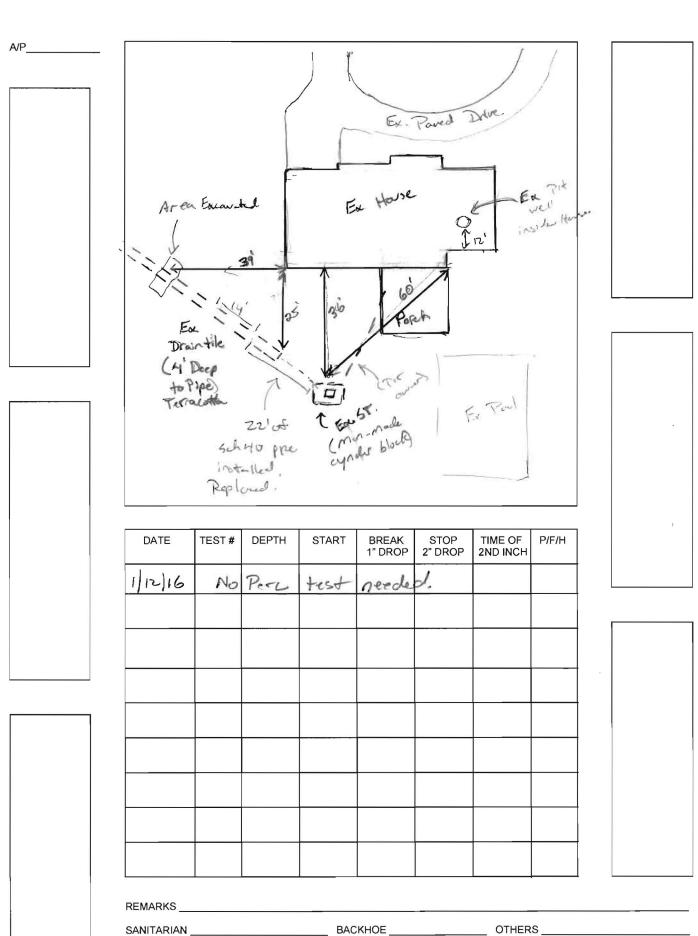
Maura J. Rossman, M.D., Health Officer

APPLICATION

FOR	PERCOL	ATION	TESTING	AND	SITE	EVAL	UATION

A559897

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME
PROPERTY ADDRESS 1130 St Michaels RD Mt Azy Md 21771 STREET FOODSED LOT
TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO SIZE (ACRES)
ZONING CATEGORY TIER
PROPERTY OWNER(S) Larry Rough
DAYTIME PHONE 301471 5583CELL EMAIL
MAILING ADDRESS 1138 S.4 Michaels Rd M+ Air Md 2.271 STREET ZIP
APPLICANT Thomas Seal Jet Spoticitie RELATIONSHIP TO OWNER: None
DAYTIME PHONE 410 875-3711 CELLY10 259 1805 EMAIL EMS @ Winstock legal. Com
MAILING ADDRESS 2516 Marston Rol South New Windson Und 21776
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 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? □
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.
Janua Al 1-5-17
SIGNATURE OF APPLICANT DATE



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	

	HOWARD COUNTY HEALTH DEPARTMENT	59897
Received From	+ Septie Mc PHONE #	815-2011
CASH	For Porc / Ropein - 113	50 51
NO.	Three hundred th	U4 Dollar
\$ 73)	D Received By Alme	