



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 Belle Haven Estates, Lot 15  
 PROPERTY ADDRESS 2818 Bridalwreath Ct Woodbine MD 21797  
STREET TOWN ZIP  
 TAX ACCOUNT # 373790 TAX MAP 14 GRID 20 PARCEL 60 LOT NO. 15 PROPOSED LOT SIZE (ACRES) 1.024  
 ZONING CATEGORY RC TIER DE0

PROPERTY OWNER(S) David & Christine Pratilas  
 DAYTIME PHONE 917-846-1807 CELL \_\_\_\_\_ EMAIL dpratilas@gmail.com  
 MAILING ADDRESS 2818 Bridalwreath Ct Woodbine, MD 21797  
STREET CITY, STATE ZIP

APPLICANT Brian Collins RELATIONSHIP TO OWNER: Engineer  
 DAYTIME PHONE 410-316-7800 CELL 410-336-6362 EMAIL Brian.Collins@KLI.com  
 MAILING ADDRESS 936 Ridgebrook Rd Sparks, MD 21152  
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 6  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

11/19/20

DATE