

APPLICATION

A 19529

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 5th

DATE 2/11/74

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 Frank F. Willson and Wife, Et Al

ADDRESS c/o Ashton Realty Company, Ashton, Md. 20702 Any questions call Mr. Johnson: 924-4811
PHONE _____

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills LOT NO. new 13 C
15, Blk. C, Sec. 4

ROAD AND DESCRIPTION Argo Drive

SIZE OF LOT 60,750 sq. ft. ± 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/ Robert Johnson

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

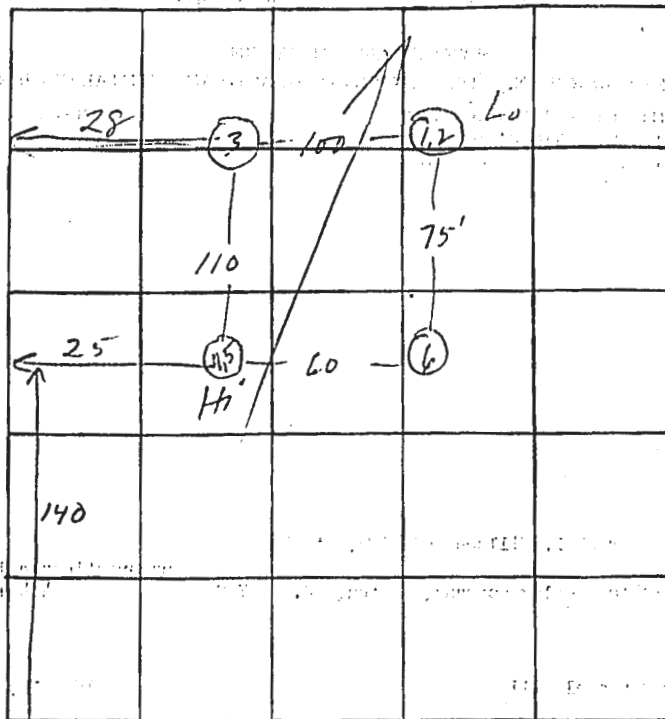
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

MOISTURE



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
UNNAMED RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/2/74	1	6	11:11	11:13	11:13	11:18	5
	2	11	11:11	11:13	11:13	11:18	5
	3	11	Visual; run to		4:45		
	4	6	11:15	11:17	11:17	11:21	4
	5	11 1/2	11:15	11:21	11:21	11:35	14
	6	10 1/2	Visual; run to		4:45		

REMARKS _____
 TYPE OF SOIL Sandy silt
 TESTED BY WWZ & RTM ALSO PRESENT: _____