



HOWARD COUNTY HEALTH DEPARTMENT

58846

DATE 8/21/16

P5

Received From

Fogles Septic Clean PHONE # 410 795-5670

For

Septic Permit / Septic Repair -
(165) 3542 Rosmary Lane
(396) 12206 Pleasant Springs

- CASH
- CHECK

NO.

54596 Five hundred sixty-four Dollars

\$

5011 00

Received By

King



HOWARD COUNTY HEALTH DEPARTMENT

58848

DATE 9/11/16

HS

Received From

Fogles Septic clean

PHONE #

410-795-5627

For

Rec App / 3542 Rosemary Lane

CASH

CHECK

NO.

54638

One hundred seventy five

Dollars

\$

1105.00

Received By

King



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Rosemary Estates

PROPERTY ADDRESS 3542 Rosemary Lane Ellicott City 21042

TAX ACCOUNT # 300072 TAX MAP 22 GRID 4 PARCEL 498 LOT NO. 22C PROPOSED LOT SIZE (ACRES) 1.689

ZONING CATEGORY TIER

PROPERTY OWNER(S) Dan Erxleben

DAYTIME PHONE 443-851-3328 CELL EMAIL

MAILING ADDRESS same as above STREET CITY, STATE ZIP

APPLICANT Fogles Septic Clean, Inc. RELATIONSHIP TO OWNER:

DAYTIME PHONE 410-795-5270 CELL EMAIL

MAILING ADDRESS 580 Obrecht Rd. Sykesville, MD 21784

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) MAJOR MINOR
CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
REPAIR OR REPLACE FAILING OSDS
UPGRADE EXISTING OSDS
BUILDING: RESIDENTIAL WITH 4 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 purpose of inspecting the property as directly related to the requested permit/service.
SIGNATURE OF APPLICANT DATE 9/1/16

