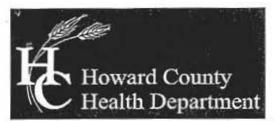


## HOWARD COUNTY HEALTH DEPARTMENT

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### 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

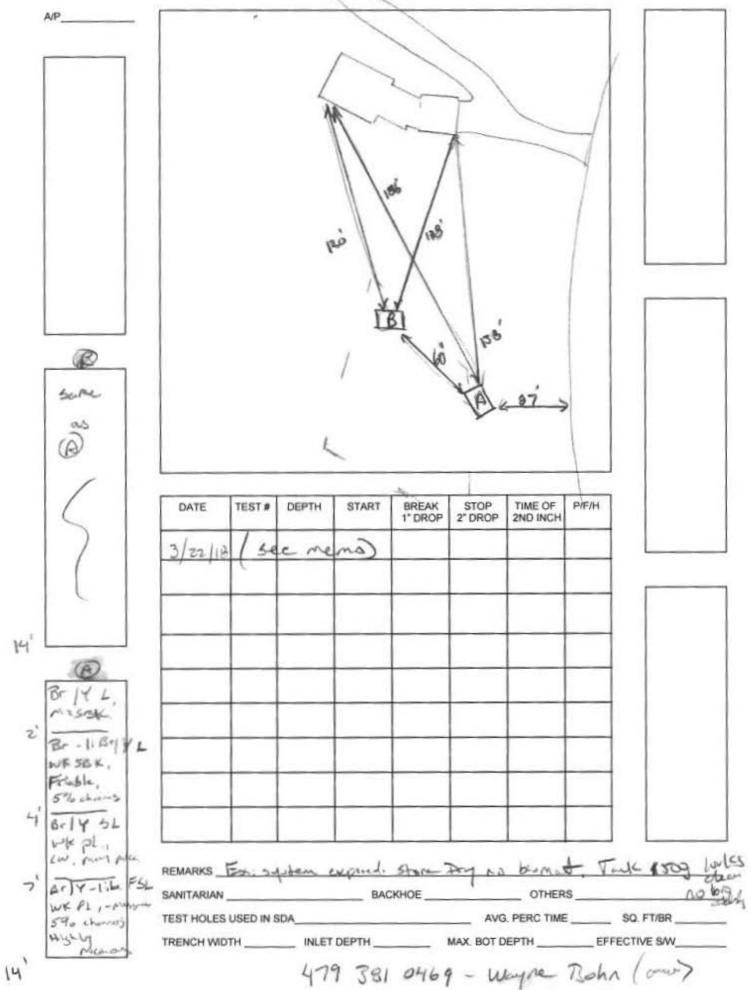
Maura J. Rossman, M.D., Health Officer

156923

## APPLICATION

#### FOR PERCOLATION TESTING AND SITE EVALUATION

SUBDIVISION/PROPERTY NAME  PROPERTY ADDRESS 11718 Springhaven Ct Slication Minor Construct Medical Proposed Lot Size (ACRES) 3  ZONING CATEGORY TIER  PROPERTY OWNER(S) Lot No. 61 Size (ACRES) 3  ZONING CATEGORY TIER  PROPERTY OWNER(S) Lot No. 61 Size (ACRES) 3  ZONING CATEGORY TIER  PROPERTY OWNER(S) Lot No. 61 Size (ACRES) 3  ZONING CATEGORY TIER  PROPERTY OWNER(S) Lot No. 61 Size (ACRES) 3  APPLICANT FOOK SIZE (ACRES) TIES CITY, STATE CITY, STA	PROPERTY LOCATION	
TAX ACCOUNT # TAX MAP COLD GRID COZ ( PARCEL OLZ ( LOT NO. 6) SIZE (ACRES) 3  ZONING CATEGORY TIER  PROPERTY OWNER(S) COLD GRID COZ ( PARCEL OLZ ( LOT NO. 6) SIZE (ACRES) 3  ZONING CATEGORY TIER  PROPERTY OWNER(S) COLD GRID COZ ( PARCEL OLZ ( LOT NO. 6) SIZE (ACRES) 3  DAYTIME PHONE 179-381-040 CELL EMAIL  MAILING ADDRESS 1718 Spring haven C - Ellicat City, STATE 2P  APPLICANT TOOK SEPTION CELL EMAIL  MAILING ADDRESS  SIREET CITY, STATE 2P  I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):  SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:  SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:  SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR  CONSTRUCT NEW OSOS ON UNDEVELOPED LOT  REPAIR OR REPLACE FAILING OSDS  UPGRADE EXISTING OSDS  UPGRADE E	SUBDIVISION/PROPERTY NAME	
TAX MAP OO 3 GRID COZ   PARCEL O Z C. LOT NO.   SIZE (ACRES) 3  ZONING CATEGORY TIER  PROPERTY OWNER(S)   DAY BOWNER   DAY ON STREET   DAY IMPROVED BY ALL STREET   EMAIL   MAILING ADDRESS   17   8 Spring haven C + Ellicat City MA   Z   D + 2    APPLICANT   FOOK S Spring haven C + Ellicat City MA   Z   D + 2    APPLICANT   FOOK STREET   CITY, STATE   ZIP    APPLICANT   TOO WHER:   DAY IMPROVED BY ALL STREET   CITY, STATE   ZIP    I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S): SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:   SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:   SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING)   MAJOR   MINOR   MINOR   CONSTRUCT NEW OSD ON UNDEVELOPED LOT   REPAIR OR REPLACE FAILING OSD   UPGRADE EXISTING OSD   UPGRADE EXISTING OSD   PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE   COMMERCIAL (PROVIDED DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)    BE THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?   YES   NO    AS APPLICANT, I UNDERSTAND THE FOLLOWING:   THIS APPLICATION IS VALID FOR TWO (Z) 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 MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSE   THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSE   THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSE   THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSE   THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSE   THIS APPLICATION PLAN PRIOR TO EXPIRATION CONTAINS AND THE PROPERTY OF THE	1. 110	ven ct Ellicott City, Md. 21042
PROPERTY OWNER(S)  DAYTIME PHONE 179-381-0469 CELL  MAILING ADDRESS 1718 Spring have C1 - Ellicat C1+ MA Z1042  APPLICANT Fogle's Spring have C1 - Ellicat C1+ MA Z1042  APPLICANT Fogle's Spring have C1 - Ellicat C1+ MA Z1042  APPLICANT Fogle's Spring have C1 - Ellicat C1+ MA Z1042  APPLICANT Fogle's Spring have C1 - Ellicat C1+ MA Z1042  APPLICANT Fogle's Spring C1+ State C1+ MA Z1042  APPLICANT FOGLE'S SPRING CELL  EMAIL  MAILING ADDRESS  I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):  BROPERTY:  SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:  SUBDIVISION: NUMBER OF LOTS INCLUDING PERPLOPELOPE LOT  REPAIR OR REPLACE FALING 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?  YES  NO  AS 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 PROCESSE  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.	TAX ACCOUNT # TAX MAP 0023G	
DAYTIME PHONE 179-381-0469 CELL EMAIL  MAILING ADDRESS 1718 Spring haven C1 - Ellicott City May 21042  APPLICANT Fooks Septics Relationship to owner:  DAYTIME PHONE 110-795-5670 CELL EMAIL  MAILING ADDRESS  STREET CITY, STATE 27P  I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):  BUBDIVISION: 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?  YES  NO  SA 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 SPELICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSE  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 A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.	ZONING CATEGORY TIER	
MAILING ADDRESS 1718 Spring haven CT - Ellicat City Ma 21042  APPLICANT Fools Septic S RELATIONSHIR TO OWNER:  DAYTIME PHONE 410-795-5670 CELL EMAIL  MAILING ADDRESS  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 REW ADSO ON UNDOVELOPED 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? 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 PROCESSE 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 pelated to the requested permit/service.	PROPERTY OWNER(S) Wayne Boh	
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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 PROCESSE  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 selected to the requested permit/service.	SUBDIVISION CLASSIFICATION (PER DEPT. OF PLA  CONSTRUCT NEW OSDS ON UNDEVELOPED LOT  REPAIR OR REPLACE FAILING OSDS  UPGRADE EXISTING OSDS  BUILDING:	ANNING AND ZONING)   MAJOR   MINOR
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(1014/1/	property or duly authorized to make this application on behaving a signature of this application, I hereby grant Howard Countries to the signature of this application, I hereby grant Howard Countries to the signature of this application, I hereby grant Howard Countries to the signature of this application, I hereby grant Howard Countries to the signature of this application on the signature of	half of the owner. I agree to comply with all applicable state and county  nty Health Department officials the right to enter onto the property for the
X/196 17 2011 3-12-1X	Elell H Yoll	3-12-18
SIGNATURE OF APPLICANT DATE	SIGNATURE OF APPLICANT	



# FILE INQUIRY NOTES

DATE 1718 Goring Horalouth. RESULTS OF REVIEW FOR FILE	
DATE RESULTS OF REVIEW FOR FILE	
3/23/18 met up owner and contracter on side. Upon an	rvol
I was under the assumption - clarge up worthater	- +14
was a repair. Permet was applied for as april.	Devet
explained that he was finding bosedust and to	tel th
of BR's @ 5. He do explained he come in	to per
office and spoke of Hank Oswild witch	he man
explained one needed confirmation today to	my
4' treatment some below button of existing ,	fruls.
As do not weake the from over end contactor, s	I made
decosion de dig 2 also hales put hales as franche	4 (me
details on pere form detal 3/22/10 for hale local	- Consul
Perch sours El. Que de 14' m/ no avidence	of except
ruck or water (was present for sail about two).	7010
owner to come in transcraw and I till appoint	hy for
because Instrumed as long as he supplied to	V-1
eastly that plus (king)	

