

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 09349

P _____

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 11/4/64

*Septic tank - 750 gal.
Sinking bed - 424 sq ft. bottom
area - 13' x 10' of bed to be
at 5 ft depth
Locate bed in back of house in area tested*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Mike Cooney

ADDRESS Highland, Maryland

PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Rt. 216 - 3rd house on left east of Rt. 108

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT _____

TYPE BLDG. _____

NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT David Scapp

APPROVED BY R. J. White

FOR John B. B.

(KIND OF SYSTEM)

DATE 11/12/64

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

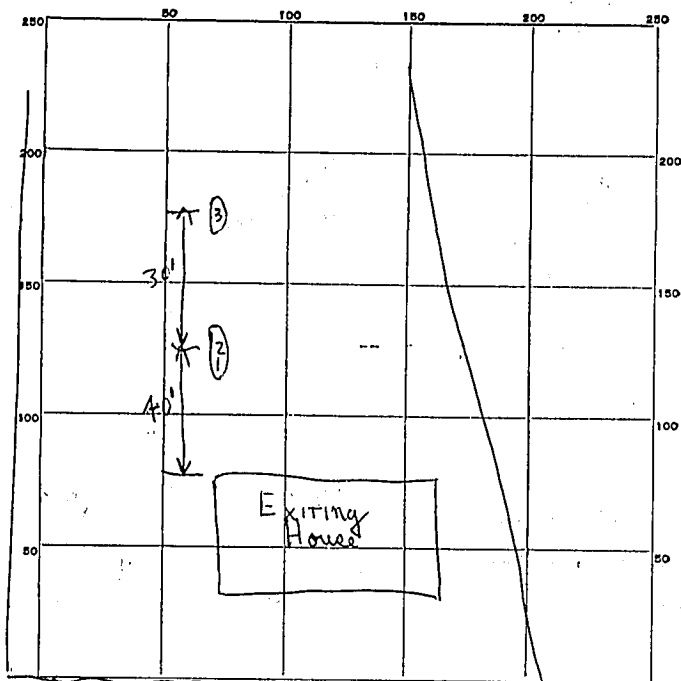
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



7c 108

R7. 216

[illegible]

TESTED BY_

REMARKS.

ALSO PRESENT

-LOT NO