## APPLICATION

## PERCOLATION TESTING

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HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT \_\_\_\_\_

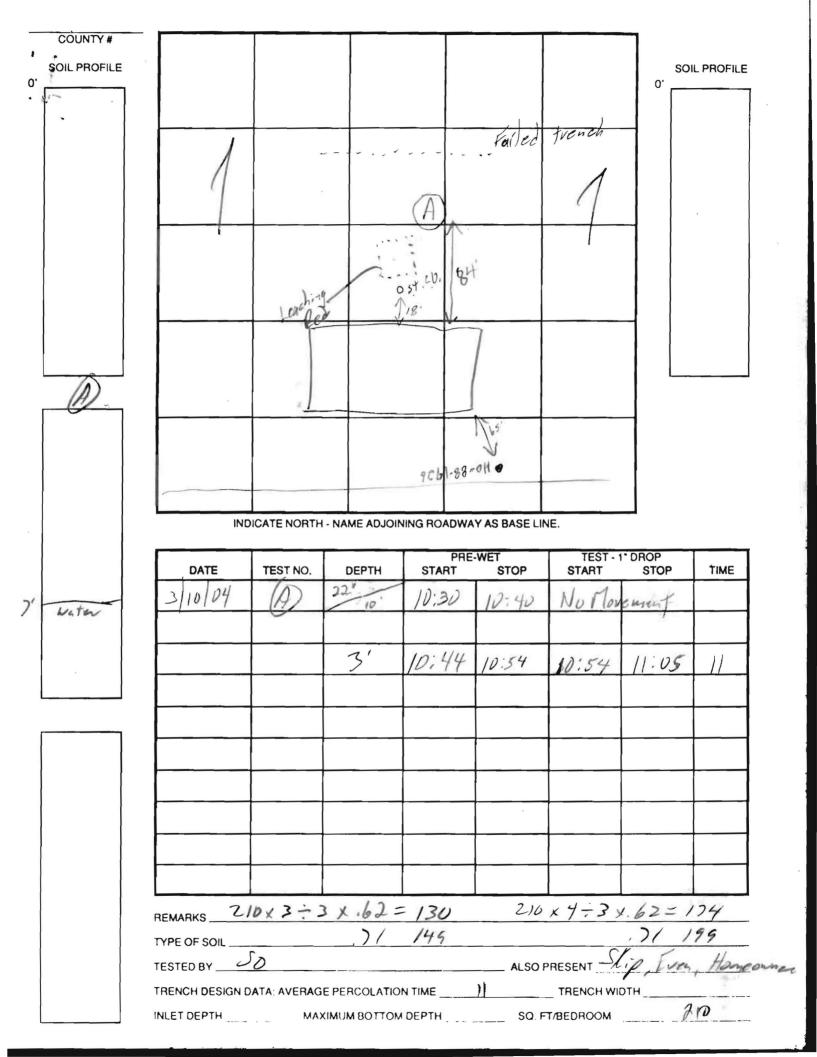
TO:	THE COUNTY HEALTH OFFICER
	ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER -ADDRESS\_ AGENT OR PROSPECTIVE BUYER... ADDRESS PHONE \_\_ PROPERTY LOCATION: ROAD AND DESCRIPTION\_ \_\_\_\_\_PARCEL#\_ (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 INTESTING THIS LOT. \_\_ (SIGNATURE OF APPLICANT) HOLD PENDING FURTHER TESTS \_\_\_ REASONS FOR REJECTION OR HOLDING \_ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #

## THIS IS NOT A PERMIT

HD-216 (3/92)

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D



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