

In triplicate
\$5.00 check payable to
Howard County Health Dept.

Plot must accompany this
APPLICATION

A 1148
P _____

AGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 4/23/66

[Faint handwritten notes and signatures]

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 Joseph W. Korman

ADDRESS 1205 Fair Road PHONE 405-4557

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 21

ROAD AND DESCRIPTION 50 yds. East of intersection of Fairdelphia + Lanthorn Rd.
on south side of Fairdelphia Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.85 Acres TYPE BLDG. 304
prop. int.
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Richard A. Johnson Cap. 84C Precinct 489-4127

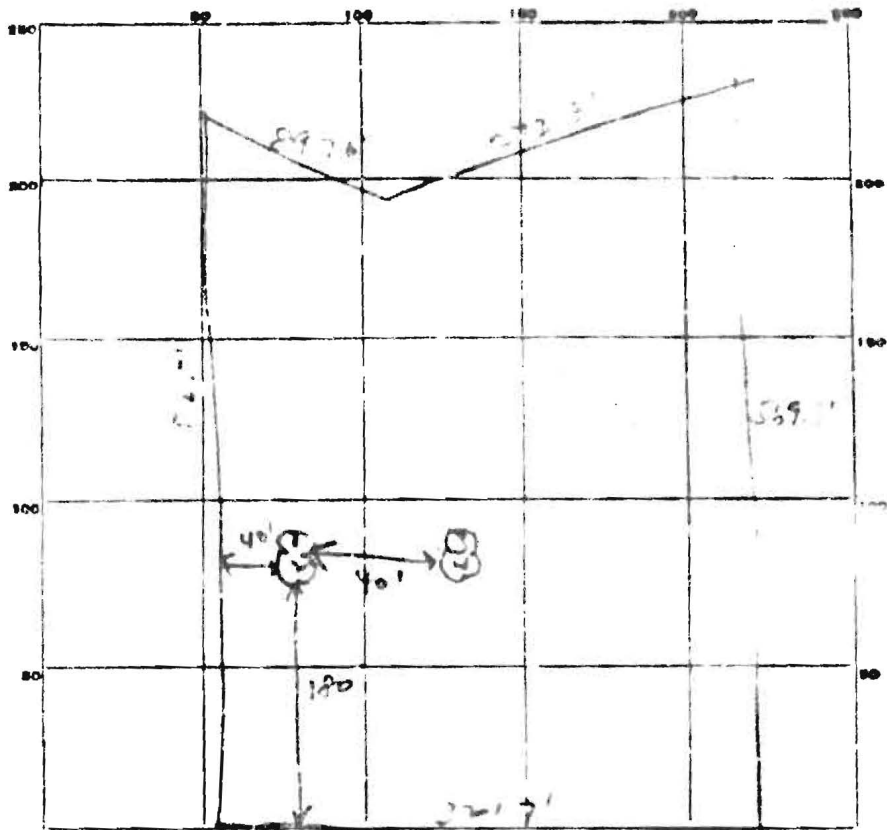
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NINE APPROXIMATE ROADWAY TO BASE LINE

Triadelphia Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/66	1	9'	9:58	10:03	10:03	10:08	5 min
	2	5'	9:58	10:03	10:03	10:13	10 min
	3	9'	10:01	10:11	10:11	10:21	10 min
	4	5'	10:02	10:14	10:14	10:35	21 min

SOIL AUGER FINDING _____

TESTED BY JHK

REMARKS _____