

Check on this when you get time
APPLICATION

Write
A 06561
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

5/7/63 sum

DISTRICT 4th

System already installed. No Septic Tank - cesspool & Dry Well

DATE 4-9-63

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 Mr. Worthington Ridgely

ADDRESS Cooksville PHONE Hu 9-4546

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 1/2 mile south of Route 144 on Rt. 97 on the ^{left} right hand side of the road. (Route 97)

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1/2 farm acreage TYPE BLDG. Farm Trailer 2 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Worthington B. Ridgely

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT