



# HOWARD COUNTY HEALTH DEPARTMENT

70145

DATE  
9/19/12

Received From

Freedom Septic Services

PHONE # 410-795-2949

For

Repair Perc -

11800 Triadelphia Rd.

CASH

CHECK

NO.

5011

One hundred

Dollars

\$

165.00

Received By

J 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

1570145

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

**APPLICATION  
 FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME 2002  
 PROPERTY ADDRESS 11800 Triadelphia Rd Ellicott City 21042  
STREET TOWN ZIP  
 TAX ACCOUNT # \_\_\_\_\_ TAX MAP 0011 GRID 0020 PARCEL 0032 LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) \_\_\_\_\_  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)**

James Wagnat  
 DAYTIME PHONE \_\_\_\_\_ CELL 443.844.2828 EMAIL \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
STREET CITY, STATE ZIP

**APPLICANT**

Freedom Septic RELATIONSHIP TO OWNER: installer  
 DAYTIME PHONE 410.735.2947 CELL \_\_\_\_\_ EMAIL Chrshy@freedomseptic.com  
 MAILING ADDRESS 2809 Liberty 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):

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 63 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] 9/3/21  
 SIGNATURE OF APPLICANT DATE

