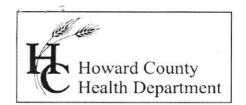
HOWARD COUNTY HEALTH DEPARTMENT 45005 CODES NO. Received By



Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640

Columbia, MD 21046 Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

DATE

website: www.hchealth.org

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

## **APPLICATION**

FOR PERCOLATION TESTING AND SITE EVALUATION	
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME KARIN WOOD	LOT# <u>4</u>
PROPERTY ADDRESS 14027 TRIADELPHIA MILL ROAD DAYTON TOWN	21036 ZIP
TAX ACCOUNT # TAX MAP GRID PARCEL ZONING DESIG	SNATION
PROPERTY OWNER(S) ABHAY MOGHEKAR & YOGEETA NARKAR	
DAYTIME PHONE 4434138108 CELL 4434138108 EMAIL amogheka@jhmi.e	
MAILING ADDRESS 14027 Triadelphia Mill Road Dayton - MD STREET CITYSTATE	21036 ZIP
APPLICANT Harrison Contracting RELATIONSHIP TO OWNER: Sept DAYTIME PHONE 410-795-8691 CELL 410-952-4614 EMAIL ROSE FEED AC	le Contracto
MAILING ADDRESS 2858 Flag Marsh Rd KA+Air, MD	21771 ZIP
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM	1 PERMIT(S):
RESIDENTIAL WITH EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING 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	i PLAN)
<ul> <li>AS APPLICANT, I UNDERSTAND THE FOLLOWING:</li> <li>THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.</li> <li>THE APPLICATION FEE IS NON-REFUNDABLE</li> <li>THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER PROCESSED</li> <li>THIS IS A PUBLIC DOCUMENT</li> <li>I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am a property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state regulations.</li> <li>By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the purpose of inspecting the property as directly related to the requested permit/service.</li> </ul>	the owner of the e and county
1/2	/12

11/29/12\_JW

SIGNATURE OF APPLICANT