FREDERICK COUNTY HEALTH DEPARTMENT

WINCHESTER HALL

12 East Church St., Frederick, Md.

Complete forms in duplicate Health Dept. Application No.64-1467
APPLICATION FOR PERMIT TO BEGIN CONSTRUCTION OF PRIVATE SEWAGE DISPOSAL SYSTEM
Building Permit and Zoning Certificate Application No.
PART I Applicant Must Complete Items 1 through 10 of Part I
1. Owner: Richard L. and Irene Shank 529-A W. South St., Frederick
(Name) (Post-office Address) (Phone No.)
3. Exact location of building site: H. Lee Willis Plat 2 - lot 2
Bethel Rd.
(Give detailed road directions so inspector can find site)
4. Size of lot 200 ft. x 300 ft. Area of lot sq. ft.
If subdivision give name H. Lee illis Plat 2 Lot No. 2
5. Is it in town limits: Yes
6. Planned use of building under construction: dwelling
If individual home, number of: Bedrooms: 3 Baths: 1 Basement: Yes X No
If commercial, No. of persons to use sanitary facilities: Working time hours Garbage grinder: Yes No. Automatic washing machine: Yes No. No. Addition
7. Type of construction: New Remodeling Well to be drilled
8. Proposed water supply system: Public
9. Proposed sewage disposal system: Public Septic tank system Privy Other
To be installed by owner Builder Z Plumber
10. I hereby agree to install this sewage disposal system in accordance with regulations of the Maryland State Board of Health and to arrange for necessary soil tests under supervision of the County Health Department. No construction is to star before receiving County Health Department approval. No part of the installation will be covered until inspected and final written approval is given by the County Health Department.
(Signature of applicant) 529-A W. South St. Frederick 5/11/64
mail permit to Reserving Ridge Homes, Mr. Garst
PART II To Be Completed by the Health Department
Results of Soil Test: One inch drop—Subsurface fields
Septic tank capacity / O gal. Type of tank Inside length Inside width Depth below outlet
Tile field (if used) Total length of tile line 300t. No. of lines Length of each line
Distance between linesft. Width of trenches
Seepage pit (if used) No
Distance of water supply to nearest part of sewage disposal systemft.
Sewage disposal system to be installed by(Name and address)
After an inspection of the premises, described in Part I, the plan for the sewage disposal system shown in sketch of reverse side of this page, is approved and permission granted to begin construction. This permit is NOT VALID, if the plan outlined herein, is/changed in ANY manner without approval of the Health Department clearly indicated on this application and each such change initialed by the inspecting official.
Date

NOTE: Notify the County Health Department at least FORTY EIGHT (48) HOURS before you are ready to cover installation so that inspection can be made for final approval.

REMARKS:

3 bodrooms