

PRELIMINARY

APPLICATION

18534

~~XXXXXX~~

SEWAGE DISPOSAL TESTING
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: 469-3000, EXT. 306

P. _____
DISTRICT 3rd
DATE 5/25/73

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 Mr. Ray Bateman
ADDRESS 5525 Green Bridge Road, Dayton, Md. 21036 PHONE 531-5543

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. Parcel 2
ROAD AND DESCRIPTION Triadelphia Road

SIZE OF LOT 7 acres 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/ Carolyn Bateman

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

WERB1
XXXXXX A

APPLICATION

PRELIMINARY

DATE
DISTRICT
SHEET

DATE	DISTRICT	SHEET	SEWER DISCHARGE	SEWER DISCHARGE	SEWER DISCHARGE

13.1
35
13.0
11.5
5.25

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/20/72	51	4 1/2	10:27	10:30	10:30	10:42	12
	2	11	10:28	10:32	10:32	10:41	15
	3	10 1/2	7:10	7:15	7:15	7:25	
	4	4	10:44	10:45	10:48	10:51	9
	5	10 1/2	10:39	10:41	10:41	10:48	7
	6	10 1/2	7:10	7:15	7:15	7:25	

DW with

E = 11 min
125 #/hr
Inlet 3-41
Eff over
@ 4'

REMARKS
TYPE OF SOIL

