

APPLICATION

A 24043

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fifth

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 9/15/76

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. Walter Bucher

ADDRESS Highland Partnership
8777 First Avenue PHONE (8)-588-3100
Silver Spring, MD 20901

PROPERTY LOCATION:

SUBDIVISION Highland Lake Lakes LOT NO. 104
10705

ROAD AND DESCRIPTION River Clyde Drive

SIZE OF LOT one acre m/l TYPE BLDG. 3 or 4 bedroom
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/ Mr. Walter Bucher

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

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

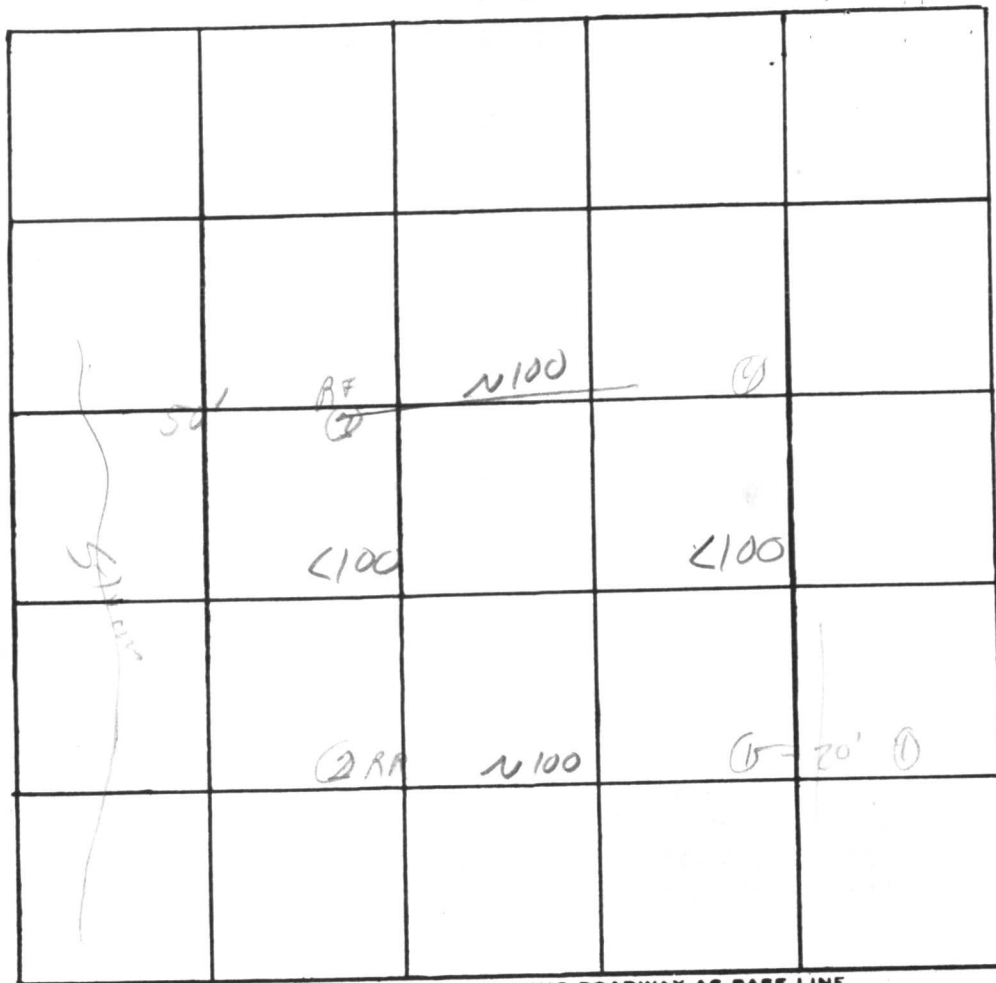
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A24043

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INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/4	CR 1d	11	12 ⁰⁷	12 ⁰⁹	12 ⁰⁹	12 ¹²	3
	S	3'	12 ⁰⁸	12 ⁰⁸	12 ⁰⁸	12 ⁰⁸	1
	2 Sd-RR	11'	12 ¹⁶	12 ²⁰	12 ²⁰	12 ²⁵	7.
		3'	12 ¹⁷	12 ²⁰	12 ²⁰	12 ²²	2
	9 Sd	3'	12 ³⁵	12 ⁴¹	12 ⁴¹	12 ⁴³	2
		12'	12 ³⁷	12 ⁴²	12 ⁴²	12 ⁴⁵	3

DPON
12/8/94

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

3 Kettner m. s.