

APPLICATION

A 17339
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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: 410-3099, EXT. 308

System to be 120 gal DISTRICT _____
On well - 560 gal DATE _____

*Abandoned well was in place below the front
5 ft of ground and tests 0.10 125 gal. from
near property line and 20 gal from well side line
as seen from Rd.*

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Greenlee LOT NO. _____

ROAD AND DESCRIPTION 14081 Green Rd.

SIZE OF LOT _____ TYPE BLDG _____ 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 _____

APPROVED BY Robert V. Jones FOR On Well DATE 2/18/74
(KIND OF SYSTEM)

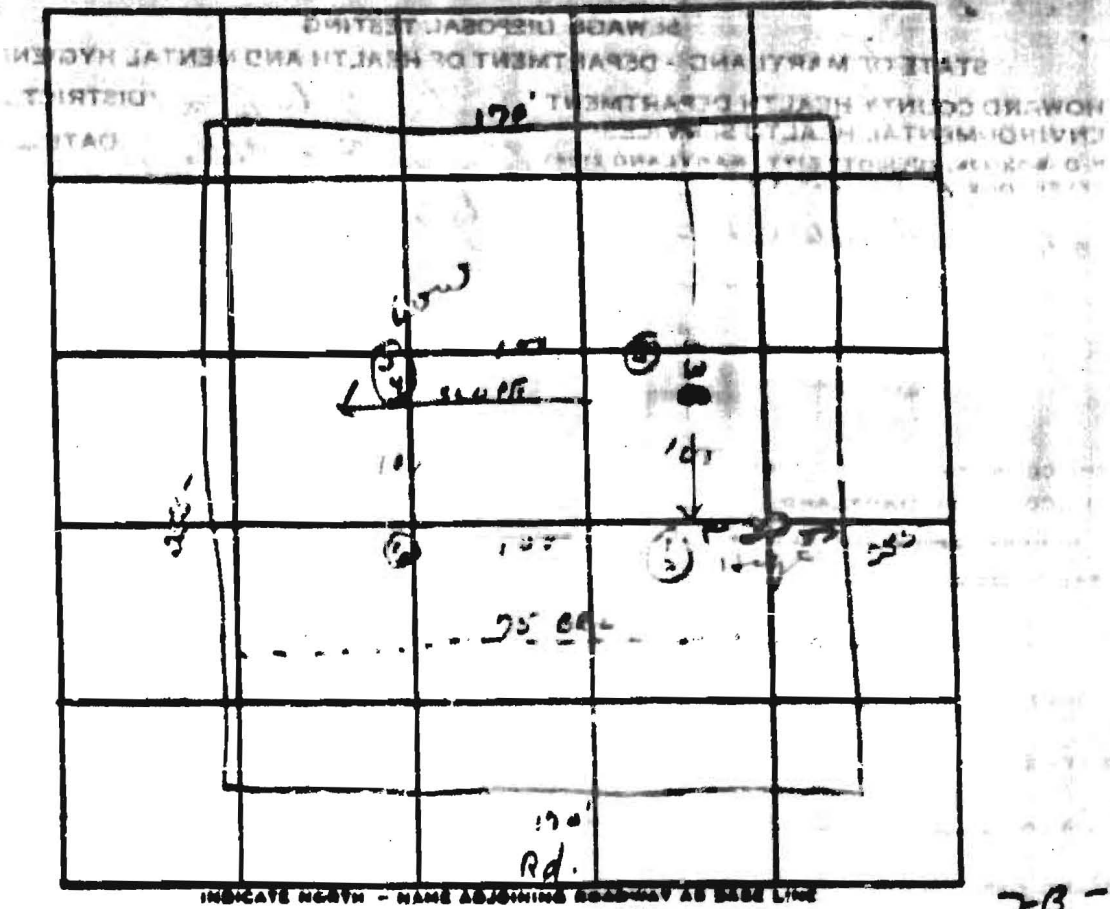
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION



7B-

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/24/73	3	11 1/2 ft	11 28	11 37	11 37	11 53	16 min
	4	5 ft	11 30	11 33	11 33	11 41	8 min
	1	11 3/4 ft	11 48	11 52	11 52	12 00	8 min
	2	5 1/2 ft	11 48	11 53	11 53	12 02	9 min
	5	11 1/2 ft	7 am	8 am	-	-	-
	6	12 ft	8 am	9 am	-	-	-

Approx
10 min
about
5 1/2 ft

Tested no. located in plot.
As certified

REMARKS: Use 1/2

TYPE OF SOIL: _____