

APPLICATION

A 22317

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4

DATE 10/20/75

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 W. L. Boring

Any questions call:
John Schneider
465-7777

ADDRESS Burntwoods Road, Glenwood, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Gwenlee Estates LOT NO. 5, Sec. 3

ROAD AND DESCRIPTION Sharp Road

SIZE OF LOT 42,741.6 sq. ft. TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

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

SIGNATURE OF APPLICANT /s/ W. L. Boring

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

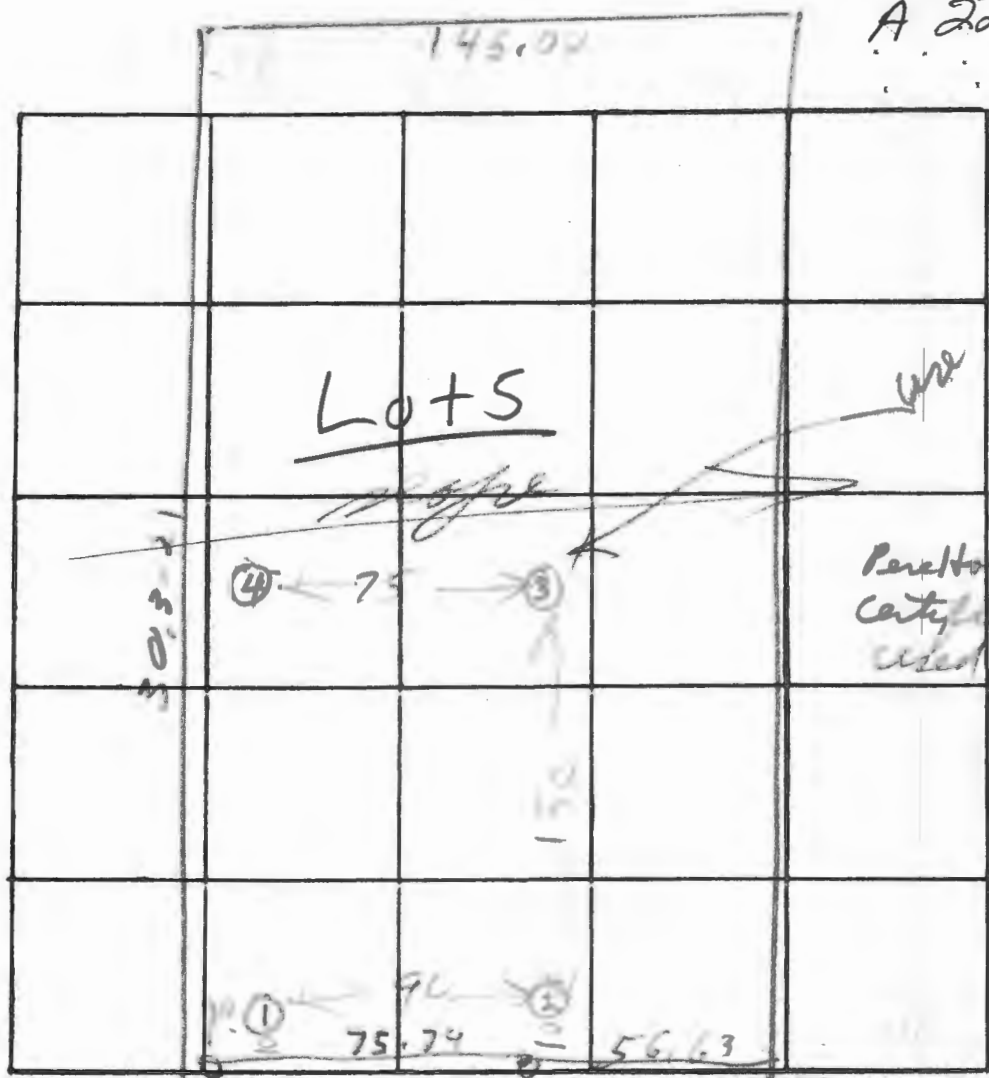
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A 22317

145.00

Copy of plan @ lot 1



#3191 Sharp Rd.
42,741 sq. ft.
lot 5 see 3

← TO OLD RIVER RD SHARP RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/24/75	1	12 1/2	214	221	221	232	11
10/24/75	1A	6 1/2	214	217	217	221	4
10/24/75	2	5	215	220	220	226	6
10/24/75	2A	1 1/2	215	220	220	227	7
	3	12	232	237	237	245	8
	3A	6	232	247	247	307	20
	4	11	TOP 4 FT clay		BOT 7 FT sandy		

top 5 ft clay
top 4 ft clay
top 3 ft clay
top 2 ft clay

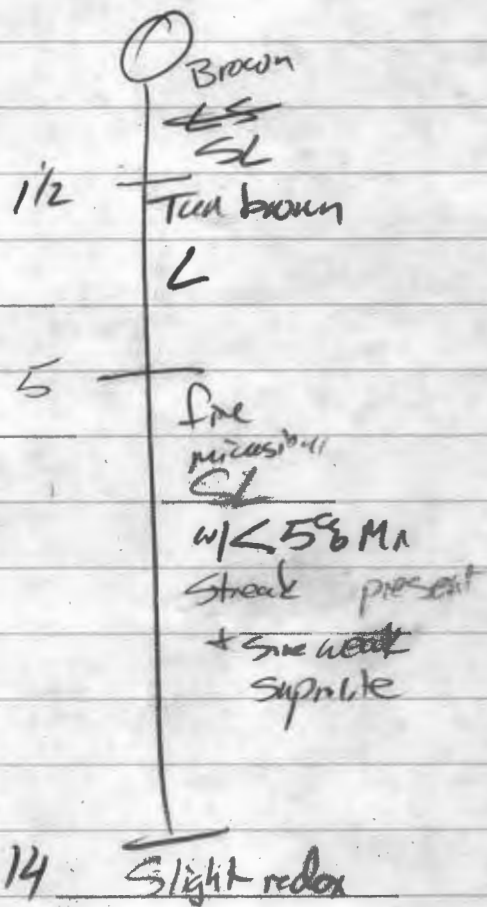
art time 9
MA dry depth 5

REMARKS _____

TYPE OF SOIL _____

TESTED BY BHFS ALSO PRESENT: _____

Pertholer location Lot 5



D-boy C.C.

210

4

$$640 \div 3 = 280 \times 42 =$$

118

10

PSS 11:20:15
 PSF 11:24:15
 PP 11:31:30