APPLICATION

PERCOLATION TESTING

P_____

A 522880

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

ELLICOTT CITY, MARYLAND		
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION	N FOR PERMIT TO CONSTRU	JCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER Lloyd Butts		<u> </u>
ADDRESS	PHONE	
AGENT OR PROSPECTIVE BUYER		
ADDRESS	PHONE	<u> </u>
PROPERTY LOCATION:		
SUBDIVISION	LOT NO.	. <u> </u>
ROAD AND DESCRIPTION 11834 Rams burg	Road	
TAX MAPPARCEL #		
SIZE OF LOT	TYPE BLOG	
SIZE OF LOT		(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE	ONLY UNTIL PUBLIC FACI	ILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICA	ATION IS NON-REFUNDABL	LE UNDER ANY CIRCUMSTANCES. 1 ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A, REQUIREMENTS INTESTING THIS LOT.		
APPROVED BY	FOR	DATE
DISAPPROVED BY	FOR	DATE
HOLD PENDING FURTHER TESTS		
REASONS FOR REJECTION OR HOLDING	a.	
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #	la la	DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #		DATE

THIS IS NOT A PERMIT

