

PRELIMINARY

APPLICATION

A 26634

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 8/16/77

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 William Mitchell

ADDRESS _____ PHONE Paul Kottis
421-9433

PROPERTY LOCATION:

SUBDIVISION Dayton Meadows LOT NO. NEW LOT 19
~~7, Block C~~

ROAD AND DESCRIPTION Green Bridge Road

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT: /s/ Paul Kottis

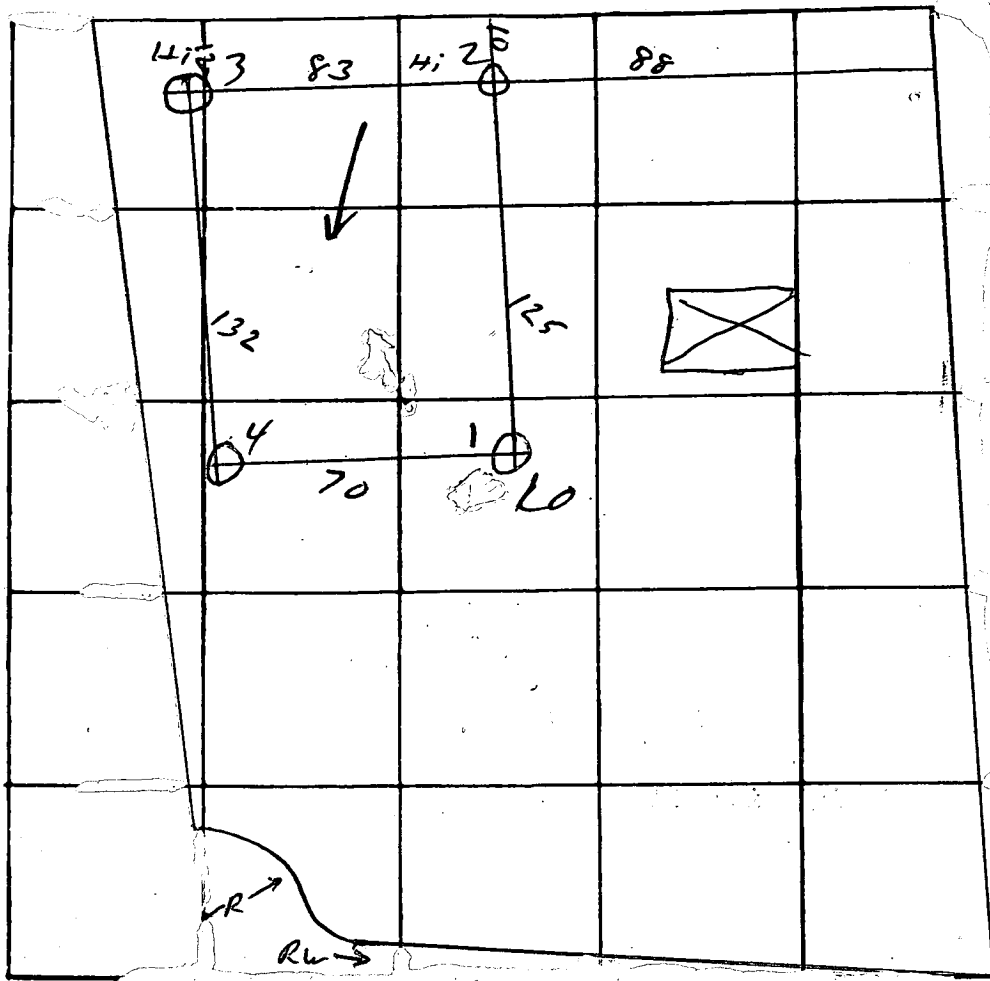
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



70
/

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
30 Aug 77	1	3	1 ⁵²	2 ⁰²	2 ⁰²	2 ¹⁴	12
	1A	14	"	"	"	"	12
	2	13½	vis				
	3	3½	2 ¹⁷	223	223	2 ³⁴	11
		13	2 ¹⁷	2 ²¹	2 ²¹	2 ²⁹	8
31 Aug	4	3	10 ⁰²	10 ¹³	10 ¹³	10 ³⁸	25
		13	"	10 ¹¹	10 ¹¹	10 ²⁵	14

REMARKS certify slopes

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT: _____