

APPLICATION

A 20543

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 4

DATE 8/16/74

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 Mrs. Gladys Brightwell

ADDRESS 417 Woodbine Road, Woodbine, Maryland PHONE 489-4834

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 417 Woodbine Road - 2nd house on road going South from Woodbine Tavern

SIZE OF LOT 1 acre or more TYPE BLDG. Existing house
NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Gladys Brightwell

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

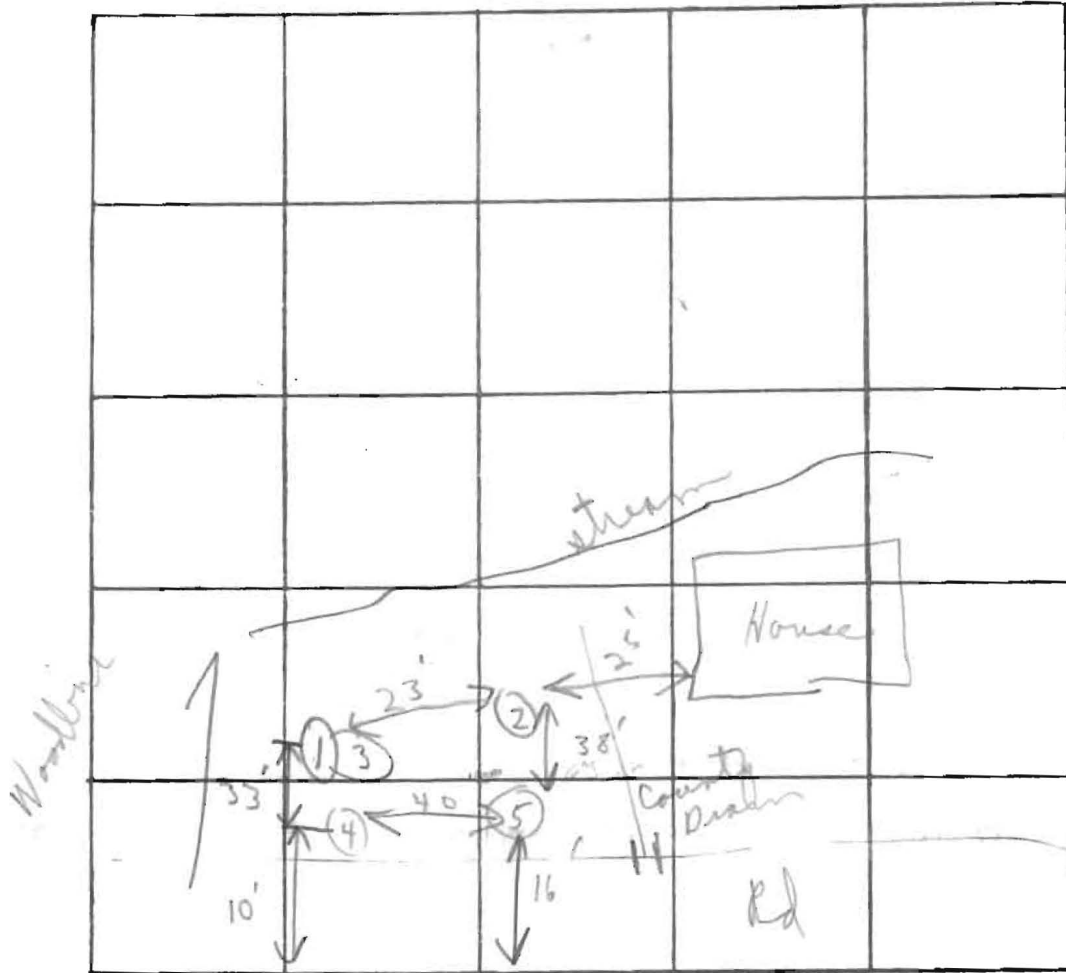
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A23654



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/29/74	1	10'	Water				
	3	3 1/2'	9:36	9:56	No perc.	pulled peg	
	2	4'	9:28	9:31	9:36	9:45	9m
	4	5' 10'	water seeping in	9:57	slow perc 1/2"		
	5	6'	Water surface drain	9:46	No perc.		

REMARKS Hold for supervisor ← Existing House

TYPE OF SOIL Clayish

TESTED BY C. B. d ALSO PRESENT: _____