

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 2-3-72

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 CLARENCE E. BRESLER

ADDRESS Daisy Rd., Woodlawn PHONE 489-4461

PROPERTY LOCATION:

SUBDIVISION DAISEY MEADOWS LOT NO. 4

ROAD AND DESCRIPTION Daisy Rd., 14th Ave., 20th

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.5 ACRES TYPE BLDG Single Family Dwelling
3 or 4 Bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Clarence E. Bresler (p. 4)

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

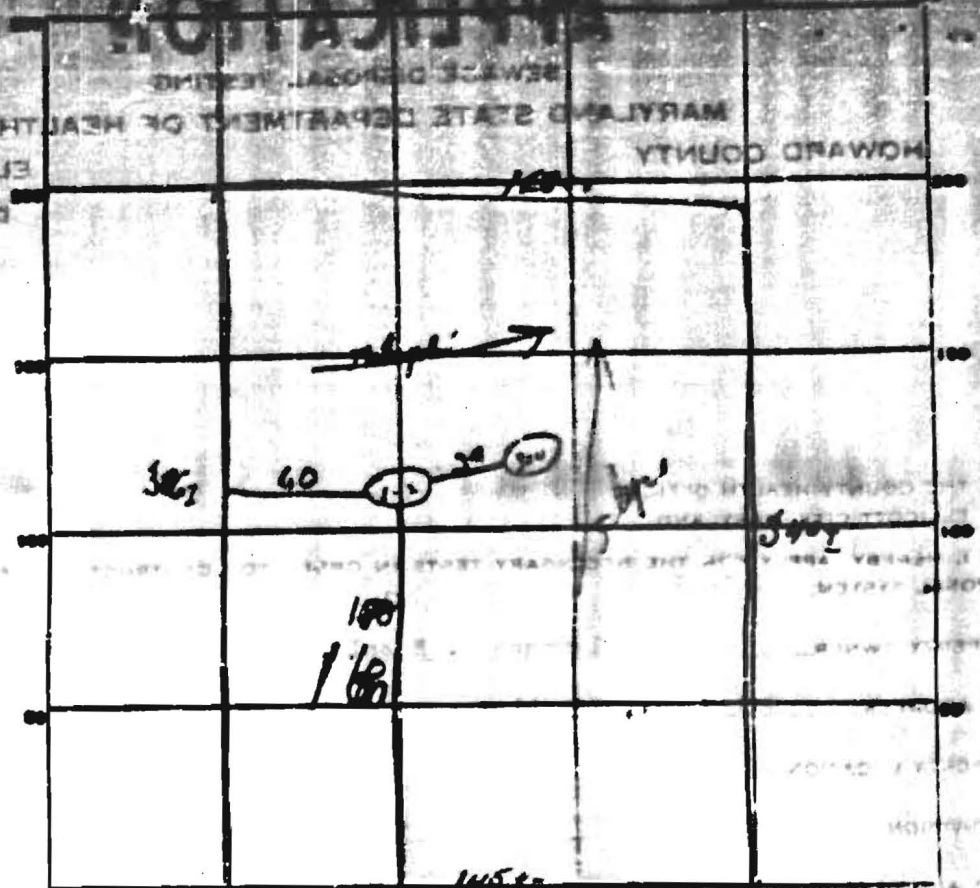
THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING
 MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELICOTT CITY
 DISTRICT
 DATE



DATE	TEST NO.	DEPTH	PRE-TEST		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-20-71	1	12 ft	11 28	11 31	11 21	11 24	30 min
	2	44 ft	11 22	11 26	11 26	11 32	45 min
	3	5 ft	11 25	11 27	11 27	11 27	45 min
	4	12 ft	11 30			11 35	5 min

SOIL AUGER FINDING _____

TESTED BY _____

ISSUANCE _____

THIS IS NOT A PERMIT