

Fill out in triplicate.
Make \$16.00 check payable to
Howard County Health Dept. • Sanitation

Signed boundary plot must be submitted with application.
APPLICATION

A 15885
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT Fourth

DATE 4-20-71

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 Russell C. and Dorothy M. Long

ADDRESS 4982 Eliots Oak Road, Columbia, Md. 21043 PHONE 730-5284

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. R

ROAD AND DESCRIPTION West side Carrs Mill Road 1.1 miles South of Route 40. South of new Electric poles install on property line.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 10 acres TYPE BLDG. Test for 5 or 6 bedrooms Ranch home/Three now
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Russell C Long

APPROVED BY [Signature] FOR [Signature] DATE 4-20-71
(KIND OF SYSTEM)

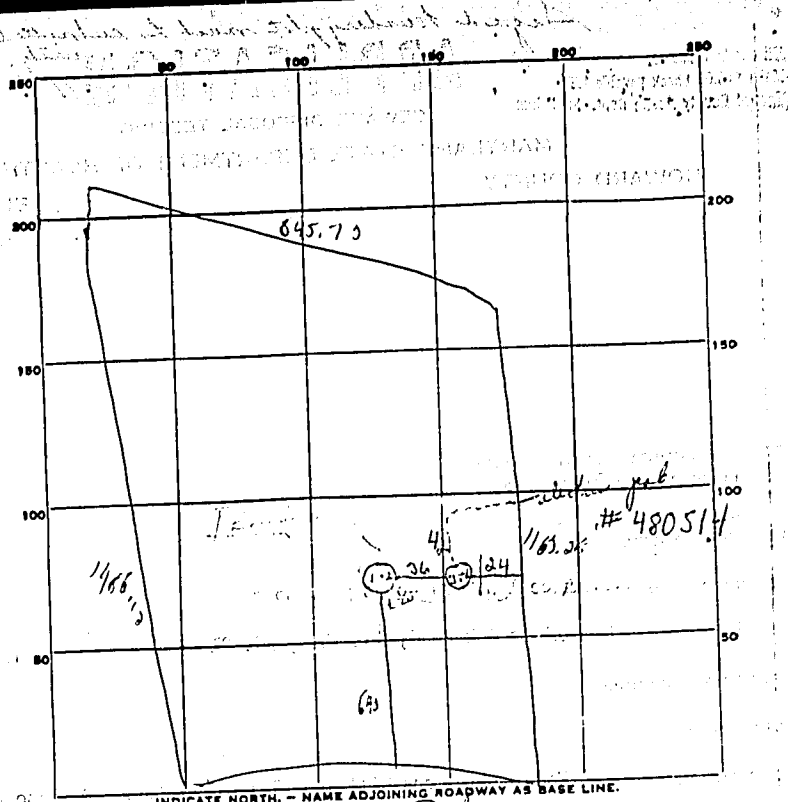
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

15
 11
 47
 12 mm

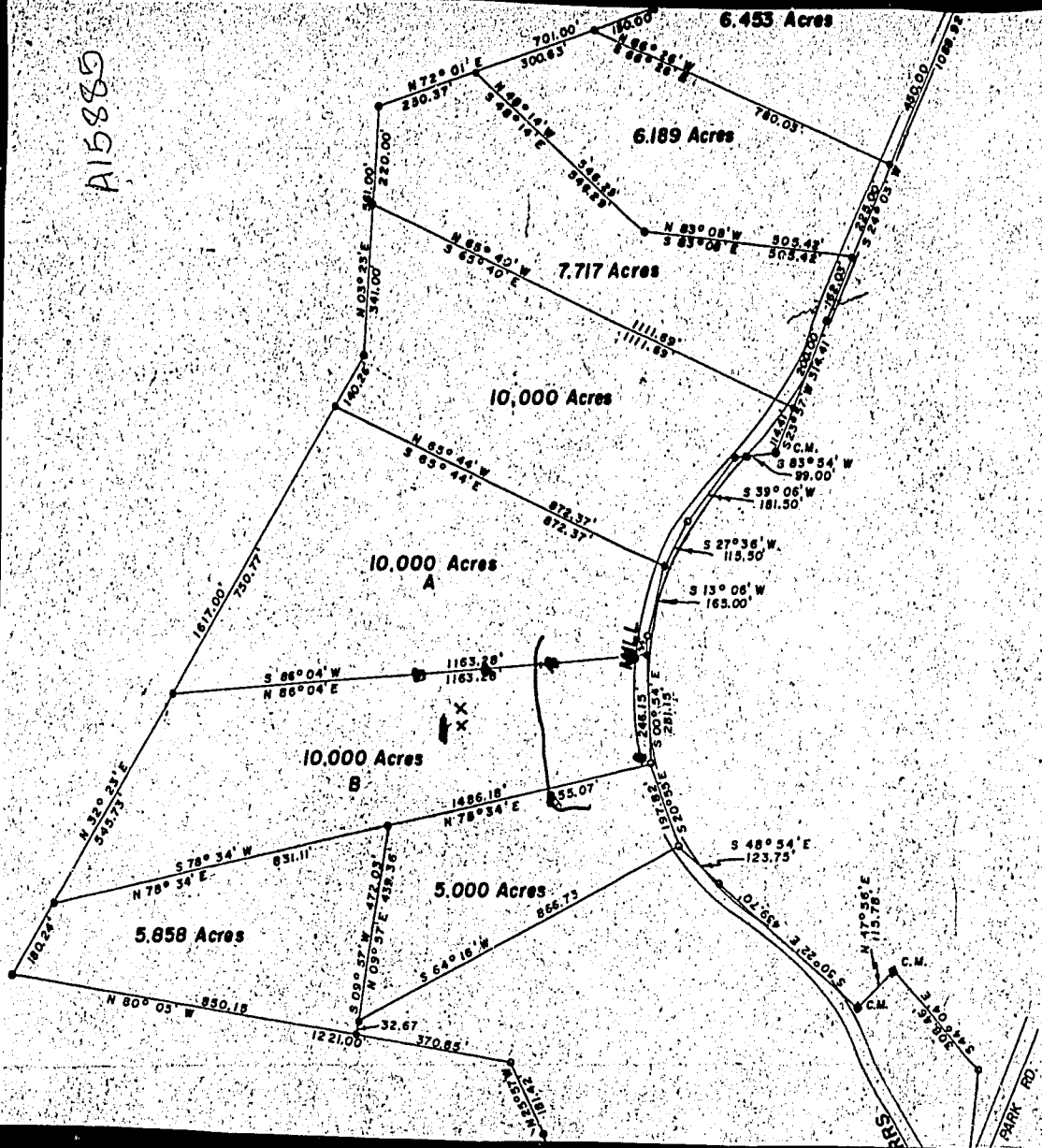


Cross Mill Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-7-71	1	11 1/2 ft	9 48	9 55	9 55	10 10	15 min
	2	4 ft	9 48	9 55	9 55	10 11	16 min
	3	11 ft	10 10			10 15	5 min 1/2
	4	5 1/2 ft	10 23	10 28	10 28	10 39	11 min

SOIL AUGER FINDING _____
 TESTED BY DW M
 REMARKS _____

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