

APPLICATION

A 07875

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

1000 Gallon Tank

ELLICOTT CITY

DISTRICT _____

DATE 12-12-63

Leaching Bed - 400 sqft bottom area
Place the bed 100 to 120 ft behind
the house. Keep tank at least 50 ft from
water well and use cast iron pipe within
50 ft of the water well

TO: THE COUNTY HEALTH OFFICER OBTAIN SEWAGE SYSTEM PERMIT
ELLICOTT CITY, MARYLAND FROM HEALTH DEPT F \$500

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert White

ADDRESS Linden Chapel Rd. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Linden Chapel Rd - last house on left
from New Rt 32

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 8 acres TYPE BLDG. 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Howard Triplett

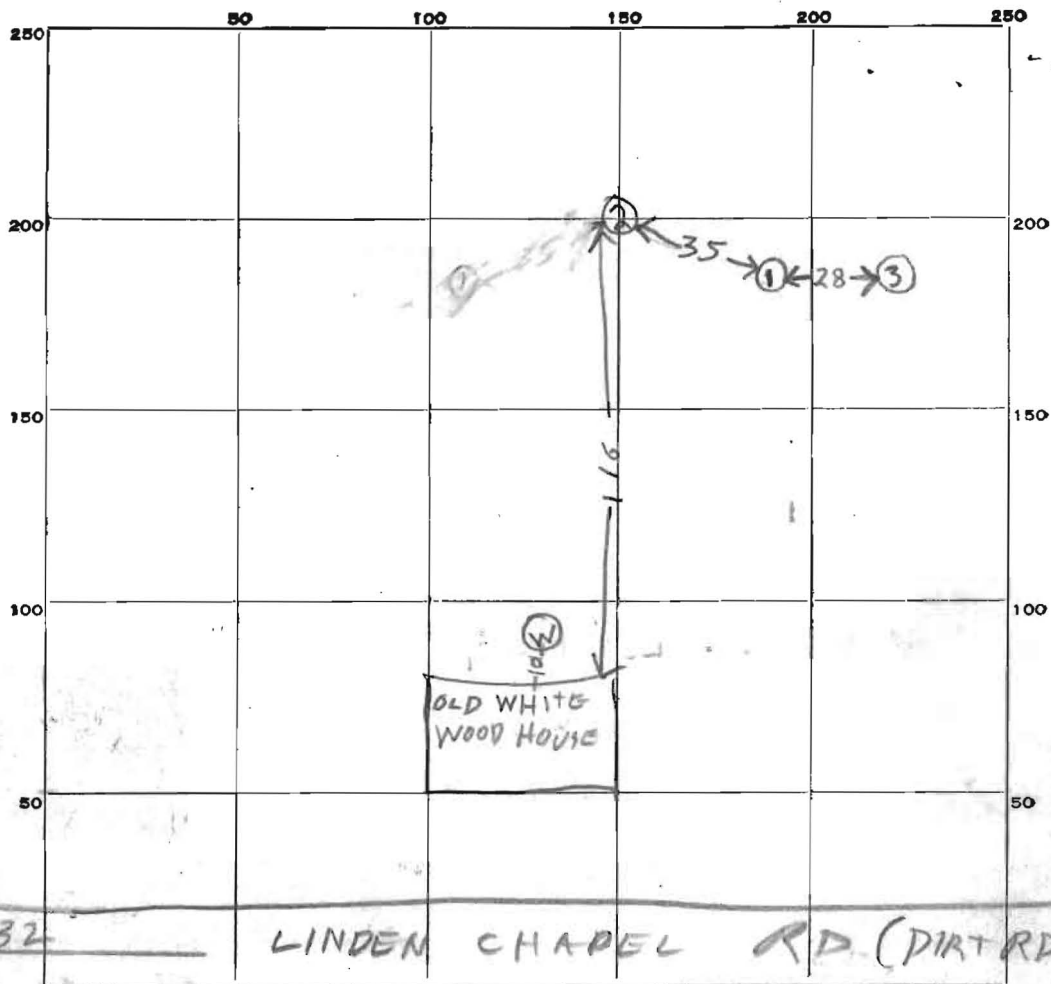
APPROVED BY Raymond Kody FOR Leaching Bed DATE 17 DEC 63
(KIND OF SYSTEM)

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	
12/17/63	1	5	1003	1007	1007	1014	7
" "	2	4	1006	1010	1010	1015	5
" "	3	3 1/2	1017	1022	1022	1029	7
" "	1A	8 1/2	1031	1037	1037	1053	16

SOIL AUGER FINDING *Top 3 ft clay bottom 5 1/2 sand & mica*

TESTED BY *Raymond Hodges*

REMARKS

ALSO PRESENT *Howard Inslett* LOT NO.