



Bureau of Environmental Health

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APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS

STREET

TOWN

ZIP

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S)

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS

STREET

CITY, STATE

ZIP

APPLICANT

RELATIONSHIP TO OWNER:

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS

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 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

DATE