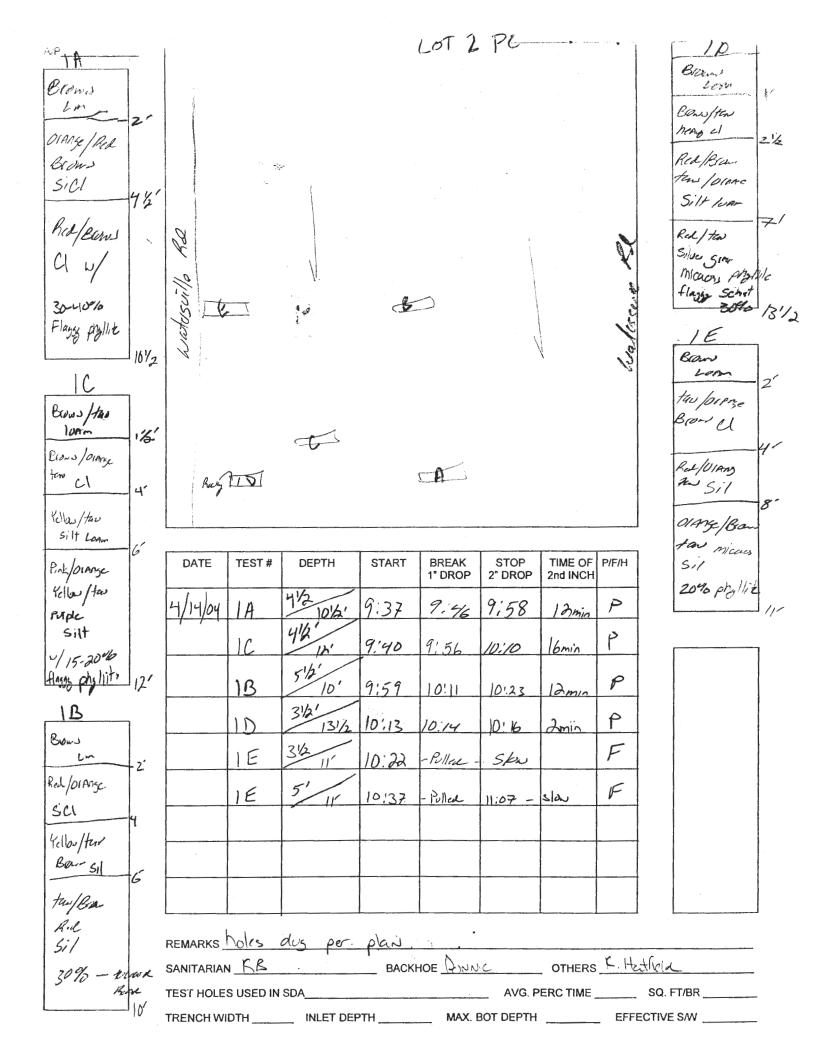


## APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TEST TIME	A# 520097				
AGENCY REVIEW:		DATE 3/15/2004				
DO NOT WRITE ABOVE THIS LINE						
HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PROCHECK AS NEEDED:  ONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	RIOR TO ISSUANCE OF SEWAGE DISPOS CHECK AS NEEDED: W NEW STRUCTURE(S ADDITION TO AN EX REPLACE AN EXIST	s) SISTING STRUCTURE				
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD	IS THE PROPERTY WITHING YES NO	N 2500' OF ANY RESERVOIR?				
☐ COMMERCIAL (PROVIDE DETAIL OF NUMB	OMS IN THE COMPLETED STRUCTURE (ERS AND TYPES OF EMPLOYEES/ CUS' NUMBERS AND TYPES OF EMPLOYEES	TOMERS ON ACCOMPANYING PLAN)				
PROPERTY OWNER(S) BODGET & DIMBOLLY	Nalls 90 Dorsey B	<u>ulders</u>				
DAYTIME PHONE 410-442-8200 CELL_	•	FAX 410-442-8221				
MAILING ADDRESS 42 E. WATERVILLE ROOM	d Mount Airy M	Viryland 21771 ZIP				
APPLICANT Frederick Ward Associate	5,Inc					
DAYTIME PHONE 410-120-6900 CELL	: F	AX 410-720-6220				
MAILING ADDRESS 1125 RIVEY WOOD Drive.	Columbia Mar	yland 210410 ZIP				
APPLICANT'S ROLE: DEVELOPER BUILDER I	BUYER RELATIVE/FRIEND	REALTOR CONSULTANT				
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME Walls Pope	ty	LOT NO.				
PROPERTY ADDRESS 492 W. Water SV	ille Rad Mour	HAIRY 21771				
TAX MAP PAGE(S) 2 GRID 15 PARC	el(s) Pro	POSED LOT SIZE 10C.				
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYS	STEM INSTALLED SUBSEQUENT TO	THIS APPLICATION IS ACCEPT-				
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS	S APPLICATION IS COMPLETE WHE	N ALL APPLICABLE FEES AND A				
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT TH	HE RESPONSIBILITY FOR COMPLIA	NCE WITH ALL M.O.S.H.A. AND				
MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UP	ON SATISFACTORY REVIEW OF A F	PERC CERTIFICATION PLAN.				
TEST RESULTS WILL BE MAILED TO APPLICANT.	SIGNATURE OF ARRI	ICANT				

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH





## **APPLICATION**

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)			TE	ST TIME	A/P		
AGENCY REVIEW:					DATE		
		DO NOT	WRITE ABO	VE THIS LINE			
		201101	***************************************	VE THIS ENTE			
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO IS CHECK AS NEEDED:  CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM			ON PRIOR TO ISS	SUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO: CHECK AS NEEDED: NEW STRUCTURE(S) ADDITION TO AN EXISTING STRUCTURE REPLACE AN EXISTING STRUCTURE			
	LOT(S) EXISTING LOT IN A EXISTING PARCEL			IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?  YES NO			
THE TYPE OF STR  RESIDENTIAL V COMMERCIAL INSTITUTIONAL	VITH(PROV	PROPOSED BE IDE DETAIL OF I	DROOMS IN THE NUMBERS AND T IL OF NUMBERS	COMPLETED STRUCTURE YPES OF EMPLOYEES/ CU AND TYPES OF EMPLOYE	(NOTE <i>UNKNOWN</i> IF STOMERS ON ACCOM ES/USERS ON ACCOM	APPROPRIATE) PANYING PLAN) PANYING PLAN)	
PROPERTY OWNER(S	)						
DAYTIME PHONE CELL			FAX				
MAILING ADDRESS	STREET			CITY/TOWN	STATE	ZIP	
APPLICANT							
		CEL	L		FAX		
MAILING ADDRESS	STREET			CITY/TOWN	STATE	ZIP	
APPLICANT'S ROLE:	DEVELOPER	BUILDER	BUYER	RELATIVE/FRIEND	REALTOR	CONSULTANT	
PROPERTY LOCATION SUBDIVISION/PROPER	TY NAME				LOT NO	2 = 3	
PROPERTY ADDRESS							
	STREE	Т		TOWN/PO	ST OFFICE		
TAX MAP PAGE(S)	GRID _	P	ARCEL(S)	PRO	OPOSED LOT SIZE		
AS APPLICANT, I UNDE	RSTAND THE FO	LLOWING: THE	SYSTEM INST	ALLED SUBSEQUENT T	O THIS APPLICATION	N IS ACCEPT-	
ABLE ONLY UNTIL PUE	LIC SEWERAGE I	S AVAILABLE.	THIS APPLICA	TION IS COMPLETE WHI	EN ALL APPLICABLE	FEES AND A	
SUITABLE SITE PLAN H	AVE BEEN RECE	VED. I ACCEP	T THE RESPO	NSIBILITY FOR COMPLIA	NCE WITH ALL M.O	S.H.A. AND	
"MISS UTILITY" REQUIF	REMENTS. APPR	OVAL IS BASE	UPON SATISF	ACTORY REVIEW OF A	PERC CERTIFICATION	ON PLAN.	
TEST RESULTS WILL B	E MAILED TO APP	LICANT.		SIGNATURE OF APP	LICANT		

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

LOT 2 PC .

