

Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION 557419

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Osker Shields LOT # _____

PROPERTY ADDRESS 11436 Rowley Rd Clarksville MD 21029
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ ZONING DESIGNATION _____

PROPERTY OWNER(S) Osker Shields

DAYTIME PHONE ³⁰¹ 953-9580 CELL _____ EMAIL _____

MAILING ADDRESS 11436 Rowley Rd. Clarksville MD 21029
STREET CITY, STATE ZIP

APPLICANT Ronnie Heaps RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE ⁴⁴³ 277 7525 CELL _____ EMAIL _____

MAILING ADDRESS 425 Obrecht 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):

BUILDING:

- RESIDENTIAL WITH 3 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

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.

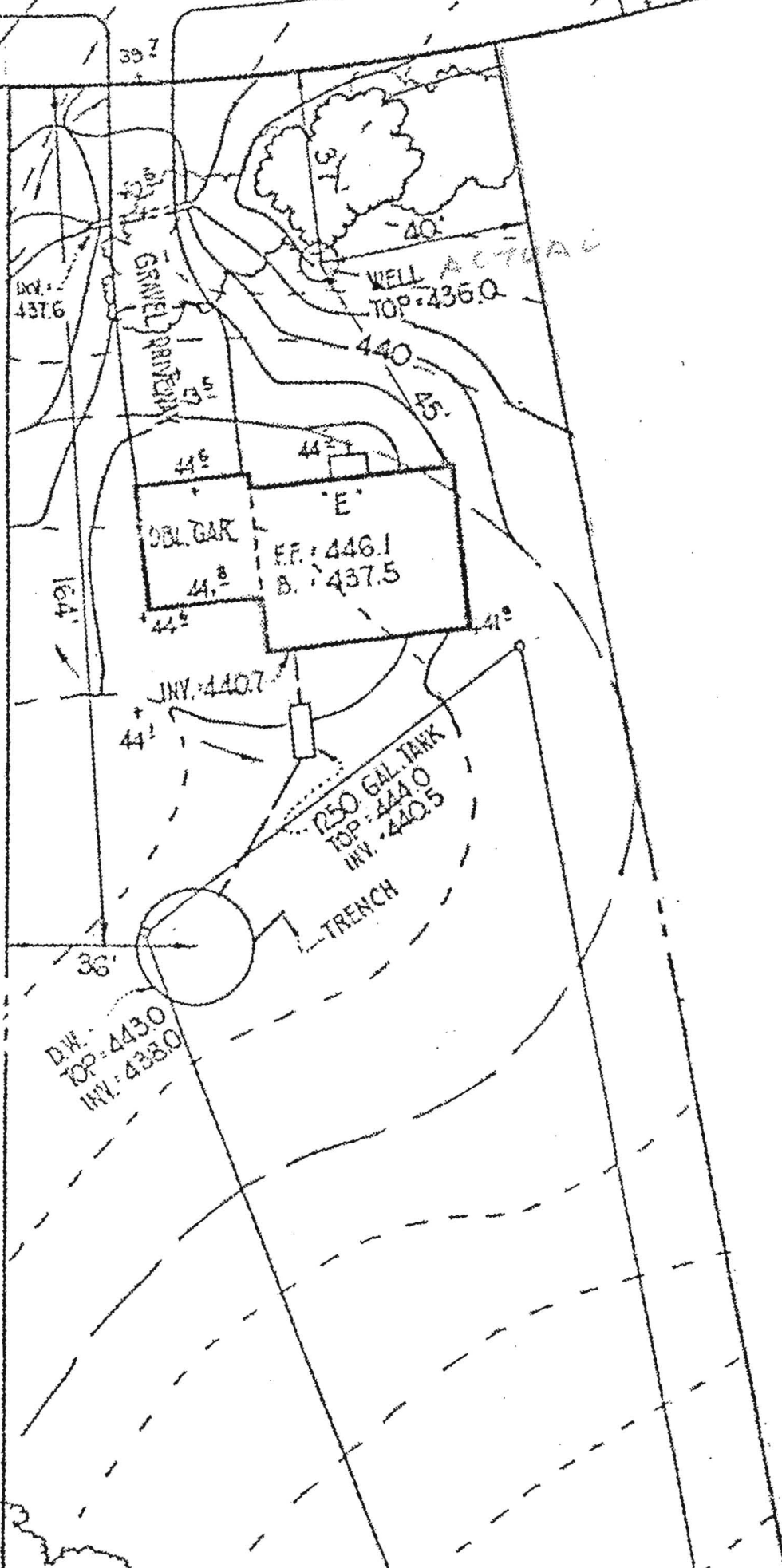
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Ronnie Heaps

SIGNATURE OF APPLICANT

11/20/15

DATE



Inv. 437.6

397

WELL ACTUAL
TOP: 436.0

MELBA DRIVE

OIL TANK

E
FF: 446.1
B.: 437.5

1250 GAL TANK
TOP: 444.0
INV: 440.5

TRENCH

DW: 44.30
TOP: 443.0
INV: 438.0

INV: 440.7

44.8

44.5

44.7

440

40'

35'

35'

164'

36'