

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 33492

P _____

DISTRICT 5

DATE 1-30-84

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 ANNA MacCarthy - Monroe Bldr.
ADDRESS 4100 Cathedral Ave N.E. 2016 PHONE 202-363-2725
262-8225

PROPERTY LOCATION: BRIGHTON PINES I
SUBDIVISION Thruppet Prop LOT NO. 4
ROAD AND DESCRIPTION Nicholas Ave #13720 Lakeside Dr.

SIZE OF LOT 3A TYPE BLDG. SFD
(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.

Richard J. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY CWilliam FOR TRENCHES DATE 2-12-85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS CWilliam DATE 2-8-84

REASONS FOR REJECTION OR HOLDING NEED CERTIFIED LOCATIONS. CW B.P. #69208

BLDG. PERMIT SIGNED
AND RETURNED 3-27-86

THIS IS NOT A PERMIT

