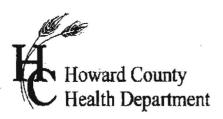
23001



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APPLICATION

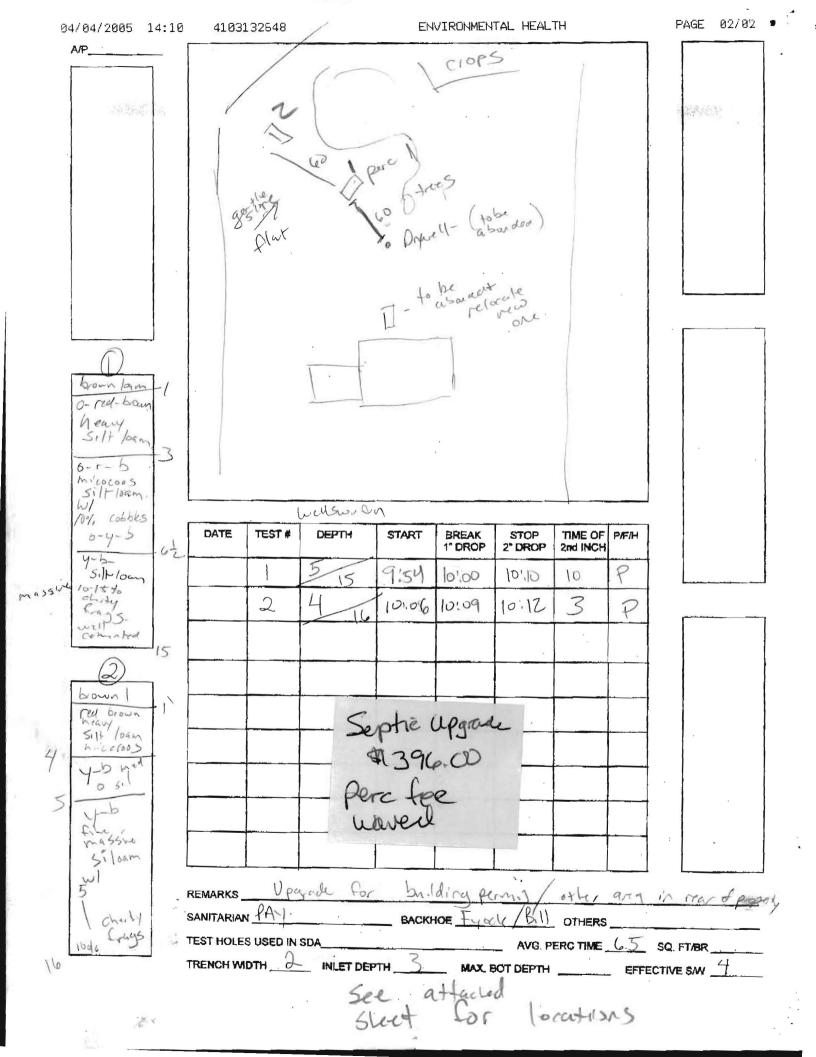
FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TEST TIME	A/P
AGENCY REVIEW:		DATE
		10.15.40.40.40.40.40.40.40.40.40.40.40.40.40.
DO NOT	WRITE ABOVE THIS LINE	
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	CHECK AS NEEDED: O NEW STRUCTURE(S) O ADDITION TO AN EXIST!	STING STRUCTURE NG STRUCTURE
CHECK ONE: CREATE NEW LOT(\$) BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD	IS THE PROPERTY WITHIN YES NO	1 2500' OF ANY RESERVOIR?
☐ COMMERCIAL (PROVIDE DETAIL OF	EDROOMS IN THE COMPLETED STRUCTURE (NUMBERS AND TYPES OF EMPLOYEES/ CUSTI AIL OF NUMBERS AND TYPES OF EMPLOYEES/	OMERS ON ACCOMPANYING PLAN)
PROPERTY OWNER(S) HONDIE		
DAYTIME PHONE 40 442 - 1282 CE	LL F	FAX
MAILING ADDRESS 2606 WELLW	ONTH WAY WEST A	rindship and 2129 STATE ZIP
APPLICANT YOUR SEPTIC S	E Ø	· · · · · · · · · · · · · · · · · · ·
DAYTIME PHONE 410-988-9270 CEL	11 240-882-4025 F	AX 410-537
MAILING ADDRESS STREET \$9	Glene 16 M	1d 21737 STATE ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER	BUYER RELATIVE/FRIEND	REALTOR CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME	#	LOT NO.
PROPERTY ADDRESS 2606 Well WAY STREET	th Way WEST HUENRY	MIP Mol.
TAX MAP PAGE(S) GRID	PARCEL(S) PROF	POSED LOT SIZE
AS APPLICANT, I UNDERSTAND THE FOLLOWING: TH	HE SYSTEM INSTALLED SUBSEQUENT TO	THIS APPLICATION IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE.	THIS APPLICATION IS COMPLETE WHEN	N ALL APPLICABLE FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCE		
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASE		
TEST RESULTS WILL BE MAILED TO APPLICANT.	SIGNATURE OF APPLI	Acres -

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

HD-216 (2/03)

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)





HOWARD COUNTY HEALTH DEPARTMENT

23055

Dollars

~ 1	DATE	
4	05	
	7	3 DATE

Recei From	ved Yack S	eptic Dervico Inc	PHONE #0-531-2937
0	Box 89	Glassia MA 21787	
	0	0121-19 0 = 51731	

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П	CHECK	2000	W)ell	Worth	way
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