



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**

A545037

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT # \_\_\_\_\_

PROPERTY ADDRESS 6862 Haviland Mill Rd Clarksville 21029  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) GENRIKH SRETENSUCI

DAYTIME PHONE 410 599 7041 CELL 410 599 7041 EMAIL SRETENSUCI@COMCAST.NET

MAILING ADDRESS 6862 Haviland Mill Rd Clarksville MD 21029  
STREET CITY, STATE ZIP

APPLICANT COUNTYWIDE SEPTIC SERVICE RELATIONSHIP TO OWNER: \_\_\_\_\_

DAYTIME PHONE 240 415 9800 CELL 301 748 2297 EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY, STATE ZIP

**I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):**

- 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)
- 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.

5.14.13  
 DATE

SIGNATURE OF APPLICANT