

APPLICATION

A 15297

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 3rd

DATE 4/18/73

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 Adelphia Developers

ADDRESS 6931 Donachie Road, Balto., Md. 21239 PHONE Purdum & Jeschke 465-1635

PROPERTY LOCATION:

SUBDIVISION Adelphia LOT NO. 8

ROAD AND DESCRIPTION Williamfield Drive

SIZE OF LOT 42,500 sq. ft. 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/ Purdum & Jeschke

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

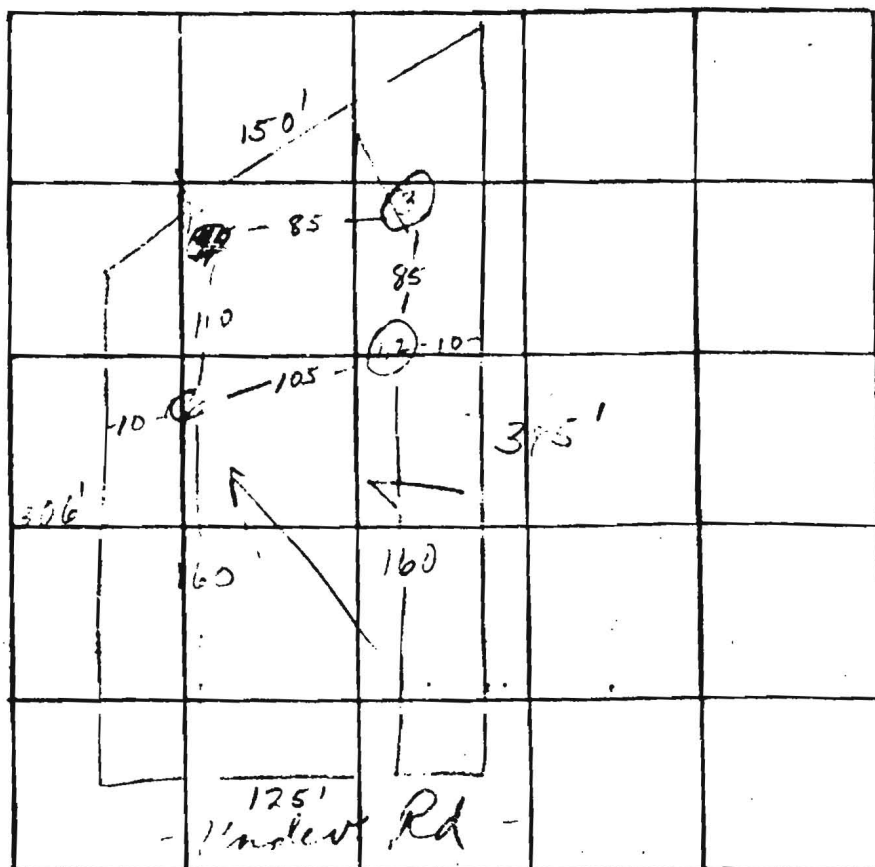
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Lot 8

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 4/12/26 | 1 | 4 | 128 | 119 | 129 | 131 | 2 |
| | 2 | 11 1/2 | 128 | 129 | 129 | 130 | 1 |
| | 3 | 10 | 128 | 129 | 129 | 142 | |
| | 4 | 4 | 142 | 145 | 45 | 48 | 3 |
| | 5 | 11 | 142 | 145 | 45 | 156 | 8 |
| | 10 | 10 | 142 | 145 | 45 | 156 | 8 |
| | | | | | | 156 | 14 |
| | | | | | | 4 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Inlet
4'

Avg 3.5

+
3 min

REMARKS

TYPE OF SOIL

Handwritten signature and notes



LEGEND

| | |
|-----------------------|-------|
| Contour Interval | 2 Ft. |
| Existing Contours | --- |
| Proposed Contours | --- |
| Spot Elevations | 20' |
| Direction of Drainage | → |

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