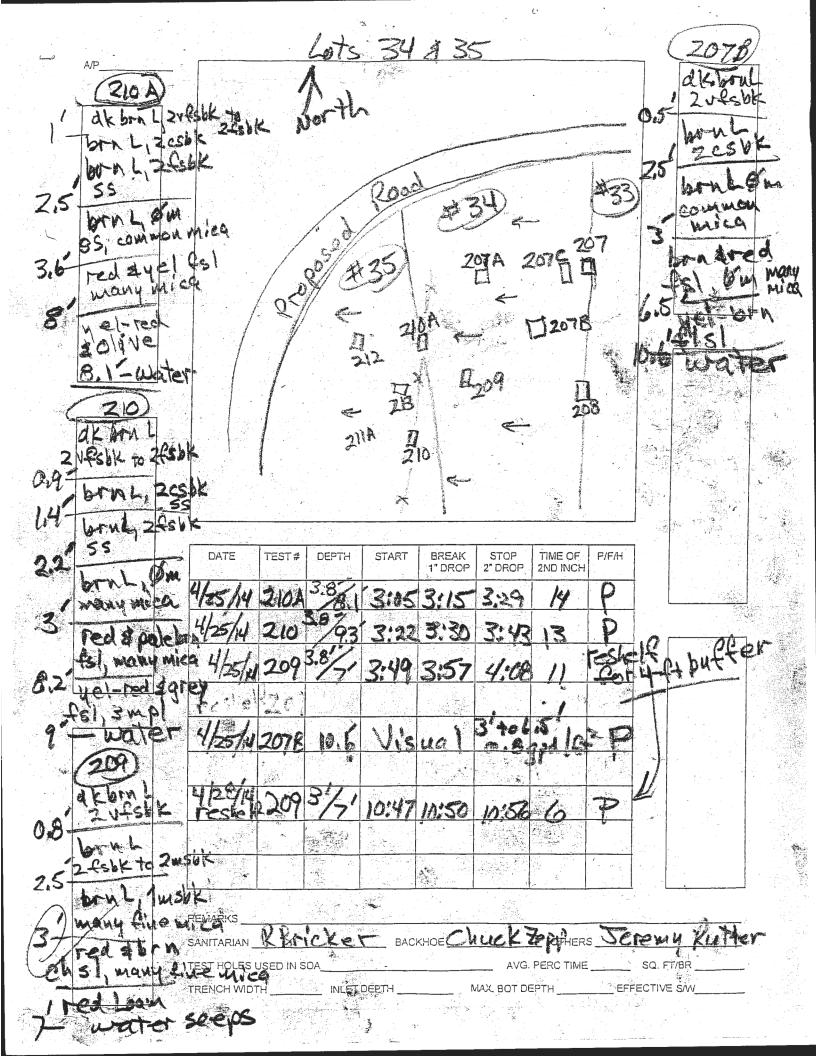


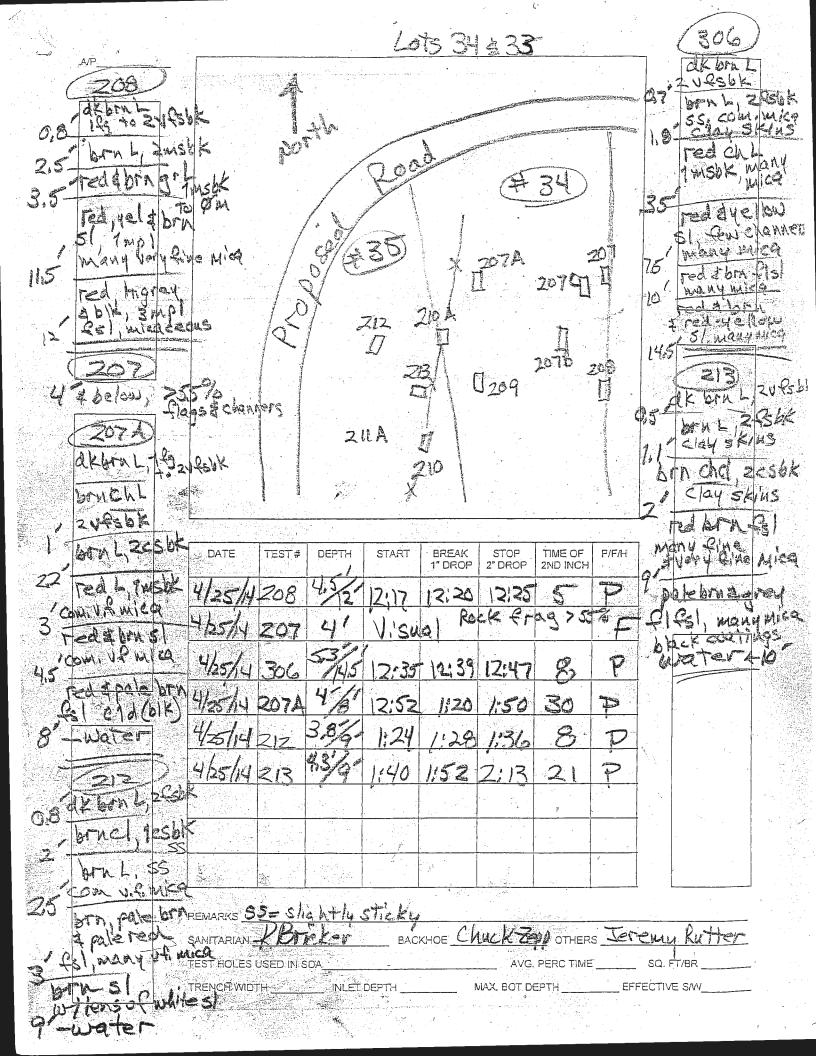
APPLICATION

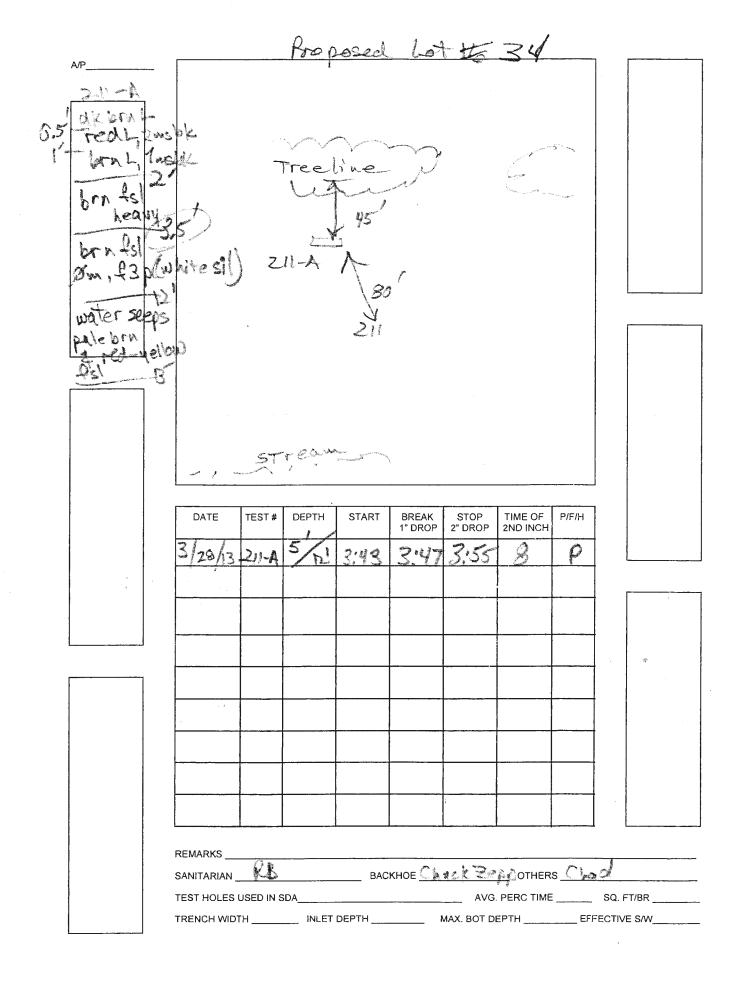
FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TEST TIME	AIP <u>556343</u> -1
AGENCY REVIEW:		ОДИР <u>556343-</u> Л DATE <u>12114</u>
DO NOT WRI	ITE ABOVE THIS LINE	
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PROCHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	RIOR TO ISSUANCE OF SEWAGE DISPOSAL CHECK AS NEEDED: NEW STRUCTURE(S) ADDITION TO AN EXIST REPLACE AN EXISTING	ING STRUCTURE
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD	IS THE PROPERTY WITHIN 29 ☐ YES ☑ NO	500' OF ANY RESERVOIR?
☐ COMMERCIAL (PROVIDE DETAIL OF NUME	OMS IN THE COMPLETED STRUCTURE (NO BERS AND TYPES OF EMPLOYEES/ CUSTON NUMBERS AND TYPES OF EMPLOYEES/US	MERS ON ACCOMPANYING PLAN)
PROPERTY OWNER(S) Gilliece Family, LLC.		
DAYTIME PHONE <u>410-531-0797</u> CELL <u>4</u>	410-916-4164 FA	X
MAILING ADDRESS <u>13111 Linden Church Road</u> STREET	Clarksville CITY/TOWN	MD 21029-1174 STATE ZIP
APPLICANT <u>Development Design Consultants, Inc Bria</u>	ın Collins	
DAYTIME PHONE <u>410-386-0560</u> CELL <u>4</u>	10-336-6362 FA	X <u>410-386-0564</u>
MAILING ADDRESS 192 E. Main Street STREET	Westminster CITY/TOWN	MD 21157 STATE ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER	BUYER RELATIVE/FRIEND	REALTOR CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME <u>Resubdivision of Lot 2 or </u>	f the Diehl Property	LOT NO. <u>Lot 34</u>
PROPERTY ADDRESS <u>S/E River Road</u> STREET	Sykesville TOWN/POST (21784 DFFICE
TAX MAP PAGE(S) 09 GRID 06 PARG	CEL(S) 66 PROPO	OSED LOT SIZE 1.15 AC
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SY	STEM INSTALLED SUBSEQUENT TO T	HIS APPLICATION IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. TH	IIS APPLICATION IS COMPLETE WHEN	ALL APPLICABLE FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT T	THE RESPONSIBILITY FOR COMPLIANC	E WITH ALL M.O.S.H.A. AND
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED U	PON SATISFACTORY REVIEW OF A PEI	RC CERTIFICATION PLAN.
TEST RESULTS WILL BE MAILED TO APPLICANT.	B SIGNATURE OF APPLICA	ANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH







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