

Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY OWNER(S) RESTORATION FROM THE PROPERTY OWNERS DAYTIME PHONE MAILING ADDRESS TYP W WATCHSDILLE D MT. MATT, MD 31771 STREET CITY, STATE ZIP APPLICANT DAYTIME PHONE MAILING ADDRESS STREET CITY, STATE SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION: SUBDIVISION: SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) CONSTRUCT NEW OSOS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS BUILDING: RESIDENTIAL WITH SEXISTING 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	PROPERTY LOCATION
PROPERTY ADDRESS 749 W WATERSUE (F RD MI ADDRESS 1771) TAX ACCOUNT # 3 0 600 TAX MAP COOD GRID CO19 PARCEL C109 LOT NO. 3 SIZE (ACRES) . 918 / SIZE (ACRES) ZONING CATEGORY TIER PROPERTY OWNER(S) DAYTIME PHONE 301 7042 SCELL EMAIL MAILING ADDRESS APPLICANT STREET CITY, STATE APPLICANT CLASSIFICATION FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S): PROPERTY: STREET CITY, STATE CITY, STATE CITY, STATE IN THEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S): PROPERTY: SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MIMOR CONSTRUCT NEW OSSOS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING GOSDS UPGRADE EXISTING OSSOS BUILDING: REPAIR OR REPLACE FAILING GOSDS RESIDENTIAL WITH SENDER OF 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? THIS APPLICANTO, I UNDERSTAND THE FOLLOWING: THIS APPLICANTO 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 FIRS 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 Ideclare 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 of 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 A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.	SUBDIVISION/PROPERTY NAME NURSANT VITTO
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PROPERTY OWNER(S) LEGECCA CALISIS DAYTIME PHONE MAILING ADDRESS TREET STREET CITY, STATE	TAX ACCOUNT # 310608 TAX MAP 0002 GRID 019 PARCEL 0109 LOT NO. 3 PROPOSED LOT SIZE (ACRES) 9181
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MAILING ADDRESS TYP W WATCRODILE TO MT. Mart, MD 31771 STREET CITY, STATE 21P RELATIONSHIP TO OWNER: WC CITY, STATE DAYTIME PHONE YY3 SJ1 Y932 CELL MAILING ADDRESS BUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: 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 BUILDING: RESIDENTIAL WITH SESTING 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 SA 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. THIS 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	PROPERTY OWNER(S) REBECCA CARIBLES
APPLICANT STREET CITY, STATE ZIP RELATIONSHIP TO OWNER: MAILING ADDRESS AND SAPES CREEK DECREED 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) CONSTRUCT NEW OSDS ON UNDEVELOPED LOT REPAIR OR REPLACE FAILING OSDS BUILDING: RESIDENTIAL WITH 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	DAYTIME PHONE 30170Y2Y25CELL EMAIL
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