

APPLICATION

(2)

A 34719

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 12/28/84

Paul
5/3/85
11:00
cancelled
(AFTER AL SAUGH)
WET SEASON
3/6/87
9:30 AM
MRS. IRIE called
w/ date 8th

Schedule WET SEASON

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 Anita M. Irie

ADDRESS 7378 Mink Hollow Road
Highland, Maryland 20777 PHONE 854-2903

PROPERTY LOCATION:

SUBDIVISION Anita M. Irie Property LOT NO. 317197 MRS IRIE SAID LOTS 1 & 2 TO BE COMBINED TO MAKE ONE ONLY

ROAD AND DESCRIPTION Mink Hollow Road

PREVIOUSLY TESTED 4/72 - (A16838) WATER AT 2 1/2 - 5' - LOT REDESIGNED. WET SEASON TEST REQ'D, C.W.

SIZE OF LOT 1.7 acres TYPE BLDG. _____
(NUMBER OF BEDROOMS)

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. /s/ Anita M. Irie
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

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SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 5-14

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 Anita M. Iribe Property

ADDRESS 7378 Mink Hollow Road
Highland, PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____
(NUMBER OF BEDROOMS)

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. Anita M. Iribe
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

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SEWAGE DISPOSAL TESTING

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HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 12/28/84

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 Anita M. Iribe
7378 Mink Hollow Road
ADDRESS Highland, Maryland 20777 PHONE 854-2903

PROPERTY LOCATION:

SUBDIVISION Anita M. Iribe Property LOT NO. _____

ROAD AND DESCRIPTION Mink Hollow Road

SIZE OF LOT 1.7 acres TYPE BLDG. _____
(NUMBER OF BEDROOMS)

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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. /s/ Anita M. Iribe
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Parcel # 354943-05

IMPORTANT MESSAGE

TO Jane

DATE 2/12/90 TIME 1:45 A.M.
P.M.

WHILE YOU WERE OUT

M Anita Iribe

OF _____

Area Code & Exchange 854-2903

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>
RETURNED YOUR CALL			

Message Mink Hollow Rd

2-12-90 Mrs Iribe wants to test this lot. I requested a plat w/proposed house, well & septic area. Wet season required.

Operator I explained limited

SCM schedule to her. Nadeau

Howard County Health Department

To: Ms. Anita Iribe

Re: Percolation testing
Mink Hollow Road.

Wet season testing is required. This usually occurs Feb. thru April each year.

From: Jane Nadeau

Date: 2-12-90