



# Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

## APPLICATION

### FOR PERCOLATION TESTING AND SITE EVALUATION

A559897

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 1130 St Michaels Rd Mt Airy Md 21221  
STREET TOWN ZIP

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Larry Rouch

DAYTIME PHONE 301 471 5583 CELL EMAIL

MAILING ADDRESS 1130 St Michaels Rd Mt Airy Md 21221  
STREET CITY, STATE ZIP

APPLICANT Thomas Seal Jet Septic Inc RELATIONSHIP TO OWNER: None

DAYTIME PHONE 410 875-2311 CELL 410 2596805 EMAIL EMS@WinstockRegal.Com

MAILING ADDRESS 2516 Marston Rd South New Windsor Md 21226  
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 3 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?

- ☐ 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.

Thomas Seal

SIGNATURE OF APPLICANT

1-5-17

DATE

[illegible]

REMARKS \_\_\_\_\_

SANITARIAN \_\_\_\_\_ BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA	AVG. PERC TIME	SQ. FT/BR
1		
2		
3		
4		
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9		
10		
11		
12		
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TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_



# HOWARD COUNTY HEALTH DEPARTMENT

59897

DATE 1/15/17

Received  
From

Jet Septic Inc.

PHONE #

46 A5  
875-2311

For

Pore / Porein - 1130 St.  
Michaels Rd.

☐ CASH

☒ CHECK

NO.

12455

Three hundred thirty

Dollars

\$

230.00

Received By

Ken