

APPLICATION

A 18619

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356 DISTRICT BELL.

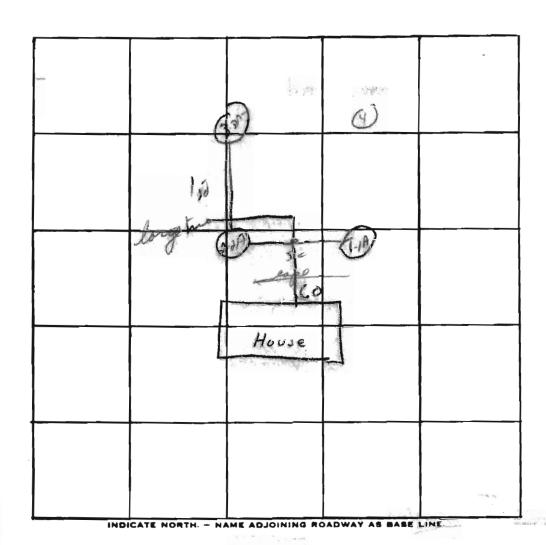
DATE VILLE 22, 1973

		2015		The first of
TO:	THE COUNTY HEALTH OFFICER	6)17		2 de -
	ELLICOTT CITY, MARYLAND	I make I make the		
	I, HEREBY, APPLY FOR THE NECES	SARY TEST IN ORDE	R TO CONSTRUCT (OR	RECONSTRUCT) A SEWAGE
DĮSF	POSAL SYSTEM.	Clifor:	W. cod	·
PRO	PERTY OWNER	· Charles		
	ADDRESS 3830 KML	Miller	PHONE _	
PRO	PERTY LOCATION SULLY	, Mr. 2/2	27	(Baltinine)
SUB	DIVISION		LOT NO.	
RO	AD AND DESCRIPTION THE THE	Il Rd of	Hefferka	a Lary Rt 144
	7,000	Cor 10 superior		100
SIZI	OF LOT acres	Pacier	TYPE BLDG.	3
	as to the	D D	1 1 1	NUMBER OF BEDROOMS
IF N	OT SINGLE RESIDENCE DESCRIBE	and the second		01.441
FA	THE SYSTEM INSTALLED UNI	DER THIS APPLICA	TION IS ACCEPTAB	LE ONLY UNTIL PUBLIC
SIG	NATURE OF APPLICANT	wen x-	MAN VINO	· ·
APF	PROVED BY	FOR	(KIND OF SYSTEM)	_DATE
RE.	ECTED BY	FOR	,	DATE
но	LD PENDING FURTHER TESTS	115 5 35	•	TE
		,	in the same	
RE	ASONS FOR REJECTION OR HOLDING			

THIS IS NOT A PERMIT

check payable: APPLICATIC rd County Health Dept Sanitation on 10,000 ft. SEWAGE DISPOSAL TESTIN	
STATE OF MARYLAND - DEPARTMENT OF HEALTH	
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356 A. M.	DISTRICT SAL.
O: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CO	ONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM. D	
PROPERTY OWNER WWW K. (YOULL)	
13850 Lynn Will Kd.	
ADDRESS ADDRESS ADDRESS ADDRESS	PHONE
PROPERTY LOCATION: AUCTION:	(Kaltinice)
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SUBDIVISION	LOT NO. Y
ROAD AND DESCRIPTION / NOUN TILL KA. OFF	The Lever XON
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	en young property)
/ BANAA A / SOAN AAA	TYPE BLDG
WITE OF LOT / WOOD OF A COUNTY	NUMBER OF BEDROOMS
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THE SYSTEM INSTALLED UNDER THIS APPLICATION IS FACILITIES BECOME AVAILABLE. SIGNATURE OF APPLICANT APPROVED BY FOR (KIND	OF SYSTEM) DATE DATE DATE

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE- START	WET STOP	TEST - 1	" DROP STOP	TIME
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REMARKS			
TYPE OF SO	(L		

