

APPLICATION

SEWAGE DISPOSAL TESTING

A 08270

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2

DATE 4/10/64

*1000 Gallon Tank
Dry Well 400 sq ft sidewall
and below the inlet*

*Place the dry well 50 ft to 70 ft from the
front lot line and 25 ft to 45 ft from
the left side of the lot as seen when
facing the lot from St Johns Lane*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

OBTAIN Sewage System Permit

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

from Health Dept Fee \$5.00

PROPERTY OWNER Clyde J. Allen and Flora B. Allen

ADDRESS 312 St. Johns Lane, E. C. PHONE _____

PROPERTY LOCATION:

SUBDIVISION this lot is a sub-division of #312 LOT NO. _____

ROAD AND DESCRIPTION next lot south of #312 St. Johns Lane

if coming from Route 144 south of Route 144 on right

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT *Henry M. Leiders*

APPROVED BY *Raymond Hodges* FOR _____ DATE *21 April 64*

(KIND OF SYSTEM)

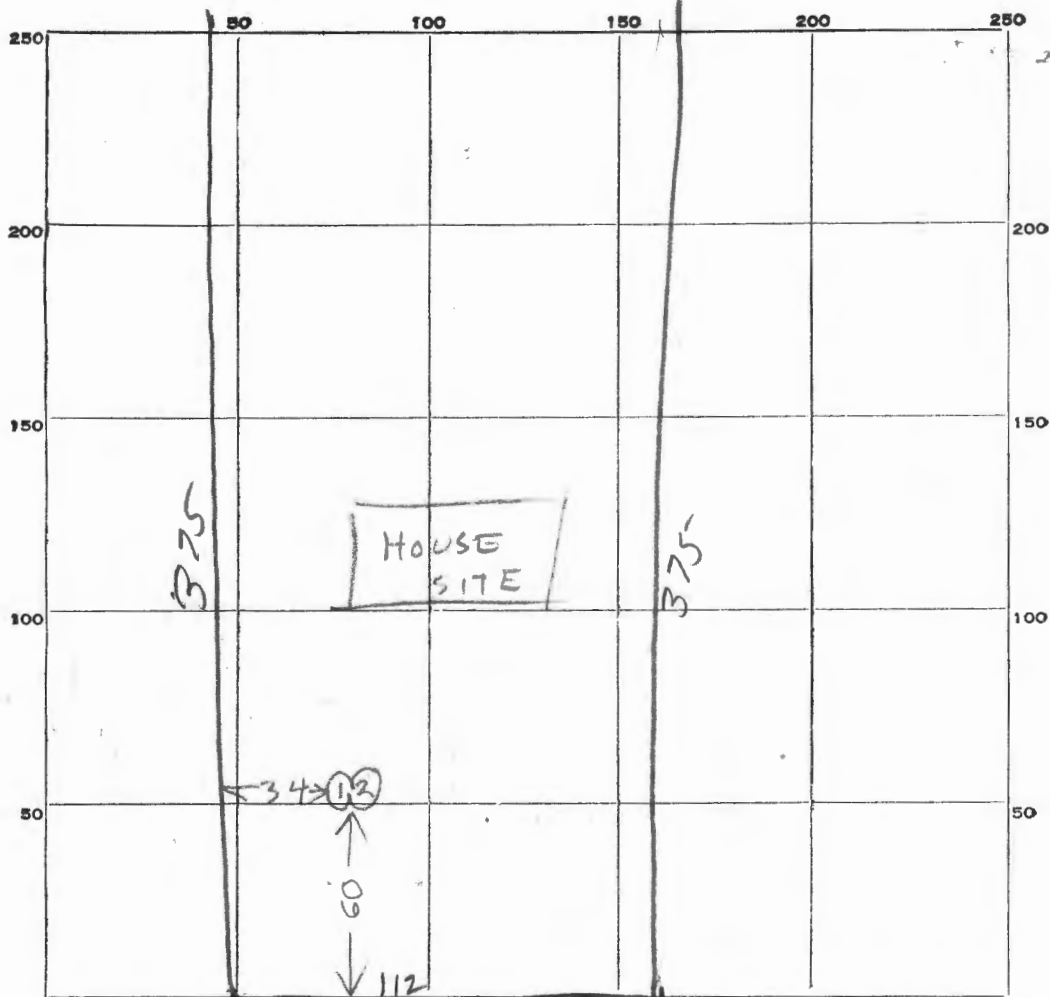
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

ST JOHNS LANE

BASE LINE.
TO Route 144

[illegible]

SOIL AUGER FINDING

TESTED BY

REMARKS

ALSO PRESENT

LOT NO