

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION _____ ZIP _____

OWNER OCCUPANT ROBERT HOWES ADDRESS 12815 HALL SHOP RD PHONE _____

COMPLAINANT _____ ADDRESS _____ PHONE _____

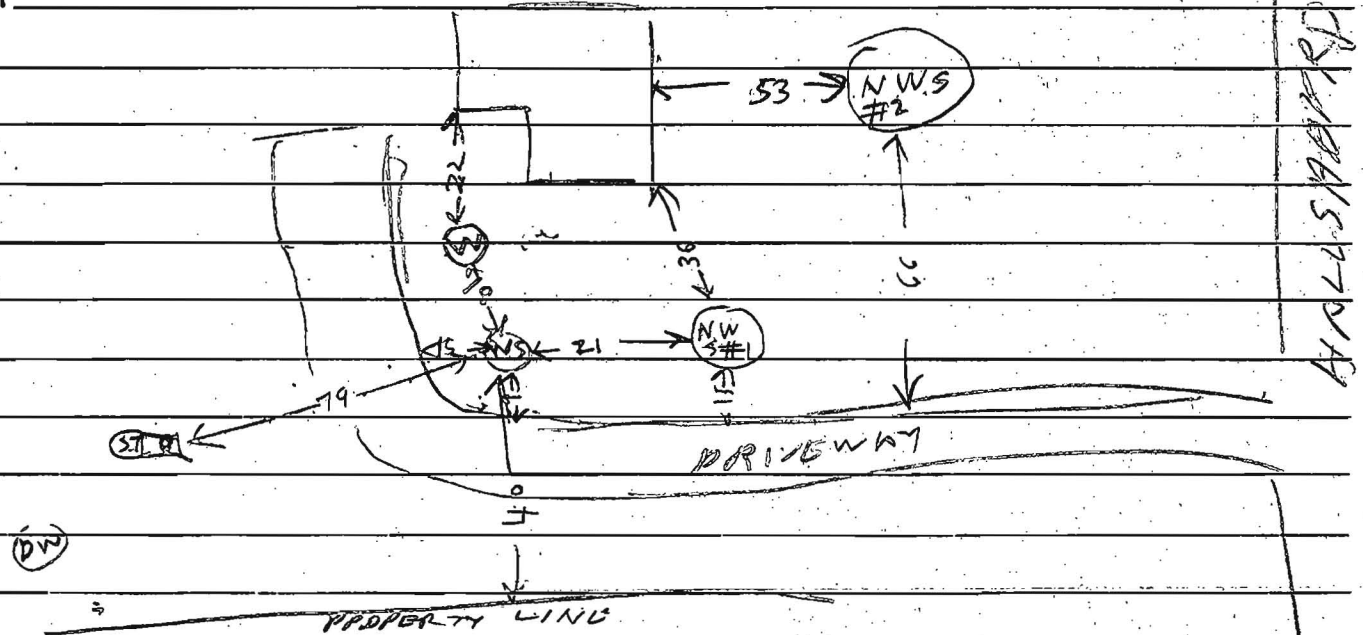
REASON FOR INVESTIGATION REPLACEMENT WELL SITE

CODES _____

RECEIVED BY _____ DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT _____



DW = DRYWELL

ST = SEPTIC TANK

WS = WELL SITE NOT APPROVED

NWS #1 = APPROVED NEW WELL SITE #1

NWS #2 = APPROVED NEW WELL SITE #2

DATE SUBMITTED 11/20/86 SANITARIAN Raymond Dodge