



Bureau of Environmental Health  
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Maura J. Rossman, M.D., Acting Health Officer

## APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME Margaret A Suit LOT # \_\_\_\_\_  
 PROPERTY ADDRESS 12785 Fredrick Rd Rt 144 West Friendship 21794  
STREET TOWN ZIP  
 TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL 71 ZONING DESIGNATION Plat 9725

PROPERTY OWNER(S) Margaret A Suit

DAYTIME PHONE 4104892405 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 12785 Fredrick Rd Rt 144 West Friendship MD 21794  
STREET CITY, STATE ZIP

APPLICANT Ronnie Henps RELATIONSHIP TO OWNER: Installer

DAYTIME PHONE 4432777526 CELL SAME EMAIL \_\_\_\_\_

MAILING ADDRESS 425 Obercht Rd Sykesville MD 21784  
STREET CITY, STATE ZIP

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

- BUILDING:**  
 RESIDENTIAL WITH 3 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.

Ronnie Henps 1/9/13  
 SIGNATURE OF APPLICANT DATE