

APPLICATION

A 17170

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2

DATE 6/23/72

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 Walter Shank & wf.

ADDRESS 13194 Sky Way, Ellicott City, Maryland PHONE 531-5631

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Sky Way off Walt-Ann Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

THERE IS NO DIVISION OF LAND INVOLVED

SIZE OF LOT 20.57 acres

TYPE BLDG. 4

NUMBER OF BEDROOMS

(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

THIS HOUSE IS FOR RENTAL PURPOSES - 2 houses already on property

SIGNATURE OF APPLICANT /s/ Walter J. Shank

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

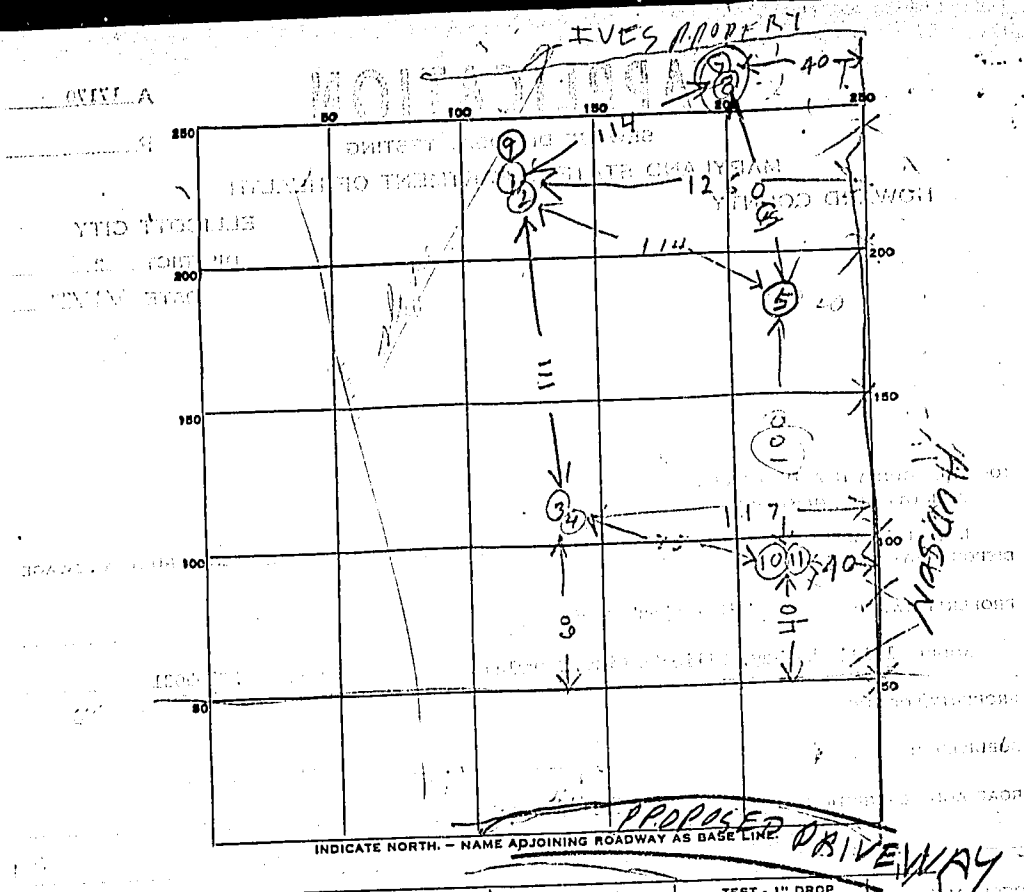
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/1/72	1	12	1054	1103	1103	1106	3
11/2/72	2	5 1/2	1111	1153	no perc		
11/2/72	3	12	1136	1145	1145	1150	5
11/2/72	4	5 1/2	1141	1149	1149	1211	22
	5	11	TOP 4 FT CLAY BOT 6 FT SAND		ROCK BOTTOM		
	7	10	UNDERGROUND		WATER		
	8	4	1226	1227	1227	1230	3
	9	7	1240	1246	1246	1256	10
	10	11 1/2	103	108	108	119	11
	11	5 1/2	109	125	little perc		

TOP 6 FT CLAY
BOT 4 1/2 SAND

SOIL AUGER FINDING

TESTED BY

REMARKS