

APPLICATION

SEWAGE DISPOSAL TESTING

A 07/11

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

Pry Well - 300 sqft sidewall area below the inlet

DISTRICT _____

DATE 7-8-63

Leaching Bed - ^{OR} 4 to 8 ft deep with 300 sqft bottom area

Place the underground drainage system in the area 35 ft to 75 ft from the right sideline as seen when facing the lot from Meadowridge Rd and 95 ft to 145 ft from the edge of Meadowridge Road

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER

Isabelle Wilson

ADDRESS

Meadowridge Rd Box 315 E Elk.

PHONE _____

PROPERTY LOCATION:

SUBDIVISION

LOT NO. 310

ROAD AND DESCRIPTION

Meadowridge Rd - approx 1/4 mile from Mox Rd on left. Name R. A. Kelly - on mailbox

OCCUPANT

PHONE _____

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE _____

SIZE OF LOT

1/2 acre

TYPE BLDG.

NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

Robert A. Kelly

APPROVED BY

Raymond Hodges

FOR

Pry Well on Leaching Bed

(KIND OF SYSTEM)

DATE

30 July 63

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

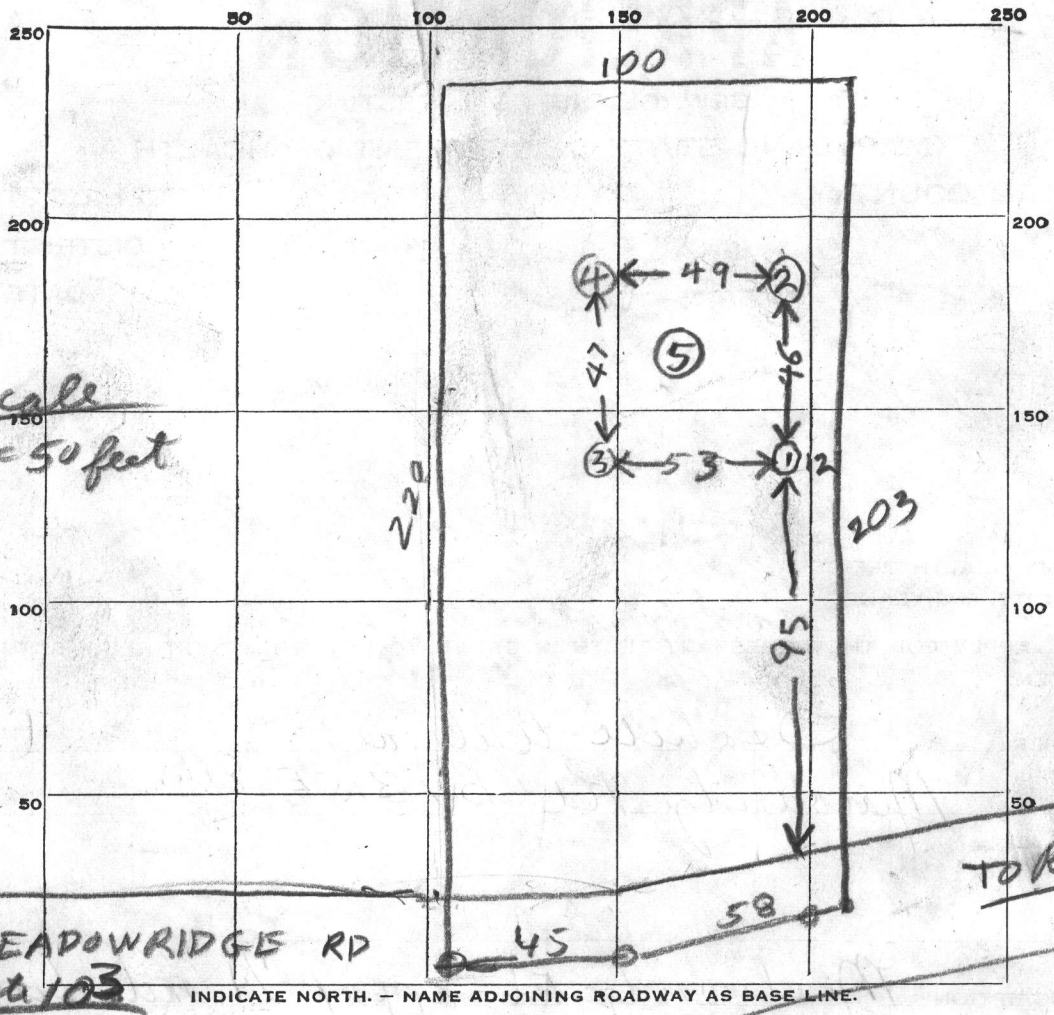
HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

AT HEALTH DEPT FOR \$500 FEE OBTAIN SEWAGE SYSTEM PERMIT

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-30-63	1	3	1256	118	118	120	1st inch 20
" "	2	3	1258	137	137	139	1st inch 39
" "	3	3	103			104	1/2 min
" "	4	3	104	105	105	106	1 min
" "	5	8	112			113	1/2 min

SOIL AUGER FINDING _____

TESTED BY Raymond Hodges

REMARKS _____

ALSO PRESENT Robert A. Kelly LOT NO. _____