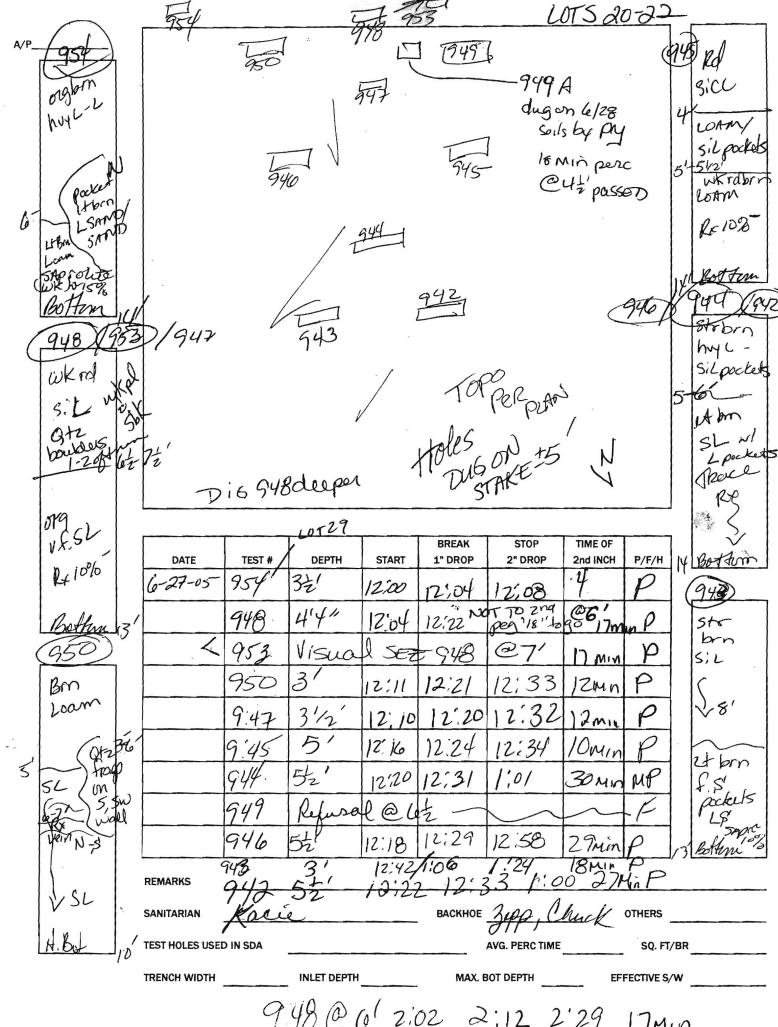


APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)		ТЕ	ST TIME	(DP552493C	
AGENCY REVIEW:				D	PATE SI 24/05	
DO NOT WRITE ABOVE THIS LINE						
I HEREBY APPLY FOR T	HE NECESSARY TESTING/EVALUATION	ON PRIOR TO ISSU	JANCE OF SEWAGE DISP	OSAL SYSTEM PE	RMIT(S) TO:	
REPAIR/ADI	T NEW SEPTIC SYSTEM(S) O TO AN EXISTING SEPTIC SYSTEM	CHE	ECK AS NEEDED: NEW STRUCTURE(S) ADDITION TO AN EXISTING STRUCTURE REPLACE AN EXISTING STRUCTURE			
CHECK ONE: CREATE NE BUILD ON A	N EXISTING SEPTIC SYSTEM W LOT(S) N EXISTING LOT IN A SUBDIVISION N EXISTING PARCEL OF RECORD	IS T	HE PROPERTY WITHIN 2500' OF ANY RESERVOIR? YES NO			
THE TYPE OF STRUCTURE IS: RESIDENTIAL WITH PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE) COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN) INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)						
PROPERTY OWNER(S)	Frances Devlin					
DAYTIME PHONE (410) 997-7400 (GOODIER BUILDERS)		CELL	CELL FAX			
MAILING ADDRESS	ECHO FARM ROUTE 3 43	EAST LITCHFIE	LD ROAD, LITCHFIEL	LD, CONNETIC	UT 06750	
	STREET		CITY/TOWN		TATE ZIP	
APPLICANT	Heritage Land Development					
DAYTIME PHONE	410-489-7900	CELL	410-984-0408	FAX	410-489-9768	
MAILING ADDRESS	3060 Washington Road, Suite	2 220	Glenwood	M		
	STREET		CITY/TOWN	ST	TATE ZIP	
APPLICANT'S ROLE	DEVELOPER BUILDER	BUYER	RELATIVE/FRIEND	REALTOR	CONSULTANT	
PROPERTY LOCATION SUBDIVISION NAME	Meriweather Farm		pre	m 10TS	LOT NO.	
PROPERTY ADDRESS	14944 Roxbury Road					
	STREET		TOWN/POST OFFICE			
TAX MAP PAGE(S)	21 GRID 16	PARCEL(S) 28 PROPOS	SED LOT SIZE	1 Acre	
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPT-						
ABLE ONLY UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A						
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND						
"MISS UTILITY" REQUI	REMENTS. APPROVAL IS BASED	UPON SATISFA	CTORY BEVIEW OF A	PERC GERTIFICA	ATION PLAN.	
TEST RESULTS WILL BE MAILED TO APPLICANT. SIGNATURE OF APPLICANT						

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



948@612:02 2:12 2:29 17Min

