



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

6800 Redberry Rd Clarksville 21029
STREET TOWN ZIP

TAX ACCOUNT #

TAX MAP

GRID 0019

PARCEL 0205

LOT NO. 17

PROPOSED LOT
SIZE (ACRES)

1.0

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Rob Mason

DAYTIME PHONE

760.900.4133

CELL

202.853.7235

EMAIL

MAILING ADDRESS

6800 Redberry Rd Clarksville MD

21029

STREET

CITY, STATE

ZIP

APPLICANT

Freedom Septic

RELATIONSHIP TO OWNER:

installer/repair

DAYTIME PHONE

410.735.2947

CELL

EMAIL

chrish@freedomseptic.com

MAILING ADDRESS

2803 Liberty Rd Sykesville MD

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



HOWARD COUNTY HEALTH DEPARTMENT

68768

DATE
2/24/21

Received
From

Freedom Septic

PHONE #

410745-2947

For

Perc ~~septic~~ Repair
6806 Redberry Rd.

☐ CASH
☐ CHECK

NO.

4414

One hundred sixty two

Dollars

\$

165.00

Received By

King