APPLICATION

PERCOLATION TESTING

P____

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

DATE 10 2 0)

ELLICOTT CITY, MARYLAND			
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATI	ON FOR PERMIT TO CONSTRU	CT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYS	ТЕМ.
PROPERTY OWNER			
*			
ADDRESS	PHONE.		
AGENT OR PROSPECTIVE BUYER	,		
ADDRESS	PHONE.		
PROPERTY LOCATION:			
SUBDIVISION Buice Property Sec	1 LOT NO.	13	
ROAD AND DESCRIPTION			
		0.00	
TAX MAPPARCEL #			
SIZE OF LOT	TYPE BLDG	(SINGLE FAMILY DWELLING OR COMMERCIAL)	
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE	LE ONLY UNTIL PUBLIC FACI	LITIES BECOME AVAILABLE. I FULLY UNDERSTA	ND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPL	ICATION IS NON-REFUNDABL	E UNDER ANY CIRCUMSTANCES. I ALSO AGI	REE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS INTESTING THIS LO	от	(SIGNATURE OF APPLICANT)	
		(SIGNATURE OF ATTEIOART)	
APPROVED BY	FOR	DATE	
DISAPPROVED BY	FOR	DATE	
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. #		DATE	

THIS IS NOT A PERMIT

HD-216 (3/92)







