APPLICATION

PERCOLATION TESTING

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

DISTRICT

DATE 11/26/01

Regain - Forlet Septre 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 Michael tennessy AGENT OR PROSPECTIVE BUYER_ PHONE___ ADDRESS PROPERTY LOCATION: SUBDIVISION ROAD AND DESCRIPTION N/S loste 216 Mid way tolarge Rt 108 + Hall Chap Rt. TAX MAP ______PARCEL # _____ SIZE OF LOT _____ 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) _____ FOR _____ APPROVED BY ____ DISAPPROVED BY __ HOLD PENDING FURTHER TESTS_ REASONS FOR REJECTION OR HOLDING_ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # ______ DATE _____ SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #_

S IS NOT A PER

HD-216 (3/92)

