

*Hope call
Karl's job.*

*1/28/71
10:00 am
11 am*

APPLICATION

A 15698

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank - 1000 gal.*

ELLICOTT CITY

Dry Well - 420 sq. ft. absorbent sidewall area

DISTRICT 2

*To begin below the first 4' of original soil.
Maximum depth permitted for dry well is 14 1/2 ft. from
Locate dry well as shown on plan sheet on holes # 1 + # 2.*

DATE 1/27/71

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 Taylor Manor Hospital

ADDRESS College Avenue, Ellicott City, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION College Avenue - approx. 1/4 mile past Taylor Manor entrance
on left - first big white house on left

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre ± TYPE BLDG. Existing house
3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Roland Barth

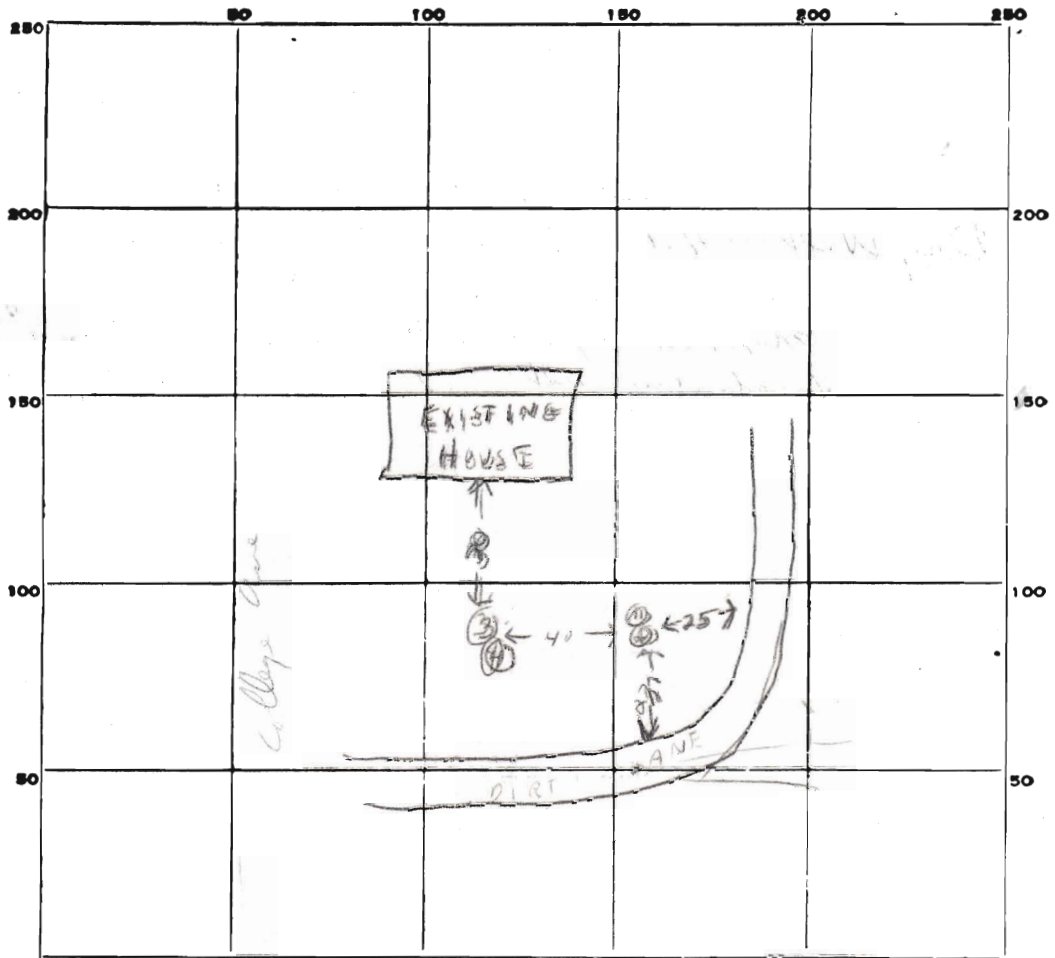
APPROVED BY Robert Toney FOR Dry Well DATE 1/28/71
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/28/71	1	10 1/2	11 16	11 25	11 25	11 43	18 min
	2	6 ft.	11 24	11 30	11 30	11 42	12 min
	3	10 ft.	11 37	11 44	11 44	11 59	15 min
	4	line soil at 5 ft.					
		line soil at 5 ft.					

SOIL AUGER FINDING _____

TESTED BY R. Tom

REMARKS _____

APPLICATION

A 15698

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic Tank - 1000 gal.

ELLICOTT CITY

Dry Well - 420 sq. ft. absorbent sidewall area

DISTRICT 2

DATE 1/27/71

To begin below the first 4 1/2' of original soil.
Maximum depth permitted for dry well is 10 1/2'.
Locate dry well as shown on plan sheet in holes #1 & #2.

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 Taylor Manor Hospital

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PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

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on left - first big white house on left

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ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre + TYPE BLDG. Existing house
3
NUMBER OF BEDROOMS

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SIGNATURE OF APPLICANT Roland Barth

APPROVED BY Robert Toner FOR Dry Well DATE 1/28/71
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

