

step
to
10:00

APPLICATION

PERCOLATION TESTING

A 515245

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640

DISTRICT _____

DATE 5/14/01

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Stanley Ferguson

ADDRESS 5578 Channing Road, Baltimore, MD 21229 PHONE _____

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION Brantwood Ferguson Prop LOT NO. 3

ROAD AND DESCRIPTION _____

13345 Frederick Road, Ellicott City, MD 21042

TAX MAP NO. 16 PARCEL # 147

SIZE OF LOT 3 TYPE OF BLDG. SFD

(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

