



# HOWARD COUNTY HEALTH DEPARTMENT

64704

DATE  
12/26/18

Received From Marc D. Hereth Construction PHONE # 301-5805177

For Septic Pump & Repair  
561 Route 32

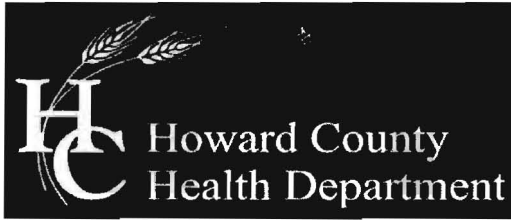
CASH  
 CHECK

NO.  
1877

Three Hundred Thirty Dollars

\$ 330.00

Received By Shelb Beatty



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 Staw Varner
PROPERTY ADDRESS 561 Route 32 Sikesville MD 21784
TAX ACCOUNT # TAX MAP 0004 GRID 0022 PARCEL 0017 LOT NO. PROPOSED LOT SIZE (ACRES)
ZONING CATEGORY TIER

PROPERTY OWNER(S)

DAYTIME PHONE CELL 443 250 2470 EMAIL Stawny54@outlook.com
MAILING ADDRESS STREET CITY, STATE ZIP

APPLICANT

Marc D Hereth Relationship to Owner:
DAYTIME PHONE 301-580-5977 CELL 301-580-5977 EMAIL MARCDHERETHCONSTRUCTION@gmail.com
MAILING ADDRESS 2551 Florence Rd Woodbine MD 21797

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 3 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.

Marc D Hereth

SIGNATURE OF APPLICANT

12/26/18

DATE

