APPLICATION

PERCOLATION TESTING HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH DISTRICT____ 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2640 DATE 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. PROPERTY OWNER _ ADDRESS _____PHONE AGENT OR PROSPECTIVE BUYER _ ADDRESS PROPERTY LOCATION: TAX MAP ___ _____PARCEL#__ SIZE OF LOT __ (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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _ (SIGNATURE OF APPLICANT) APPROVED BY __ FOR 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. #__

IS IS NOT A PER HD-216 (3/92)

