

APPLICATION

A 20609

Preliminary

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 D.R. 1000 gal. S. Tank DISTRICT 2nd
ENVIRONMENTAL HEALTH SERVICES 4 B.R. 1250 gal. S. Tank DATE 8/28/74
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-3000, EXT. 356

Drywell to have 125 SQ. FT. effective sidewall absorber area per bedroom to begin below the first 3 1/2 ft. of non-porous soil. Maximum depth permitted for drywell is 11 1/2 ft. below original grade. Place the drywell 110. ft from the rear lot line and 10 ft. from the right side line, as seen when facing the property from Furrow Court.

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 Mt. Hebron, Inc.

ADDRESS 2417 Mt. Hebron Drive, Ellicott City, Md. PHONE 465-2869

PROPERTY LOCATION:

SUBDIVISION Mt. Hebron LOT NO. EXXX Lot 22, Sec. 15

ROAD AND DESCRIPTION Unnamed road LOT 23

SIZE OF LOT 24,100 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/ H. J. Baker BLDG. PERMIT SIGNED AND RETURNED 10/27/77
Serial No. 33886

APPROVED BY Frank Skinner FOR Drywell DATE 9/8/76
(KIND OF SYSTEM)

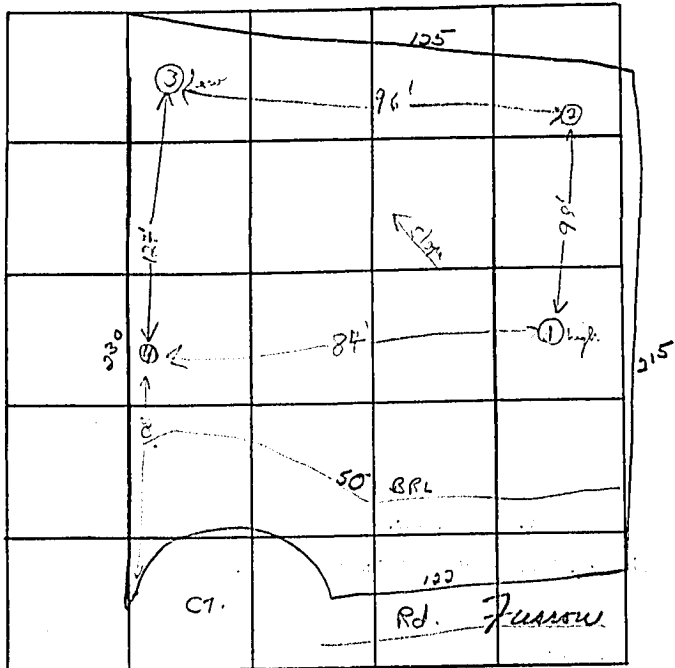
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

20609



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LOT 23
~~LOT 82~~

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/29/74	1 W/L	4 1/2'	9:53	9:54	9:54	9:55	1 min
	1A	12'	9:53	9:55	9:55	10:01	6 min
	2	12'	Visud	Same	ind with	with of	to 10:05
	3 low	5'	10:03	10:04	10:04	10:05	1 min
	3A	12 1/2'	10:03	10:05	10:05	10:09	4 min
	4	4 1/2'	9:57	9:58	9:58	9:59	1 min
	4A	12 1/2'	9:57	9:59	9:59	10:03	4 min

inlet 4 ft

3 min org.

REMARKS _____
 TYPE OF SOIL ice low
 TESTED BY F.S. & R.T. ALSO PRESENT: _____