

PRELIMINARY

APPLICATION

20271

A STATE

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 1st

P. O. BOX 478, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-55000, EXT. 355

DATE 6/28/74

*Uphill Neighbor
4835 Wharff Lane*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Earl H. Heckman

ADDRESS 4688 Beechwood Road, Ellicott City, Md. PHONE 744-8726

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel #2

ROAD AND DESCRIPTION Wharff Lane

SIZE OF LOT 5 acres ± TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT X /s/ Bettie J. Heckman

APPROVED BY _____ FOR _____ DATE _____
(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

