

APPLICATION

Final #73

20254

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 406-8669, EXT. 300

DISTRICT

500

DATE

6/27/74

Drainage and trench system to be 140 SQFT. Sidewalk absorption area for bedpan. Driveway inlet no deeper than 4 feet below original grade, and minimum depth permitted for driveway bottom at 10 ft. below original grade. Place the driveway 12.5 feet from the front lot line and 3 ft. from the left side line as shown facing the property from Castle Bay Lane. Set the trench 25 feet back from the driveway and place the trench to be 10 feet from the right sidewalk along the driveway. Note: Call for preparation of trench before ground is installed in front.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER *J. T. Barnes of Washington, D.C. Inc. & D. Greenberg*

ADDRESS *152 New Port Esplanade, Pikesville, Md. 300-8979*

PROPERTY LOCATION:

SUBDIVISION *Highland Lake* LOT NO. *73*

ROAD AND DESCRIPTION *Castle Bay Lane*

SIZE OF LOT *4000 sq* TYPE BLDG. *34* 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 *Dail* BLDG. PERMIT SIGNED AND RETURNED *6/1/74*

APPROVED BY *Frank Shuman* FOR *Drainage* DATE *12/10/81*

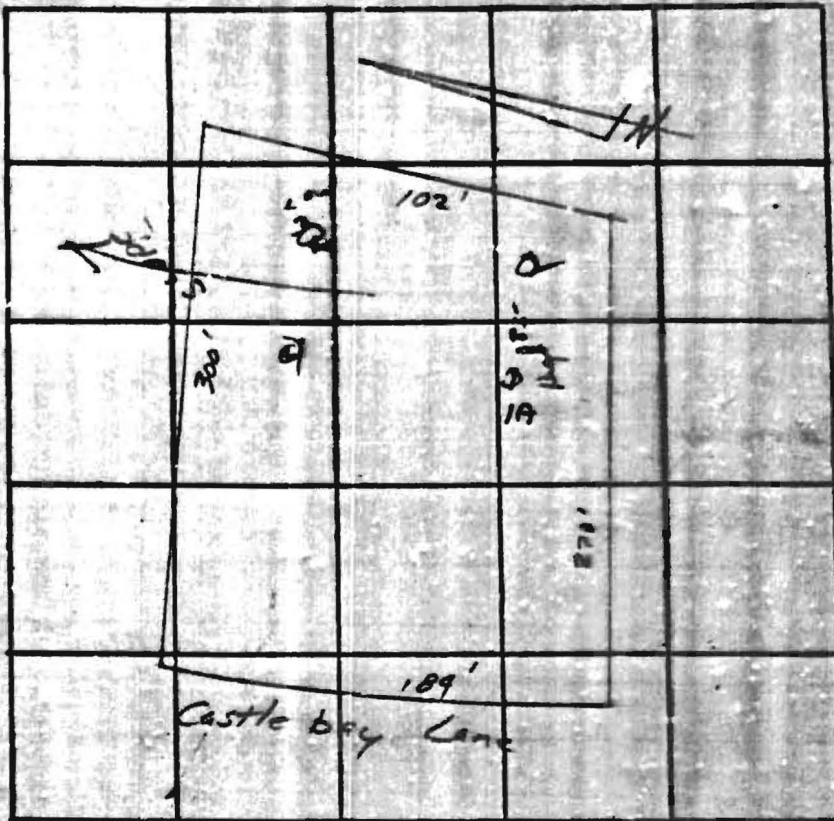
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

20254



INDICATE NORTH - NAME ADJOINING ROADWAY BEHIND LINE.

lot 73
~~76~~
 light blue
 Century
 Homes

DATE	TEST NO.	DEPTH	PRESSURE		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/15/74	1	5 1/2'	10 ³⁸	10 ⁴²	10 ⁴⁰	10 ⁴⁵	5 min
	1A	12'	10 ⁴²	10 ⁴⁵	10 ⁴⁵	10 ⁵⁴	9 min
	2	11 1/2'	Line Leak				
	3	11 1/2'	10 ⁵⁸			11 ⁰²	4 min
	3A	11 1/2'	10 ⁵²	10 ⁵⁷	10 ⁵⁹	11 ⁰⁶	2 min
	4	11 1/2'	Line Leak - Open for				5 min
							25 min

Check
 (handwritten notes)

REMARKS _____

TYPE OF OIL _____

TESTED BY R. T. [signature] ALSO PRESENT _____