

APPLICATION

Final
6/5/79
9:30 A.M.

A 29878

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, MARYLAND 21043
TELEPHONE: 992-2330

SEPTIC TANK { 1-3 BED ROOMS - 1000 gallons
4 BED ROOMS - 1250 gallons

DRY WELL TO HAVE 120 SQUARE FEET
EFFECTIVE ABSORBENT SIDEWALL AREA
PER BEDROOM BELOW INLET INLET TO BE 4' DATE 5/24/79
BELOW ORIGINAL GRADE AND MAXIMUM DEPTH OF DRY WELL TO BE 12'
LOCATION: 140' UP FROM LEFT FRONT CORNER PT. OF LOT ALONG
LEFT PROPERTY LINE AND IN 140' OFF LEFT PROPERTY LINE
Percolation Test WHEN FACING LOT FROM DRY ROAD.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

3/22/91 Change to Trencher
See separate Sheet RH

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Keith + Rebecca Meade
Thomas Blueford + Patricia Blueford Legis Keith E. Meade

ADDRESS 1000 Day Rd. 988-9535 PHONE 244-4878
244-2629
WORK 239-8823

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. To Be Numbered
#2 possibly

ROAD AND DESCRIPTION 996 Day Rd. FINAL #2

SIZE OF LOT 3 ACRES TYPE BLDG. _____

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.

SIGNATURE OF APPLICANT Thomas Blueford Patricia E Blueford

APPROVED BY C. B. Sturken FOR DRY WELL ONLY DATE 8/19/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/5/79 Holding for recovery per owner + certified
holes. [8/19/80 FINAL PLAT - SIGNED RETURNED TO
OFFICE. (SPECS WRITTEN).]
C.B.S.
C.B.S.

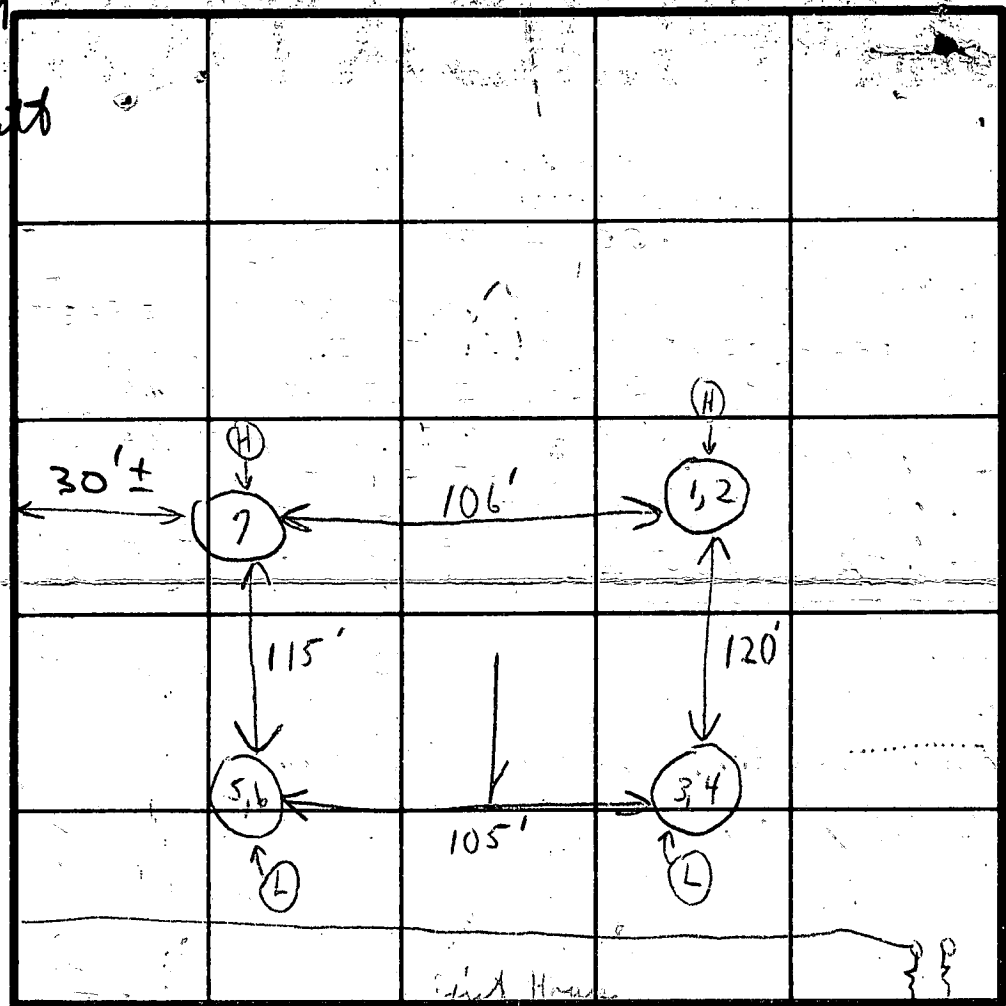
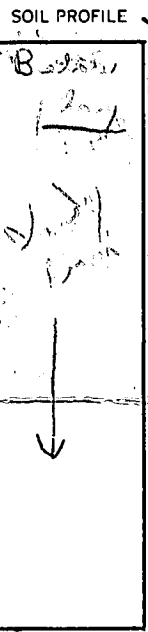
BLDG. PERMIT SIGNED
AND RETURNED 4/4/91
Serial # 36802-SFD-3 Bedrooms

THIS IS NOT A PERMIT

2 per plot

Field sheet

Tests not per state



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE:

Day Road

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|------|----------|------------|---------|------|----------------|-------|-------|
| | | | START | STOP | START | STOP | |
| 5/27 | 1 | 4' | 9:45 | 9:48 | 9:48 | 9:53 | 5 in |
| | 2 | 13' | 9:53 | 9:59 | 9:59 | 10:05 | 6 in |
| | 3 | 4' | 9:40 | 9:47 | 9:47 | 9:59 | 12 in |
| | 4 | 13' | 9:40 | 9:44 | 9:44 | 9:52 | 8 in |
| | 5 | 5' | 9:43 | 9:45 | 9:45 | 9:48 | 3 in |
| | 6 | 15' | 9:43 | 9:47 | 9:47 | 9:53 | 6 in |
| | 7 | 4'-13 1/2' | Visual | | Sandy loam | 6 | 40 |

skirted 4'

120 ydft perches

RECEIVED
MAY 29 9 31 AM '79

HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

REMARKS { Tests in open field with mowed grass }
Hole for certification of hole
Hole ready for testing
P. Schuler

TYPE OF SOIL _____
TESTED BY C. B. S.
ALSO PRESENT { Mr. T. P. ... }

Needs to re-certify