



HOWARD COUNTY HEALTH DEPARTMENT

70121

DATE 8/22/21

A5

Received From

Foyles Septic

PHONE #

410 795-5670

For

Peric App/ 11436 Ad -
Frederick Rd.

CASH

CHECK

NO.

13040

Five hundred and six

Dollars

\$

500.00

Received By

J King



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Phone: 410-313-2648 Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hotohealth

Twitter: HowardCoHealthDep

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

AS10124

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

11436 Old Frederick Street, Marriottsville, MD 21104

TAX ACCOUNT #

TAX MAP

GRID

PARCEL

LOT NO.

PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

Baber Tabana

DAYTIME PHONE

410-402-0564

CELL

EMAIL

btabana@theibscorp.com

MAILING ADDRESS

11436 Old Frederick Rd, Marriottsville, MD 21104

APPLICANT

Foglo's Septic Clean

RELATIONSHIP TO OWNER:

Contractor

DAYTIME PHONE

410-795-5670

CELL

EMAIL

Kim@foglesinc.com

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:

- 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:

- BUILDING: RESIDENTIAL WITH 5 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

No perc cert required OK'd by Hank Oswald & Mike Davis