

APPLICATION

18341

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT *Septic Tank - 1250 gal* DISTRICT 1
ENVIRONMENTAL HEALTH SERVICES *City 21043 - 625 sq ft.* DATE _____

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 468-8000, EXT. 388

*absent sidewalk area to dig in under the front
1 1/2 ft by 10 ft - 10 ft wide with 11 in depth
located in front of lot 9 ft from right side of road
83 ft from front lot line in section corner E. Hwy. 601.*

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION Gwenlee Estates LOT NO. 9 Blk. B, Sec. 1

ROAD AND DESCRIPTION _____

SIZE OF LOT 39,100 sq. ft. TYPE BLDG. 3 or 4

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 /s/ John Boender

APPROVED BY Robert V. Turner FOR City DATE 3/1/74

(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

