

25.00 CHECK ATTACHED.
3/21/01
1:30
3/28/01

BLDG PERMIT # B00128577

APPLICATION

TOM - BACKHOE 410-360-0535
410-935-7981

PERCOLATION TESTING

A 514950

P _____

DISTRICT 5TH.

DATE 28 FEB. 2001

~~PERC~~ PERC TO
ESTABLISH CAPACITY
FOR SEPTIC REPAIRS
IN LIGHT OF PROPOSED
POOL - MR 3/2/01

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

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 ROSE ANNE AND TOM CHILCOAT

ADDRESS 6916 PINDELL SCHOOL RD., PHONE 410-531 7043 365-7248

AGENT OR PROSPECTIVE BUYER FULTON, MD, 20759

ADDRESS SUNRISE PREMIERE c/o AL ERDI
1460 RITCHIE HWY, SUITE 108 PHONE 1-877 349 pool
ARNOLD, MD, 21012

PROPERTY LOCATION:

SUBDIVISION PEMBROKE KNOLLS LOT NO. 4

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT 2.137 Ac.± TYPE BLDG. (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]
(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

