

APPLICATION

13142

SEWAGE DISPOSAL TESTING

P. _____

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: 443-8666, EXT. 305

DISTRICT 1st & 2nd

DATE October 28, 1973

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 Mr. Walden L. Hering

ADDRESS Burtonville Road, Glenwood, Maryland PHONE 443-3483

PROPERTY LOCATION:

SUBDIVISION Charles Estates Section II LOT NO. 15, Block A

ROAD AND DESCRIPTION West side of Sharp Road

SIZE OF LOT 150' x 270' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE RESIDE _____

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

SIGNATURE OF APPLICANT William B. Hering

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

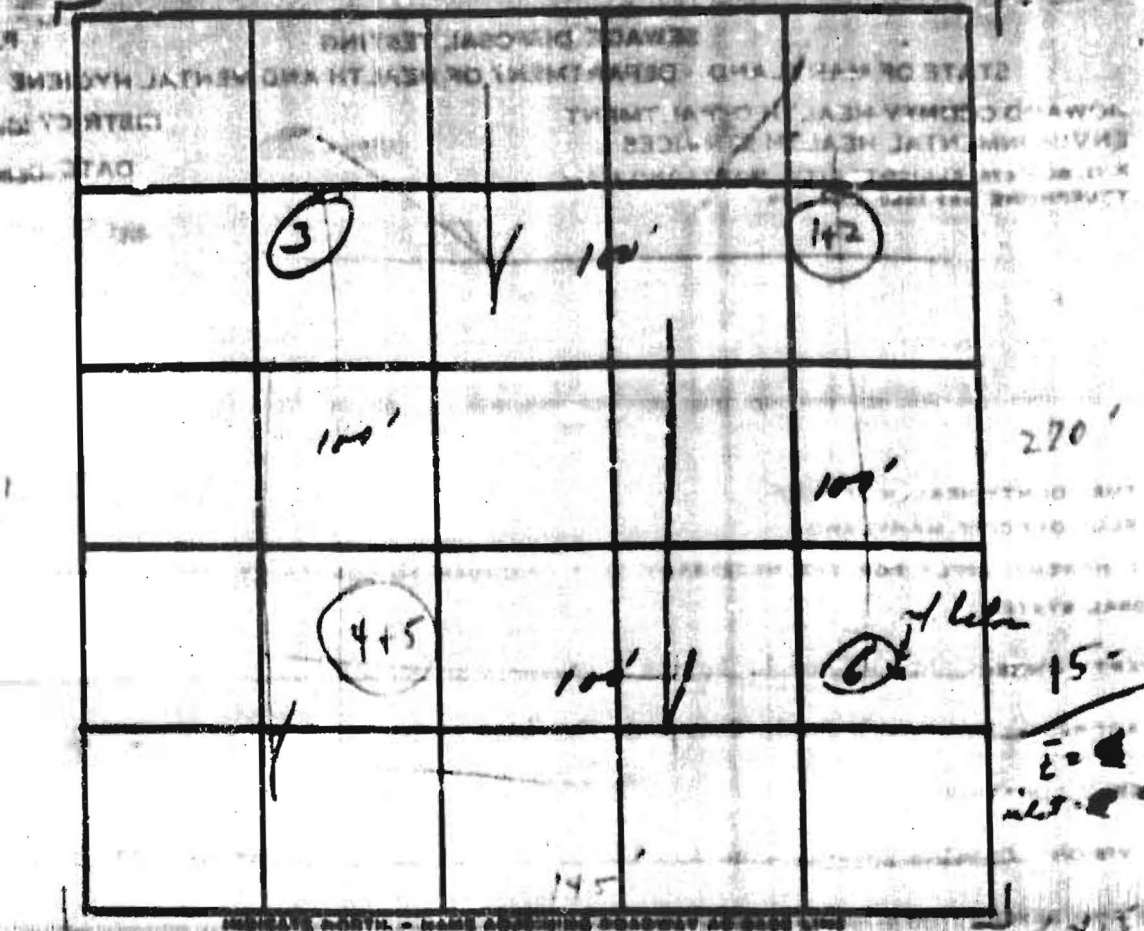
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/17	1	5' 1/2	2:47	3:03	3:10	3:31	2 P
11/17	2	12' 0	2:45	2:55	2:55	3:15	20
11/21	3	10	dry 1/2 in. yellow & brown soil				
	4	5' 1/2	2:36	2:40	2:40	2:53	13
	5	12' 1/2	2:37	2:40	2:41	2:55	15
11/21	6	10 1/2	brown clay soil, some sand, red brown clay soil				

X=19

REMARKS _____

TYPE OF SOIL _____