

APPLICATION

A 20007

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 4P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 5/16/74*(S.T. 1000 gal
3 BR system)*

The second system will follow the same spec. as the first. In this system only the bathroom on the lower level will be connected to this system. The first trench will pass through a point 180' from ~~the~~ where the 740' prop line meets the 458' prop line (measured along the 740' prop line) and 340 ft from the 740' prop line

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND*R.M. 2/20/76*

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Dr. C. R. Naples

ADDRESS _____

PHONE _____

Any questions call:
Kenneth W. Lyon589-1240

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. 19ROAD AND DESCRIPTION R/W off Long Corner RoadSIZE OF LOT 12.10071 acres

TYPE BLDG. _____

3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

NUMBER OF BEDROOMS
(Single Famly. Dblg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ C. R. Naples

APPROVED BY _____

FOR _____

DATE _____

(KIND OF SYSTEM)

REJECTED BY _____

FOR _____

DATE _____

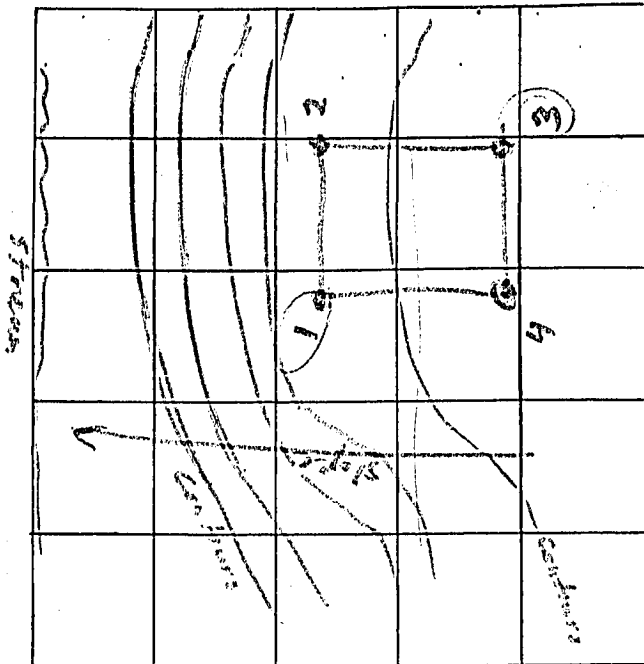
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

New Cut Rd

3
11
6
4
1124 min

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/24	1	4	10 ³²	10 ³⁹	10 ²⁹	10 ³⁵	11
	(1A)	10 ^{1/2}	10 ¹²	8 seconds on			4 1/2" mark
			3 min perc below				stake
	2	10 ^{1/2}	Vis	Same			
	3	4	10 ³⁵	10 ⁴³	10 ⁴³	10 ⁴⁹	6
	(3A)	11 ^{1/2}	10 ³⁹	10 ³⁹	10 ³⁹	10 ⁴⁰	1
	4	10 ^{1/2}	Vis	Same			
			SA slowed to a 2-4 min perc below				2" mark

REMARKS

contin below

TYPE OF SOIL

loam. shales

TESTED BY

R.M.

ALSO PRESENT:

H-SICK

APPLICATION

A 22835

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

8 P. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 2/18/76

Revised
2/26/76
9:30 A.M.
non-field

see next two pages

R.M. 2/20/76

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 William Robinson

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 19

ROAD AND DESCRIPTION New Cut Road (Dr. C. R. Naples property)

SIZE OF LOT 12.10071 acres TYPE BLDG. 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/ P. L. Cratts

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

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

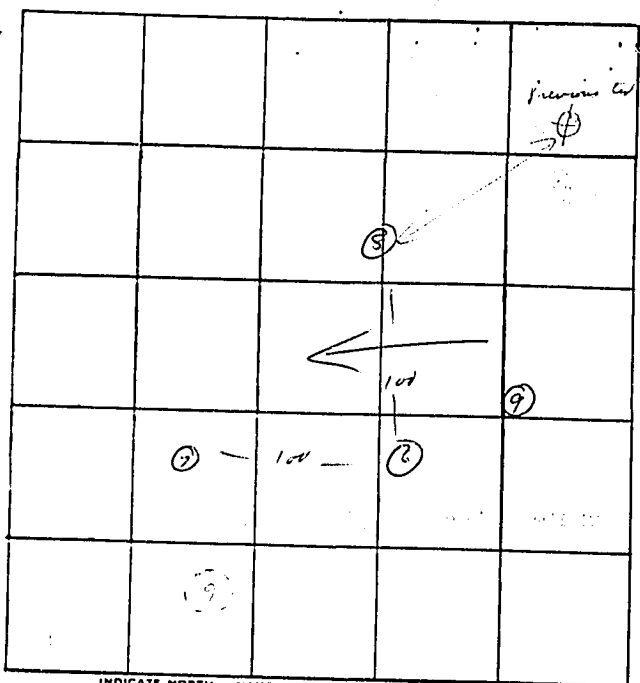
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED *2/22/76*

THIS IS NOT A PERMIT

all hole
shale/clay
mixed



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/19/72	⑥	3	10 ²⁸	none	Δ by 10 ²⁸	10 ²⁸	1/2-3/4
	6A	13	10 ²⁸	10 ³⁰	10 ³²	10 ³²	.2
	⑦	3	10 ³⁴	no	Δ by 11 ⁰⁴	11 ⁰⁴	>30
	7A	12	10 ³²	10 ⁴⁹	10 ⁴⁹	11 ²²	33
	8	3	11 ⁰⁶	11 ²³	11 ²³	11 ³⁸	15
	8A	12 1/2	11 ⁰⁶	11 ³⁵	11 ³⁵		
	9	4	10 ⁰⁴	10 ²⁰	10 ²⁰		
	9A	8	10 ¹⁵				
	9B	12	10 ²³				

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY R.M. ALSO PRESENT [Signature]