

APPLICATION

A 15443

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 7/31/70

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 Dominic & Lexie Monticello

ADDRESS Cooksville, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION VILLA MONTICELLO LOT NO. 9, Sec. 4

ROAD AND DESCRIPTION Barbara Circle

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Dominic Monticello

APPROVED BY [Signature] FOR [Signature] DATE 4-14-71

(KIND OF SYSTEM)

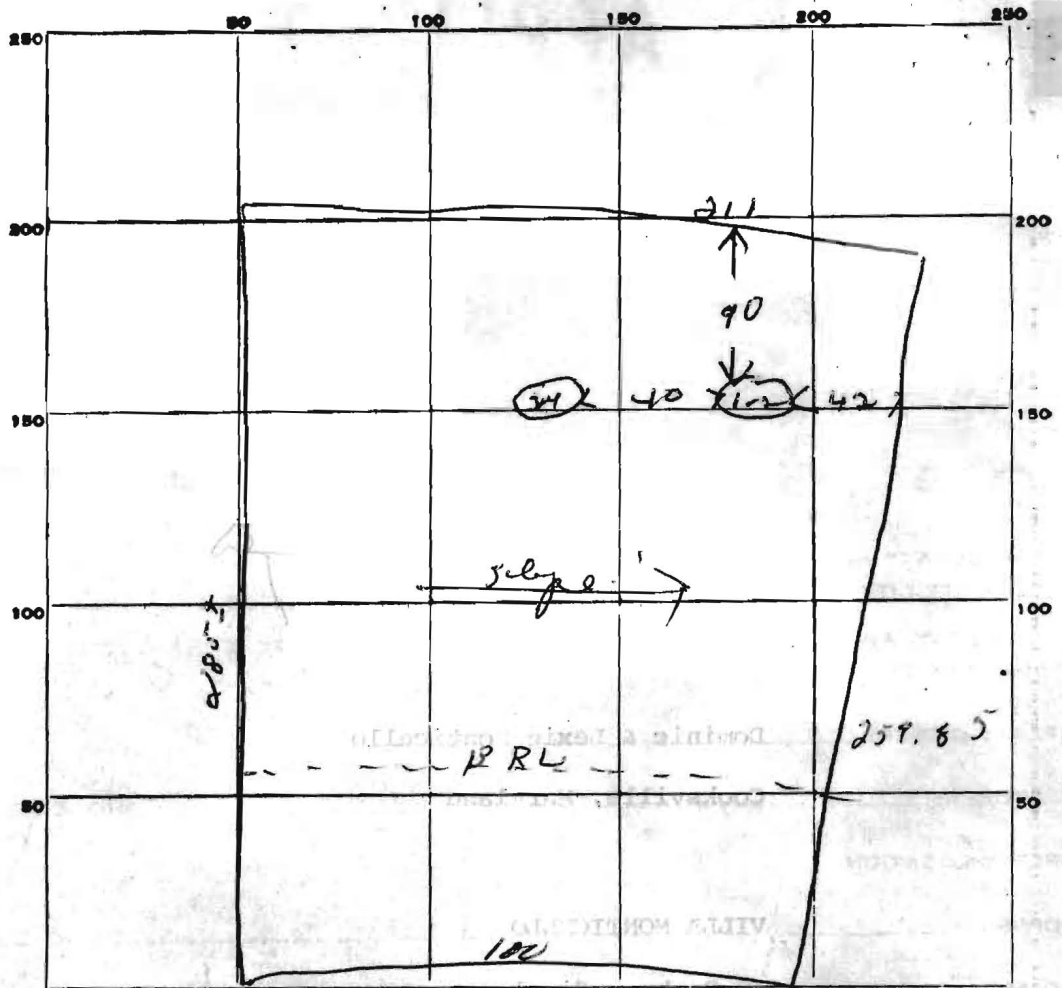
REJECTED BY _____ FOR _____ DATE _____

(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.

Parsons Circle

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/27/70	1	10 ft	9 44	9 46	9 46	9 53	7 min
	2	4 ft	9 44	9 50	9 50	10 02	10 min
	3	10 ft	9 47	9 50	9 50	10 08	12 min
	4	4 ft	9 47	9 53	9 53	10 08	15 min

SOIL AUGER FINDING _____

TESTED BY *RAW*

REMARKS _____

Lt 9 sec 4