

Fill out in triplicate.

Make \$15.00 check payable to

Howard County Health Dept. - Sewerage

A boundary plot signed by Reg. Exp. of Road
Engineering must be submitted.

APPLICATION

A 15228

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic tank to be 1200 gallons*

ELLICOTT CITY

DISTRICT 3 RD

DATE 5/12/70

*Dry well to be 400 sq ft of equivalent material
area below the inlet pipe. Maximum depth of
dry well to be 15 ft below original grade. Inlet pipe
to be 4 1/2 ft below original grade. Facets system
in original pipe holes 2x4x8 will be in original presentation
holes*

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 GARNETT Y. CLARK, JR. & BONNIE L. CLARK

ADDRESS 8174 BALTIMORE NATIONAL AVE ELLICOTT CITY HOME PHONE 465-6688 OFFICE PHONE 750-7268

PROPERTY LOCATION:

TITLE REFERENCE

SUBDIVISION HOMEWOOD PARCEL WHH 409/519 LOT NO. _____

ROAD AND DESCRIPTION LOCATED OFF OF HOMEWOOD ROAD 9/10 MILE NORTHWEST
OF ROUTE 108

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM ERNESTON FRAGA PHONE 917-1112

ADDRESS OLD FRENCHMAN ROAD, WOODSTOCK, MD PHONE DA 8-2481

SIZE OF LOT 6.6 ACRES TYPE BLDG. 4 BEDROOMS
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Garnett Y. Clark, Jr.

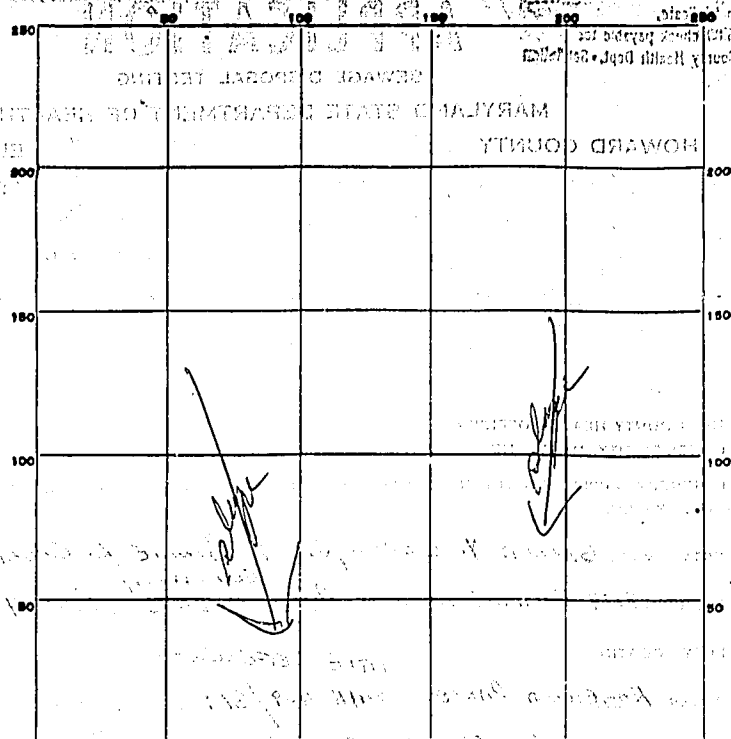
APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/70	1	11'	1049	1052	1052	1058	6 min
	2	5'	1046	1050	1050	1055	5 min
	3	10'	1100	1102	1102	1104	2 min
	4	4'	1100	1105	1105	1111	6 min

SOIL AUGER FINDING _____

TESTED BY [Signature] _____

REMARKS _____

THANKS A TON TO GINT