

APPLICATION

A 15230

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT _____

DATE 4/27/57

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 Mark Wakefield

Pen Carter

ADDRESS Carroll Mill Road, Ellicott City, Maryland PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION Woodmark LOT NO. 72, Blk. 2, Sec 7

ROAD AND DESCRIPTION Mount Albert Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 172,300 sq. ft. (210' x 625' x 275' x 800') TYPE BLDG 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark Wakefield

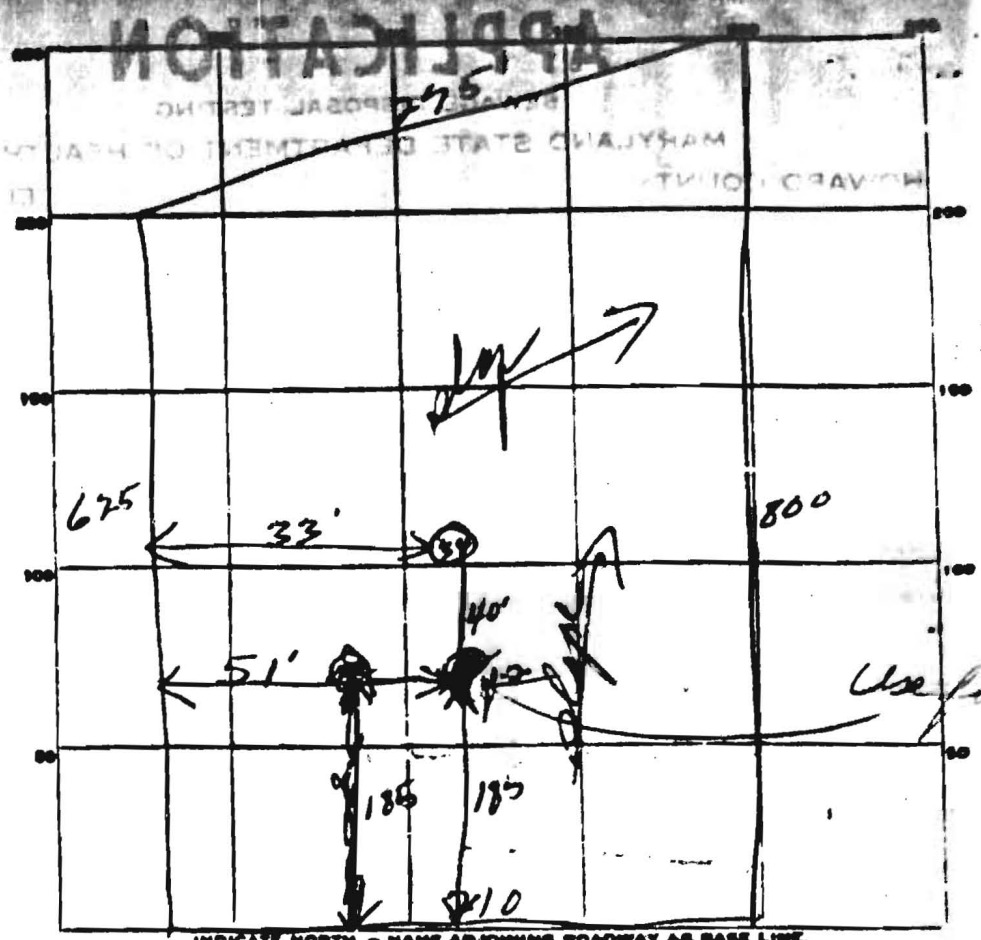
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

17
3
1
5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

marked Red

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/14/77	1	12	144	145	145	146	1m
	2	6	144	145	145	146	1m
	3	11	145	142	142	149	2m
	4	5	146	147	147	148	1m

SOIL AUGER FINDING

Handwritten signature/initials