



## Bureau of Environmental Health

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

### APPLICATION

#### FOR PERCOLATION TESTING AND SITE EVALUATION

1560632

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Wesley Hills Lot #13  
PROPERTY ADDRESS 11429 Rowley Rd Clarksville 21029  
STREET TOWN ZIP  
TAX ACCOUNT # \_\_\_\_\_ TAX MAP 41 GRID 9 PARCEL 417 LOT NO. 13 PROPOSED LOT SIZE (ACRES) 3.241  
ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Ernest Byron  
DAYTIME PHONE 301-776-8931 CELL 301-525-7255 EMAIL enbyron@verizon.net  
MAILING ADDRESS 11429 Rowley Rd Clarksville 21029  
STREET CITY, STATE ZIP

APPLICANT Fogles Septic Clean INC RELATIONSHIP TO OWNER: Contractor  
DAYTIME PHONE 410-795-5670 CELL \_\_\_\_\_ EMAIL Kim@foglesinc.com  
MAILING ADDRESS 580 Obrecht Rd Sykesville 21784  
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