



# HOWARD COUNTY HEALTH DEPARTMENT

57373

DATE 9/15/15

A5

Received From

Hogles Septic Clean

PHONE #

745-5070

For

Pena Repair - 10710 Coos Ct.

CASH

CHECK

NO.

5085

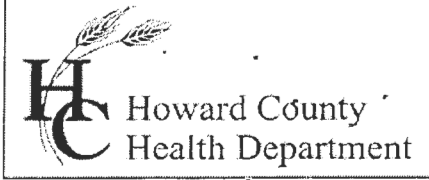
Dollars

\$

3300

Received By

[Signature]



Bureau of Environmental Health  
 7178 Gateway Drive Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

### PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Riverside Estates LOT # 31

PROPERTY ADDRESS 10710 CLEOS CT. Columbia MD 21044  
STREET TOWN ZIP

TAX ACCOUNT # \_\_\_\_\_ TAX MAP 41 GRID 11 PARCEL 420 ZONING DESIGNATION \_\_\_\_\_

PROPERTY OWNER(S) Stuart Marsh

DAYTIME PHONE 443 745 1431 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 10710 CLEOS CT Columbia, MD 21044  
STREET CITY, STATE ZIP

APPLICANT Fogles Septic RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-765-5670 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS 580 OBRECHT 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):**

**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)

**PROPERTY:**

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: \_\_\_\_\_
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

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.

9/15/2015

SIGNATURE OF APPLICANT

DATE

