

2663 APPLICATION *Retest 06443*

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

Retest

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 3-26-63

*2.50 tank
Dry Well 3000 gph and in area located
in area that passed per test*

1679 on cassette A-14901-16100; FA 4/4/83

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 *Roland A. Hollis*

ADDRESS _____ PHONE _____

PROPERTY LOCATION: J

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION *Underwood Rd - 1/2 mile from Fayette Rd on right*

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT *2 acres* TYPE BLDG. *2* NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT *Donald E. ...*

APPROVED BY *DWM/dma* FOR *Dry Well* DATE *3-26-63*

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

