

APPLICATION

A 16154

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 7/26/71

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 Rebecca Thomas

ADDRESS Daisy, Maryland PHONE 442-2493

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Duvall Rd., Daisy, Md.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT APPROX. 1 acre (196.50 x 300) TYPE BLDG. Existing

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS 2
(Single Fmly. Dwllg.)

SIGNATURE OF APPLICANT Ideman Lick

APPROVED BY W. Moneyhan FOR Septic SYSTEM DATE 7-1-71

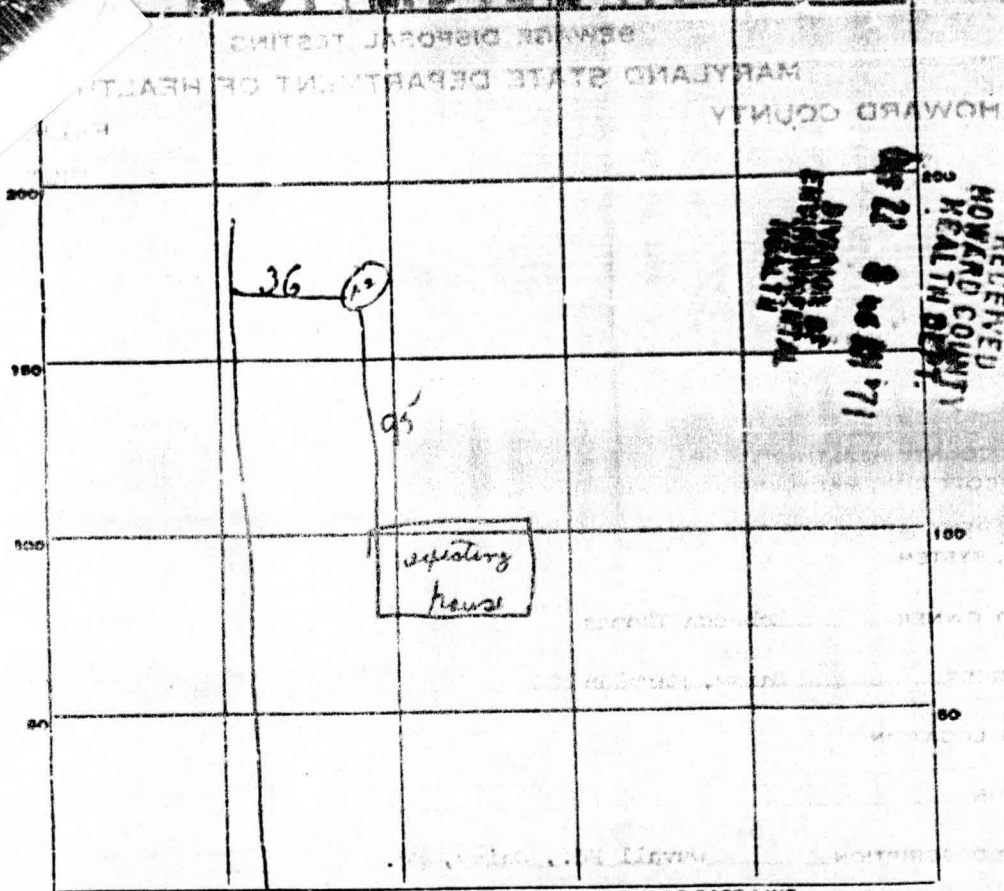
REJECTED BY _____ FOR _____ SYSTEM DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Swallow Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-1-71	1	11 1/2'	10 35	10 32	10 38	10 45	7m
	2	3 1/2'	10 35	10 39	10 39	10 48	9m

SOIL AUGER FINDING _____

TESTED BY _____

REMARKS *and hole taken - do not take specimens*

THIS IS NOT A FINAL REPORT