



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

2659 Mckenree Rd. Glenwood 21738

STREET

TOWN

ZIP

TAX ACCOUNT #

317823

TAX MAP

0014

GRID

0011

PARCEL

0142

LOT NO.

PROPOSED LOT

SIZE (ACRES)

.9182

ZONING CATEGORY

TIER

PROPERTY OWNER(S)

John Hobbs

DAYTIME PHONE

443-838-8032

CELL

EMAIL

MAILING ADDRESS

14201 Rover Mill Rd

West Friendship

21754

STREET

CITY, STATE

ZIP

APPLICANT

Fogle's Septic

RELATIONSHIP TO OWNER:

None

DAYTIME PHONE

410-95-5670

CELL

EMAIL

MAILING ADDRESS

580 Obrecht Rd.

Sykesville

21778

STREET

CITY, STATE

ZIP

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 2 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: Jeff Palmer

SIGNATURE OF APPLICANT

8-8-21

DATE



HOWARD COUNTY HEALTH DEPARTMENT

70102

DATE 8/10/21

p5

Received From

Fogles Septic Clean

PHONE #

410-795-5670

For

perc / Paper - 2659 McKendree Rd. OK

CASH

CHECK

NO.

22916

~~Fogles Septic Clean~~
~~14209 Pover Hill Rd.~~

Two hundred thirty

Dollars

\$ 330.00

Received By

A King