



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_

AP 527877

AGENCY REVIEW: \_\_\_\_\_

DATE 10/24/07

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH \_\_\_\_\_ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Sherrad Schulze

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS 4230 Buckskin Lake Dr. Ellicott City 21042  
STREET CITY/TOWN STATE ZIP

APPLICANT Covey Con. Co. Inc.

DAYTIME PHONE 410-550-0398 CELL 410-218-8000 FAX 410-461-1333

MAILING ADDRESS PO Box 254 Woodstock MD 21163  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

[Signature]  
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: \_\_\_\_\_

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone)

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?

In support of a building permit. Type of building addition: N/A

\*System relocation for proposed addition for setback compliance N/A

\*Verification of adequate system capacity per COMAR 26.04.02.02D (4)  N/A

To replace collapsed septic tank or upgrade tank capacity N/A

To replace collapsed drywell N/A

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Septic Contractor: Bob CONEY CON. CO. INC.  
Contractor's Address: P.O. Box 254 Woodstock Md. 21163

Contractor's Phone #: 410-750-0398 (C) 410-218-8000

Property Address: 4230 W Buckskin Lake Dr Ellicott City 21042

Property (Subdivision) & Lot # 9

Owner's Name: SCHULZE SHERROD M.

Is public sewer available/nearby: NO

Names of Any Previous Owners: \_\_\_\_\_

Year House Built: 1987

# of Existing Bedrooms: 3

# of Bedrooms after completion of addition: N/A

Has this request been discussed previously with a Sanitarian, who? \_\_\_\_\_

*If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.*

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned \_\_\_\_\_