



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 ROYER MILL ESTATES LOT 1
PROPERTY ADDRESS 14038 Tail Ships Dr. West Friendship 21794
STREET TOWN ZIP

TAX ACCOUNT # 1404337808 TAX MAP 15 GRID 13 PARCEL 233 LOT NO. 1 PROPOSED LOT SIZE (ACRES) 6.125
ZONING CATEGORY RR DEC TIER 1

PROPERTY OWNER(S) Sammy & Christine Eldin
DAYTIME PHONE (703) 608-6905 CELL EMAIL sammyengpy.com
MAILING ADDRESS 14038 Tail Ships Dr. West Friendship MD 21794
STREET CITY, STATE ZIP

APPLICANT LINDA ALEXANDER/CLSI RELATIONSHIP TO OWNER: surveyor
DAYTIME PHONE (410) 848-1790 CELL 443-375-9903 EMAIL lalexander@clsi.com
MAILING ADDRESS 439 E. Meigs Westminister, MD 21157
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 8 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