

APPLICATION

1954

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 465-5000 EXT. 356

DISTRICT 5th

DATE 2/22/54

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 Frank F. Willson and Wife, Et Al

ADDRESS c/o Ashton Realty Co., Ashton, Md. 20708

Any questions call Mr. JOHNSON:
924-4811

PHONE

PROPERTY LOCATION

SUBDIVISION Linden Chapel Hills

LOT NO

23 S, Blk. C, Sec. 4

ROAD AND DESCRIPTION Argo Drive

SIZE OF LOT 54,000 sq. ft. ±

TYPE BLDG.

3 or 4 bedrooms

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 /s/ Robert Johnson

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

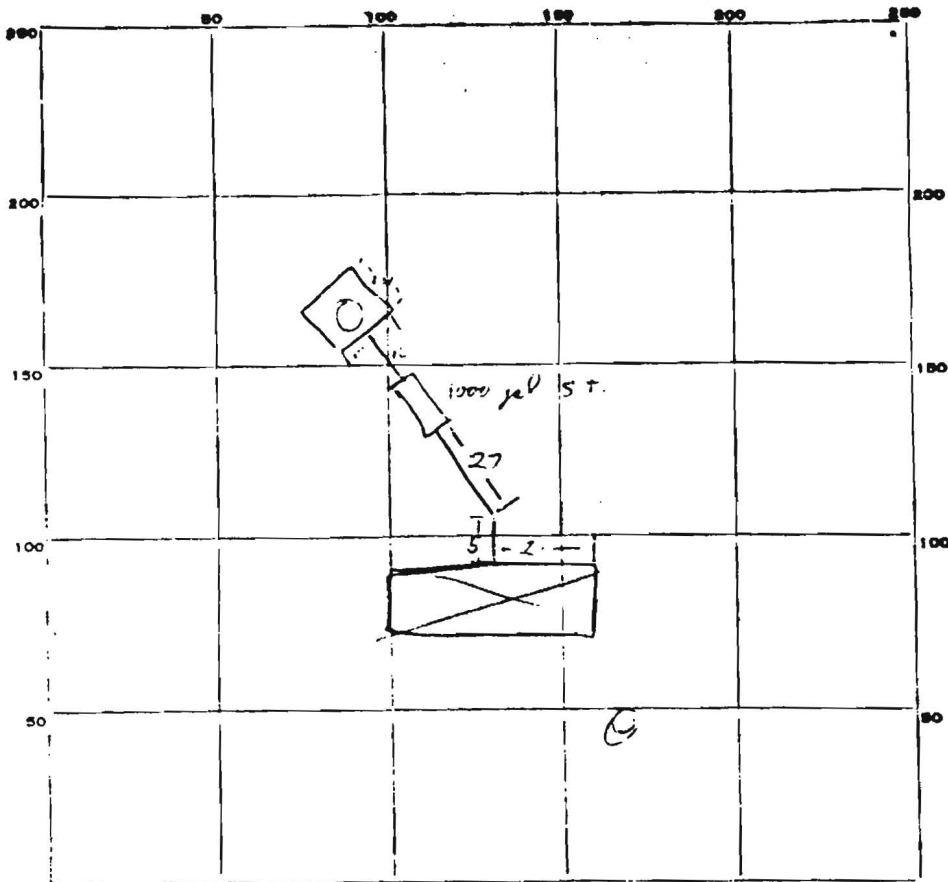
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

- Argo Dr ->

PERMIT CARD _____
 SEPTIC TANK LEVEL _____ CLEANOUTS _____
 DISTRIBUTION BOX LEVEL _____

FILE FIELD DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT. 56

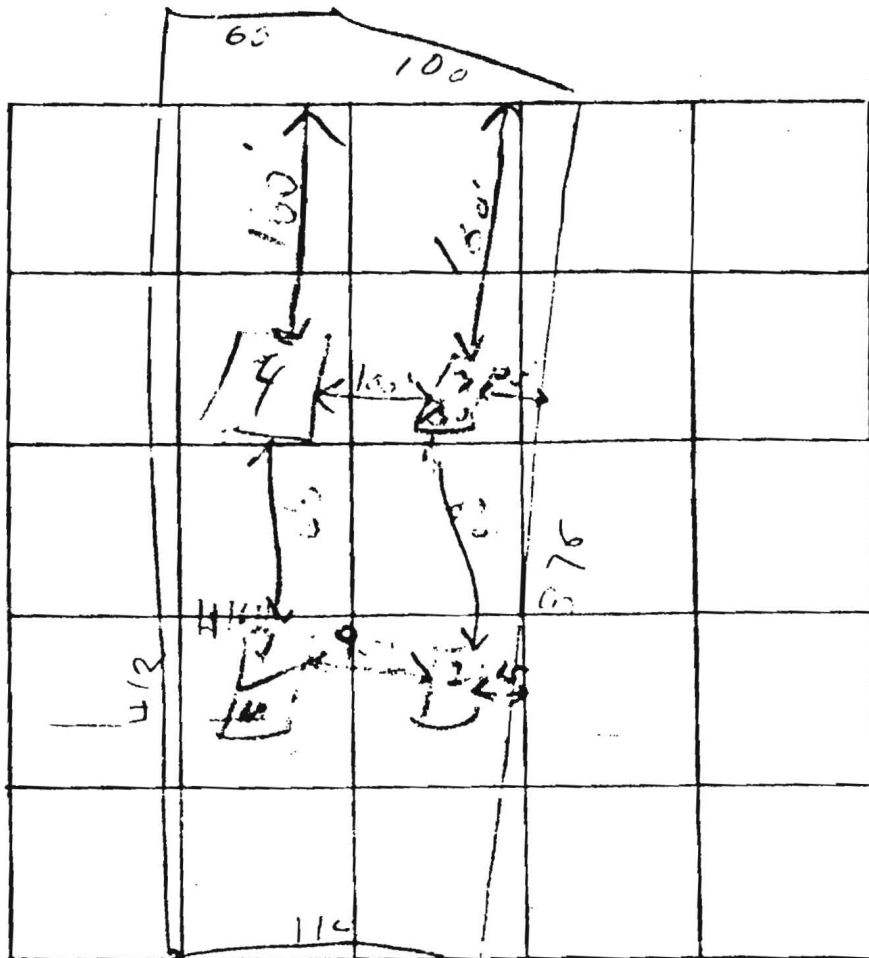
NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS. INSIDE DIAMETER Perimeter 56 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 392 SQ. FT.

REMARKS inst 4'
depth 11'
excellent job

DATE SYSTEM APPROVED 4/6/76 INSPECTOR R. J. [Signature]



Section
AF

| DATE | TEST NO | DEPTH | PRE-WET | | TEST DROPP | | TIME |
|---------|---------|-------|---------|-------|------------|-------|-------|
| | | | START | STOP | START | STOP | |
| 3-7-71 | 1 | 4' | 13:00 | 13:05 | 13:05 | 13:10 | 5 min |
| | 1A | 12' | 13:00 | 13:05 | 13:05 | 13:10 | 5 min |
| | 2 | 10' | | | | | |
| | 3 | 4' | 12:00 | 12:05 | 12:05 | 12:10 | 5 min |
| | 3A | 12' | 12:00 | 12:05 | 12:05 | 12:10 | 5 min |
| 3-11-71 | 4 | 10' | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Section
5 min
11-4-71
12:00
4:00

REMARKS _____

TYPE OF SOIL _____

TESTED BY: D. H. H. 2 ALSO PRESENT: _____