



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 8519 Reservoir Rd Fulton MD 20759
STREET TOWN ZIP

TAX ACCOUNT # 0045 TAX MAP 0045 GRID 0012 PARCEL 0056 LOT NO. _____ PROPOSED LOT
SIZE (ACRES) 1.04 acre

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Ira Kaplan

DAYTIME PHONE 301 536 1844 CELL _____ EMAIL _____

MAILING ADDRESS 11 _____
STREET CITY, STATE ZIP

APPLICANT Mike Picarella w/ Pickles Services RELATIONSHIP TO OWNER: septic installer

DAYTIME PHONE 301 514 7938 CELL " EMAIL pickleservices@aol.com

MAILING ADDRESS 721 Hays Mill Rd Taneytown MD 21787
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 4 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.

SIGNATURE OF APPLICANT

DATE

