



HOWARD COUNTY HEALTH DEPARTMENT

68814

DATE
3/29/21

Received From

Freedom Septic

PHONE #

410 795-2997

For

Per Repair
7964 Brown Budge

CASH

CHECK

NO.

4992

One hundred sixty five Dollars

\$ 165.00

Received By

A King



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

ASL 68814

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____
 PROPERTY ADDRESS 7964 Browns Bridge Rd Highland 20777
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 0040 GRID 0023 PARCEL 0270 LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Jennie Gait
 DAYTIME PHONE _____ CELL 301.254.0907 EMAIL _____
 MAILING ADDRESS 7964 Browns Bridge Rd Highland 20777
STREET CITY, STATE ZIP

APPLICANT Freedom Septic RELATIONSHIP TO OWNER: _____
 DAYTIME PHONE 410.795.2947 CELL _____ EMAIL Chrissy@freedomseptic.com
 MAILING ADDRESS 2809 Liberty Rd Sikeville, MD 21784
STREET CITY, STATE ZIP

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.

Chris Gait 3/25/21
 SIGNATURE OF APPLICANT DATE

SITE INSPECTION SHEET

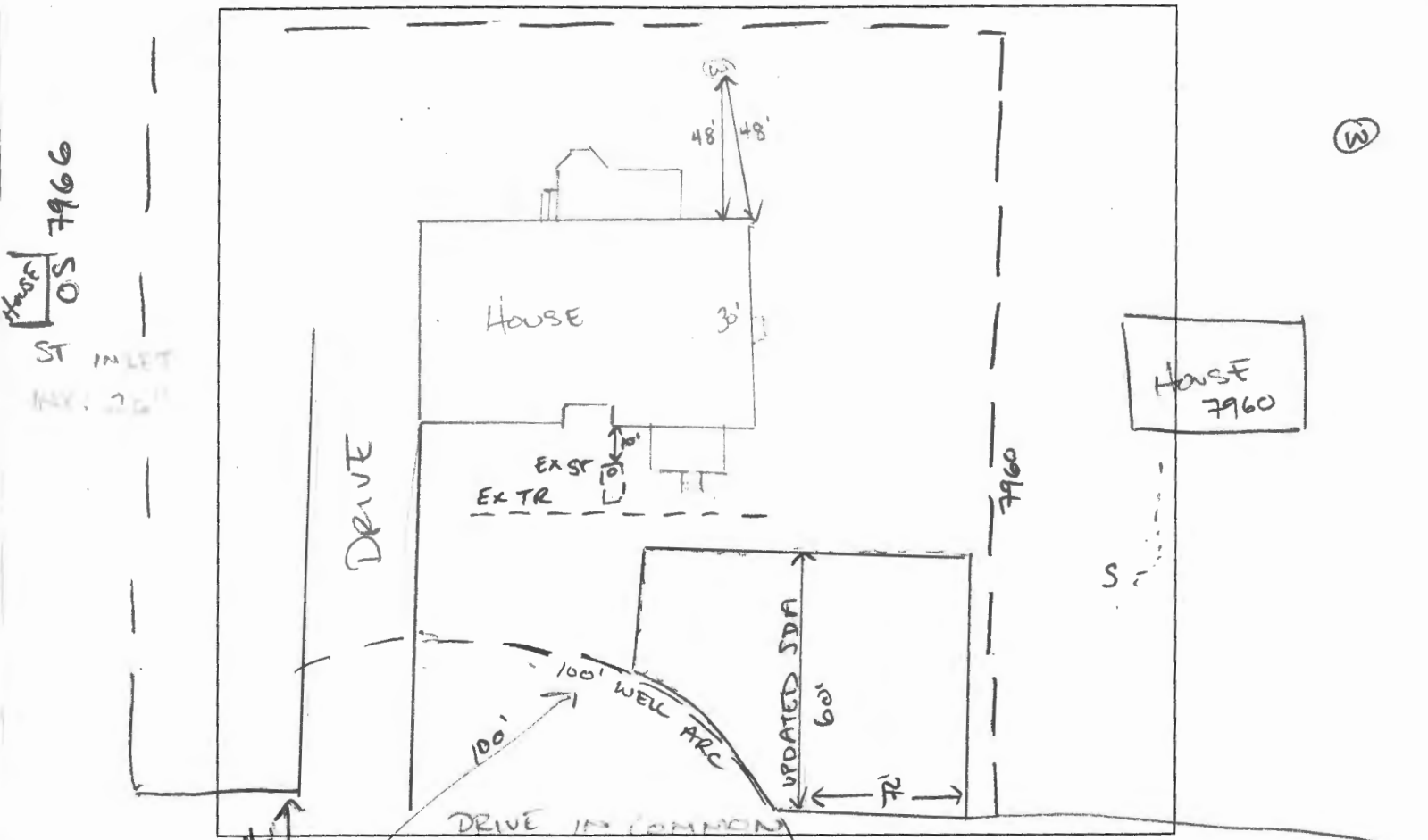
OWNER: JOHNSTON, JENNIE PHONE #: _____

ADDRESS: 7964 BROWNS BRIDGE CONTRACTOR: FREEDOM SEPTIC
HIGHLAND MD 20777 WELL TAG #: H0-81-0422

SUBDIVISION: _____ LOT: _____ COUNTY #: XIII

PROPOSAL: REPAIR PERC
4 BR

LOCATION DIAGRAM



COMMENTS

7968 7962

DATE: 04/09/2021

INSPECTOR: CABRATUG

House

8596

7596



