APPLICATION 13379F 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: 992-2330 THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND (NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

THIS IS NOT A PERMIT

SOIL PROFILE
0'

*		

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

			PRE-WET		TEST - 1" DROP		
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
5/24/84	TV	5/2	ROC	K			
1	(8)	4	ROC	1			
		1	-				
	(s.						
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			,				

REMARKS	
TYPE OF SOIL	

EH-12-1079

TESTED 8Y ______ ALSO PRESENT

APPLICATION

SEWAGE DISPOSAL TESTING

A 33798

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DISTRICT <u>3rd</u>

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TO:	THE COUNTY HEALTH OFFICER		
	ELLICOTT CITY, MARYLAND	•	
	I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECO	CONSTRUCT) A SEWAGE DISPOSAL SYSTEM.	
PROPE	PERTY OWNER WILLIAM E. STREAM	HER	
	ADDRESS 13300 FIREDERICK NO.	PHONE 489-WH35	
PROP	PERTY LOCATION:	/ /	
SUBDI	DIVISION STREET REAL TY	LOT NO.	
ROAD	D AND DESCRIPTION Underwood Rd		
SIZE (OFLOT 5.44 AC 4 5107 AC	TYPE BLDG (NUMBER OF BEDROOM	S)
THE	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UN	NTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDER	STAND THE
	CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-	N-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE	TO COMPLY
	H ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.		
	H ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT)	
APPRO	ROVED BY FOR	(SIGNATURE OF APPLICANT)	
	ROVED BY FOR	(SIGNATURE OF APPLICANT)	
REJEC	ROVED BY FOR	(SIGNATURE OF APPLICANT) DATE DATE	
REJEC	FORFORFOR	(SIGNATURE OF APPLICANT) DATE DATE	

THIS IS NOT A PERMIT

