

PRELIMINARY

APPLICATION

18472
A ~~XXXX~~

SEWAGE DISPOSAL TESTING		P. _____
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 474, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 468-8000, EXT. 358		DISTRICT <u>4th</u>
		DATE <u>5/9/73</u>

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 Mordecai Hoseh
 ADDRESS Woodbine, Md. PHONE 531-5458
 Any questions call Louise Adams,

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 24

ROAD AND DESCRIPTION Florence Road - 1 1/2 blocks from Ed. Warfield Road on right -
off Ed. Warfield Road from Daisy.

SIZE OF LOT 5.061 acres 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/ Louise H. Adams

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

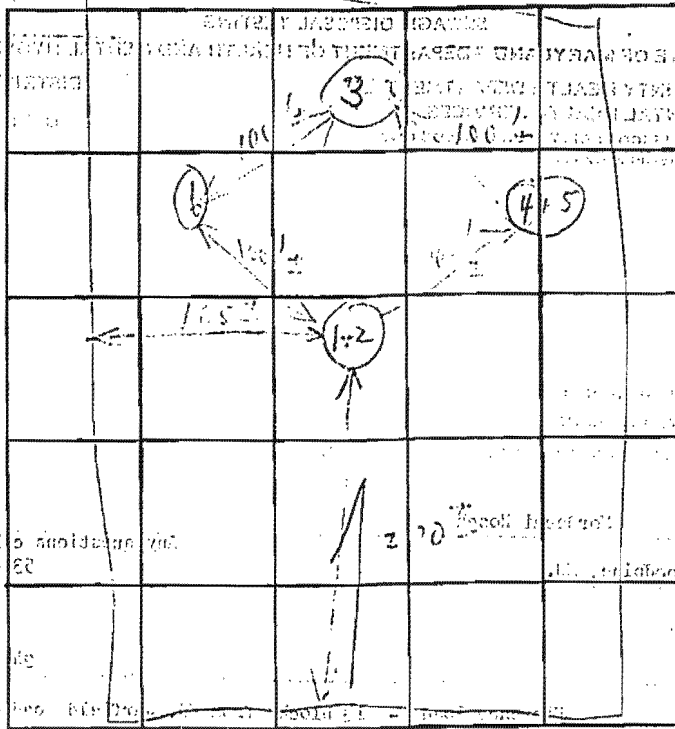
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

STATION
A

APPLICATION

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/12/79	1	4'	11:19	11:23	11:22	11:30	8 min
	2	12'	11:19	11:21	11:21	11:23	2 min
	3	1 1/2'	V. wet				
	4	4'	11:24	11:26	11:26	11:30	4 min
	5	12'	11:28	11:31	11:31	11:41	10 min
	6	17'	V. wet				24 min
							6 min

Use 1/2

1/4

135 eggs
perched
room

REMARKS

TYPE OF SOIL

1

