

APPLICATION

A 22263

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 4P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 10/9/75TO: 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 Marion E. Frost & Ruth A. FrostADDRESS 3621 Blue Hill Court, Ellicott City, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1ROAD AND DESCRIPTION Daisy RoadSIZE OF LOT 278' x 977' x 119' x 780' TYPE BLDG. 3 or 4NUMBER OF BEDROOMS
(Single Fmly. Dwlg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Ruth A. FrostAPPROVED 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

