



# HOWARD COUNTY HEALTH DEPARTMENT

86619

CODES

DATE

3 / 21 / 24

175

CASH

CHECK

NO.

244

Received From

Billing Withback Septic Service

For

Septic Per 4946 Menor Home

Three hundred thirty

00/100 Dollars

\$

530.00

Received By

*[Signature]*

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

**APPLICATION  
FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME 2004

PROPERTY ADDRESS 4946 MANOR LANE Ellicott city 21042-6122  
STREET TOWN ZIP

TAX ACCOUNT # 03-286959 TAX MAP 0029 GRID 0011 PARCEL 0304 LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) \_\_\_\_\_

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) RICHARD VALENZIA

DAYTIME PHONE \_\_\_\_\_ CELL 443-813-2274 MAIL RickV99@aol.com

MAILING ADDRESS 4946 MANOR LANE Ellicott city 21042-6122  
STREET CITY, STATE ZIP

APPLICANT GREGORY BILLING RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE \_\_\_\_\_ CELL 4103533820 EMAIL outback555@yahoo.com

MAILING ADDRESS 180 DBRECHT RD MILLERSVILLE 21108  
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 3 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?

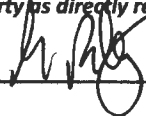
- YES
- NO

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.



3/18/24

SIGNATURE OF APPLICANT

DATE

