

APPLICATION

A 00000

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 1/2/65

*Septic tank - 750 gal.
 Drywells (2) - two 12 ft. dia by 8 ft.
 deep below inlet ^{top of} drywell. Inlet pipe to be
 4 ft. below original grade. These specifications must
 be followed exactly.
 Local drywell 25 ft. from front ~~line~~ lot line
 and in the area between 50 ft. to 130 ft. from the left
 side line ~~at~~ as lot is seen when facing
 it from Hardy Rd.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Don Boone

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Forlister Heights LOT NO. 1

ROAD AND DESCRIPTION Hardy Rd. - St. 40 - East Corner Bl. turn at DiPaula's
about 1 mile to Hardy Rd. turn right on
Hardy Rd. - 1/4 mile down

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5 9/16 acres TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Howard Inglett

APPROVED BY E. J. White FOR Drywells DATE 1/18/65
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS E. J. White DATE 4/11/65

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

