APPLICATION

PERCOLATION TESTING

A 517904

F'_____

DISTRICT______

DATE 9/5/02

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. AGENT OR PROSPECTIVE BUYER _ ADDRESS ____ PROPERTY LOCATION: ROAD AND DESCRIPTION 14445 DORGEY MILL RD, GLENELG, MD 21757 TAX MAP 21 PARCEL # 727 SINGLE FAMILY DWELLING OR COMMERCIAL) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. | ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS INTESTING THIS LOT... ____FOR HOLD PENDING FURTHER TESTS _ REASONS FOR REJECTION OR HOLDING ___ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #_____ SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #_

THIS IS NOT A PERMIT

HD-216 (3/92)



