

Perel

APPLICATION

SEWAGE DISPOSAL TESTING

A 28869

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 9/15/78

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 Estate of Sylvan Manger

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Countryside S/D LOT NO. 16

ROAD AND DESCRIPTION Route 97

SIZE OF LOT 3 acres m/1 TYPE BLDG. 3 or 4 bedrooms

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Bernard Rome

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

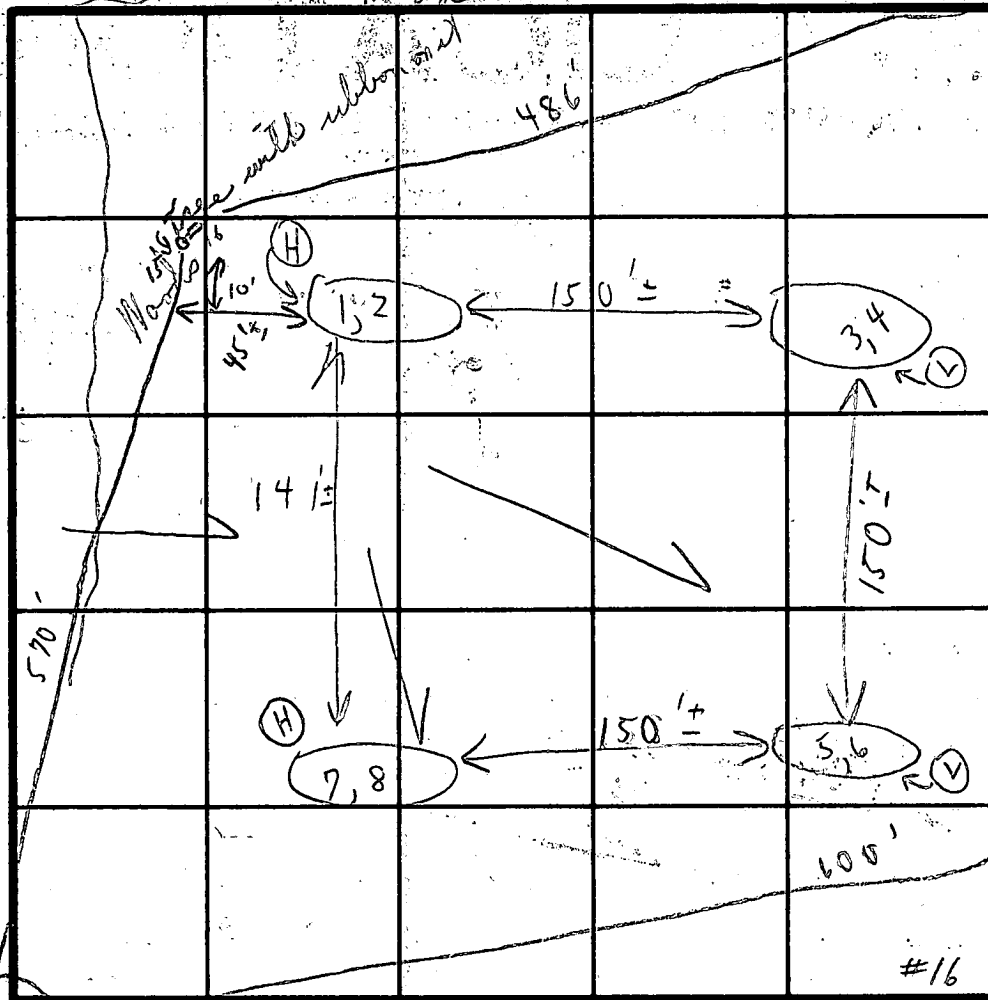
16

Wood Open field

Field
with
Petaloe

SOIL PROFILE

Below
clay
loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/78	1	3 1/2'	11:08	11:10	11:10	11:13	3 min
	2	7 1/2'	11:08	11:10	11:10	11:13	3 min
	3	3'	10:51	10:53	10:53	10:56	3 min
	4	7'	10:50	10:53	10:53	10:57	4 min
	5	3'	11:00	11:02	11:02	11:04	2 min
	6	7 1/2'	11:00	11:02	11:02	11:04	2 min
	7	3 1/2'					
	8	6 1/2'					

Use (7, 8)

REMARKS all Tests in wood Need hole in center No.!

TYPE OF SOIL _____

TESTED BY C. B. D. ALSO PRESENT Mr. Rome