



Bureau of Environmental Health

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

A572178

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 2002

PROPERTY ADDRESS 7394 Hopkinsway Clarksville 21029

TAX ACCOUNT # TAX MAP 0041 GRID 0016 PARCEL 0422 LOT NO. 20 PROPOSED LOT SIZE (ACRES) 1.0900

ZONING CATEGORY TIER

PROPERTY OWNER(S) Bhrugesh Vyas

DAYTIME PHONE 301-362-9174 CELL EMAIL bhrugesh1956@verizon.net

MAILING ADDRESS 7394 Hopkinsway Clarksville, mo 21029

APPLICANT Freedom Septic RELATIONSHIP TO OWNER: septic company

DAYTIME PHONE 410-795-2947 CELL EMAIL Christy@freedomseptic.com

MAILING ADDRESS 2809 Liberty Rd Sykesville, mo 21784

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.

SIGNATURE OF APPLICANT DATE 9/14/22

WS-PT-22-03094



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
04/15/2021	A						
04/15/2021	B						

REMARKS (Preliminary work, no Perc test performed)

SANITARIAN CARAHUG 001997 BACKHOE YANG EXC OTHERS HOMEOWNER

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_



# HOWARD COUNTY HEALTH DEPARTMENT

72178

DATE 9/20/87

Received From

Freedom Septic Services Inc.

PHONE #

410 725-2947

For

Per Repair / 7394  
Wepmanway.

CASH

CHECK

NO.

5131

One hundred sixty five Dollars

\$

165.00

Received By

[Signature]



# HOWARD COUNTY HEALTH DEPARTMENT

72178

DATE  
9/20/87

Received  
From

Freedom Septic  
Services Inc.

PHONE #

410 795-2947

For

Leak Repair / 7394  
Kepinsway

CASH

CHECK

NO.

5131

One hundred sixty five

Dollars

\$

165.00

Received By

King