

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Green Hill Manor
 PROPERTY ADDRESS 6726 Montell Court Highland 20777
STREET TOWN ZIP
 TAX ACCOUNT # 343143 TAX MAP 0034 GRID 0020 PARCEL 0243 LOT NO. 3 PROPOSED LOT SIZE (ACRES) 40,643
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Christopher Fridlund
 DAYTIME PHONE _____ CELL 301 395 6637 EMAIL _____
 MAILING ADDRESS 6726 Montell Court Highland MD 20777
STREET CITY, STATE ZIP

APPLICANT Hatfield Equipment Inc RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 301 490 4289 CELL 410 984 4880 EMAIL khatfield@hatfieldsequipment.com
 MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701
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 4 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.

Ken Hatfield

SIGNATURE OF APPLICANT

12-27-23

DATE

MONTELL CT

500

6776

6730

490

6722



