APPLICATION

PERCOLATION TESTING

1 HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

A 5 18955
P______
DISTRICT_____
DATE 5/6/2003

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H EŁLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

PROPERTY OWNER SAM VALENZIA	400	W	
ADDRESS 14661 PED LION	JAZ	PHONE_ 410 442	-1560
GENT OR PROSPECTIVE BUYER			
ADDRESS		PHONE	
PROPERTY LOCATION:			•
SUBDIVISION PED LICE INN E	STATES	LOT NO. 18 (E	6 LOT 8)
ROAD AND DESCRIPTION POD 400 2	>P115		
FAX MAP 8 PARCEL# 243			·
SIZE OF LOT 32356 AC		DG. GNELE FAMILY D	PESIDENTIAL WELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION I	S ACCEPTABLE ONLY UNTIL F	PUBLIC FACILITIES BECOME AVA	NILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC	TEST APPLICATION IS NON-	REFUNDABLE UNDER ANY CIR	CUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TES	TING THIS LOT.	(SIGNATURE OF A	PPLICANT)
\PPROVED BY	FOR		DATE
DISAPPROVED BY	FOR		DATE
OLD PENDING FURTHER TESTS			
LEASONS FOR REJECTION OR HOLDING			
ERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR	I.D. #	D,	ATE
ITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #		D.	ATE

THIS IS NOT A PERMIT

ID-216 (3/92)











