



# HOWARD COUNTY HEALTH DEPARTMENT

45005

includes  
\$396 (each)  
installation  
permit fee

☐ CASH  
☐ CHECK

NO.

5751

CODES

410795564

Received  
From

Harrison Contracting

For

Balance of Peic Test

Eleven hundred forty-four

13500  
on  
Br.  
14027  
Dollars  
Trie Sophia  
Hill

\$

1144100

Received By

DATE  
4/18/13

PS



Howard County  
Health Department

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

#### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME KARINWOOD LOT # 4

PROPERTY ADDRESS 14027 TRIADELPHIA MILL ROAD DAYTON 21036  
STREET TOWN ZIP

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

PROPERTY OWNER(S) ABHAY MOGHEKAR & YOGEEETA NARKAR

DAYTIME PHONE 4434138108 CELL 4434138108 EMAIL amogheka@jhmj.edu

MAILING ADDRESS 14027 Triadelphia Mill Road Dayton - MD 21036  
STREET CITY/STATE ZIP

APPLICANT Harrison Contracting RELATIONSHIP TO OWNER: Septic Contractor

DAYTIME PHONE 410-795-8691 CELL 410-952-4614 EMAIL RDSEFE@AOL.COM

MAILING ADDRESS 2858 Flag Marsh Rd KH A, MD 21771  
STREET CITY, STATE ZIP

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

#### BUILDING:

- ☒ RESIDENTIAL WITH 5 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.

SIGNATURE OF APPLICANT

DATE