



Bureau of Environmental Health

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 13430 Chris Mar Court Highland MD 20777

TAX ACCOUNT # 05378796 TAX MAP 0034 GRID 0009 PARCEL 0367 LOT NO. 1 PROPOSED LOT SIZE (ACRES) 4.30 ac

ZONING CATEGORY TIER

PROPERTY OWNER(S) Cara Roberts

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 13430 Chris Mar Court Highland MD 20777

APPLICANT Hatfield's Equipment RELATIONSHIP TO OWNER:

DAYTIME PHONE 301 490 4289 CELL 410 984 6001 EMAIL K.hatfield@hatfieldsequipment.com

MAILING ADDRESS P.O. Box 519 Annapolis Junction MD 20701

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 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 7/16/18



HOWARD COUNTY HEALTH DEPARTMENT

63959

DATE
7/16/18

PS

Received From

Matfield's Equip.

PHONE # 301 490-4259

For

Porc Kopan / 13430 Chris
Mar Court.

CASH

CHECK

NO.

39609

One hundred sixty five Dollars

\$

165 00

Received By

J King