

06-16 2357

PERMIT

P 34507

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

ELLICOTT CITY

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

DISTRICT 1st

DATE 10/23, 1984

Eugene Dennis IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 6255 Winters Lane, Ellicott City, Maryland PHONE _____

SUBDIVISION _____ ROAD 6255 Winters Lane LOT _____

PROPERTY OWNER Eugene Dennis

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR PERC - OBSERVATION TEST HOLES DUG FOR FUTURE REPAIRS TO EXISTING SYSTEM.

PLANS APPROVED BY Frank Skinner DATE 10/23/84

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

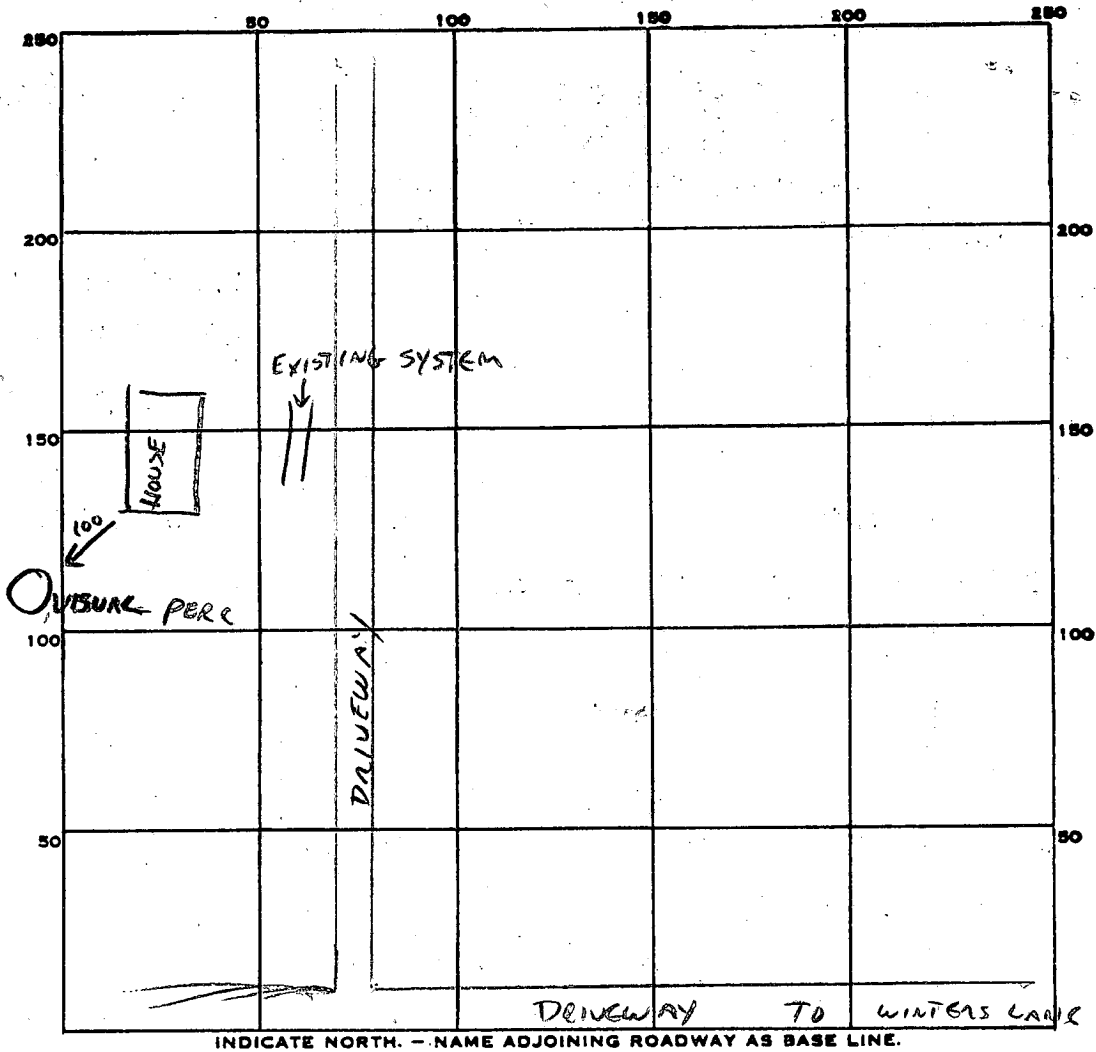
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
34507



PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

① VISUAL HOLE DUG 12 FT DEEP ^{HARD} SAND LOAM TO 5' THEN SOFT SAND TO 12'
 PROVES SUFFICIENT REPAIR AREA TO ALLOW DIVISION OF LOT ACROSS STREET.

10/23/84 CWelch

DATE SYSTEM APPROVED _____ INSPECTOR _____

8-15-67, App. F.F.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1

DATE 6/9/67

INDEXED

Alexander Bilinski

IS PERMITTED TO INSTALL ALTER

ADDRESS Box 141 - B - Hanover Rd., Hanover, Md.

PHONE 796-3120

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____

ROAD Hanover - turn in on LOT
Winters Lane - go to end - right side

PROPERTY OWNER same as above

ADDRESS _____

SPECIFICATIONS - REPAIR

DRAIN FIELD 400 DEPTH 3-4 FEET, BOTTOM AREA 400 SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR * SPECIFICATIONS DEPEND ON PERC TEST

Tile Field 400

safe bottom area. Place the tile field between the front of the house & the driveway 10 ft to 11 ft from the wood line which runs parallel to the right side of the house as seen when facing the front of the house

PLANS APPROVED BY _____

DATE 6/9/67

8/2/67

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

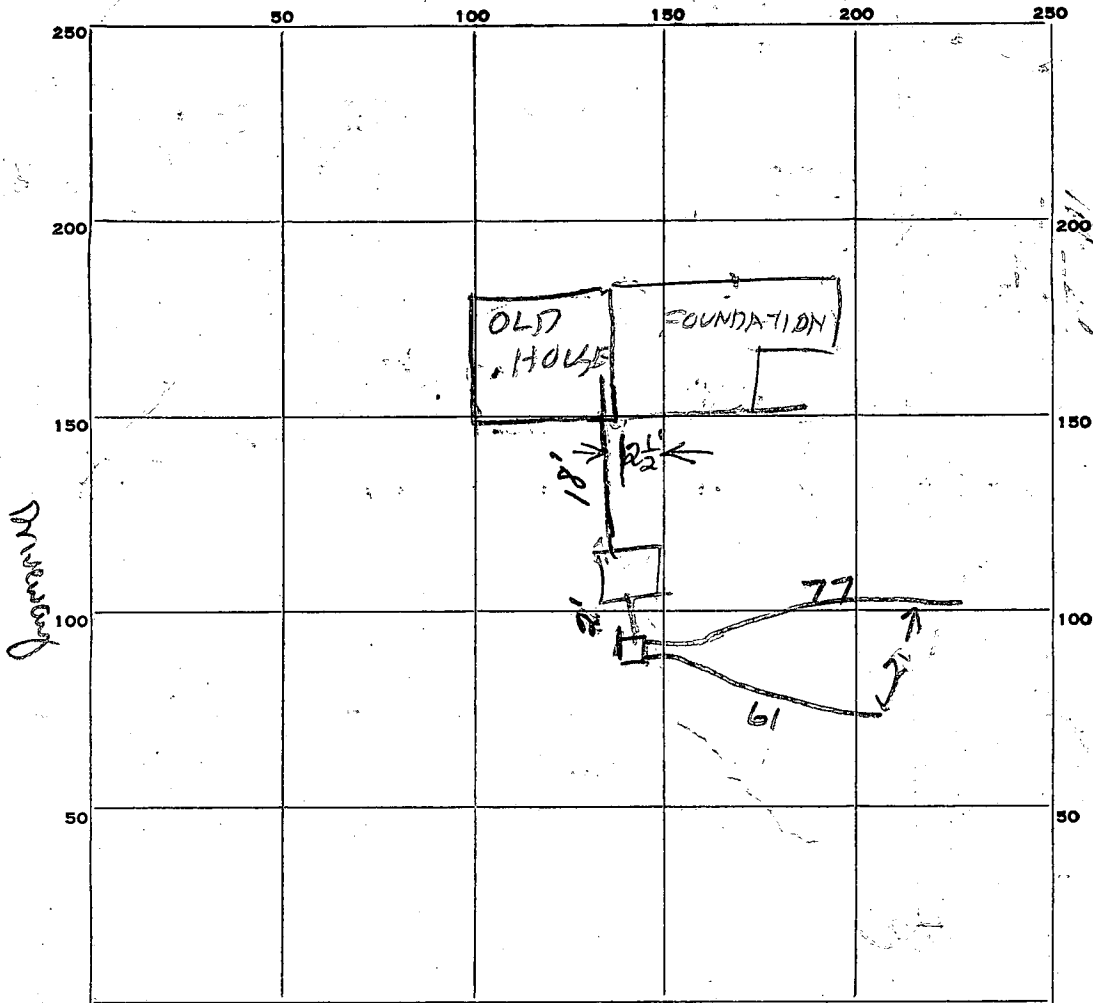
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

8/12/73/1

*7/18/67
1:30
8/2/67
8/15/67*

To Winters Lane
←



77
61
138
3
414

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 2 1/2 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 12 IN. TOTAL LENGTH 138 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 414

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS

4 AUG 67 - OK To Cover Tile field
 Reset Tank & call for reinspection Tank
 floated as result of heavy rain last night R H
 8-9-67. cover dist. box - install line from house to tank & fill sewage
 pond back of house install clean out on tank & call for final insp. P.F.

DATE SYSTEM APPROVED

8-15-67

INSPECTOR

F. Frommelt

APPLICATION

SEWAGE DISPOSAL TESTING

A _____

P 12731

MARYLAND STATE DEPARTMENT OF HEALTH.

HOWARD COUNTY 1000 Gallon Tank

ELLICOTT CITY

DISTRICT 1

DATE 6/9/67

Tile Field - 400 sqft bottom area installed at a depth of 3 FT to 4 FT
Please the tile field between the front of the house & the driveway and 10 ft to 110 ft from the wood fence which runs parallel to the right side of the house as seen when facing the front of the house

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 Alexander Belinski

ADDRESS Box 141-B Hanover Rd PHONE 796-3120

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Last House on Winter Lane

1/4 mile on Rt from Hanover Rd. Brown

OCCUPANT Alexander Belinski PHONE 2 story

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT _____ TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT _____

APPROVED BY Raymond Hodge FOR Tile Field DATE 2 AUG 67

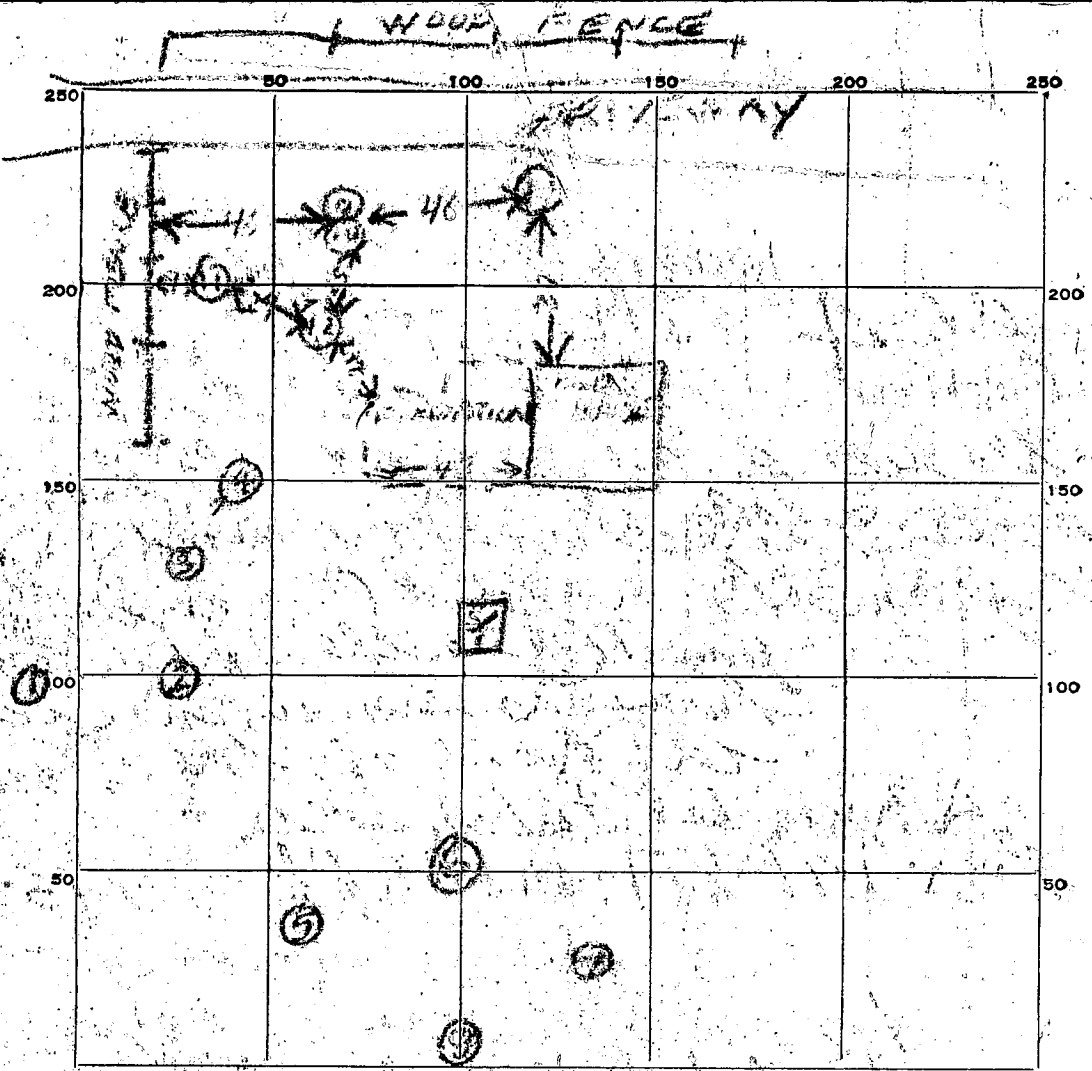
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HIGH
 ↓
 5% SLOPE
 ↓
 LOW



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/1/57	1	3	1018	1046	1046	1020	96	
	2	4	1019	1027	1027	1025		
	3	4	1023	1024	1024	1025	1	
	4	4 1/2	1027	1028	1028	1029	1	
	5	2 1/2	1035	1034	1034	1031		
	6	2 1/2	1040	1053	1053	1148	50	
	7	3	1042	1056	1056	1123	24	
	8	7	TOP 2" SAND MID CENTRAL SAND BOT WHITE CLAY & RAIN WATER					
	9	3	1141	1142	1142	1144	2	
	10	3	1144	1154	1154	1204	10	
	11	3	1154	1154	1154	1156	6	
	12	3	1154	1154	1154	1156	4	

SOIL AUGER FINDING 12

TESTED BY P. H. ...

REMARKS Tank soil out 3 ft. below grade Tank is too low to make holes @ 8 & 9 usable

C1 **9993**
 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **12731**

DATE Received
 8 13

DATE WELL COMPLETED
 15 **060288** 20

Depth of Well
 22 **300** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-81-2685
 28 29 30 31 32 33 34 35 36 37

OWNER **FRANK'S WELL DRILLING (EUGENE DENNIS)**
 STREET OR RFD **6255 WYIERS LANE**
 SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND + GRAVEL	0	14	
WHITE + RED CLAY	14	20	
WHITE + RED CLAY	20	30	
RED CLAY	30	40	
GRAY CLAY	40	50	
GRAY CLAY	50	60	
GRAY CLAY + STONE	60	70	
STONE	70	75	
GRAY CLAY	75	90	
Gray mica Schist	90	130	<input checked="" type="checkbox"/>
Flint	130	133	<input checked="" type="checkbox"/>
Gray mica Schist	133	154	<input checked="" type="checkbox"/>
Flint	154	155	<input checked="" type="checkbox"/>
Gray mica Schist	155	300	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **22** NO. OF POUNDS **2200**
 GALLONS OF WATER **110**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 ST 6 96

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type: or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **H0** **94** **300**
 2
 3

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **120**
 METHOD USED TO MEASURE PUMPING RATE **Burst**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **140**
 WHEN PUMPING **300**
 TYPE OF PUMP USED (for test)
 A air P piston T tubular
 C centrifugal R rotary O other
 J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES) (NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: S
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **7**
 PUMP HORSE POWER **0.75**
 PUMP COLUMN LENGTH (nearest ft.) **289**
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below }

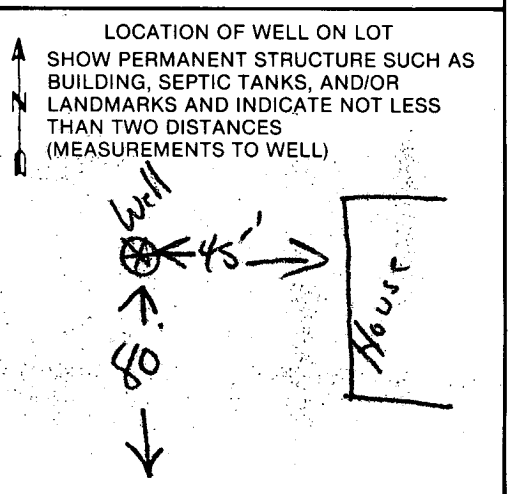
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **5**
 DRILLERS SIGNATURE **Walter J Frank**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)
Walter K. Blomquist

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 GRAVEL PACK _____ from _____ to _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T. (E.R.O.S.) WQ
 70 _____ 72 _____ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



APPLICATION

PERCOLATION TESTING

A 39749

P _____

DISTRICT 1ST

DATE 7/28/87

3/14/88 Preliminary 9:30 AM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

OK TO SEND 12-16-87

DATE 7/28 (#2)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

WET SEASON

AS OF 2-4-88 6' BUFFER REQUIRED

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

PROPERTY OWNER EUGENE V & NANCY L. DENNIS

ADDRESS 6255 WINTERS LANE HANOVER MD PHONE 796-5874

PROSPECTIVE BUYER NONE 0 796-5940

ADDRESS _____ PHONE TRUCK-382-8531

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION _____

TAX MAP 38 PARCEL # 233

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Eugene Dennis
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

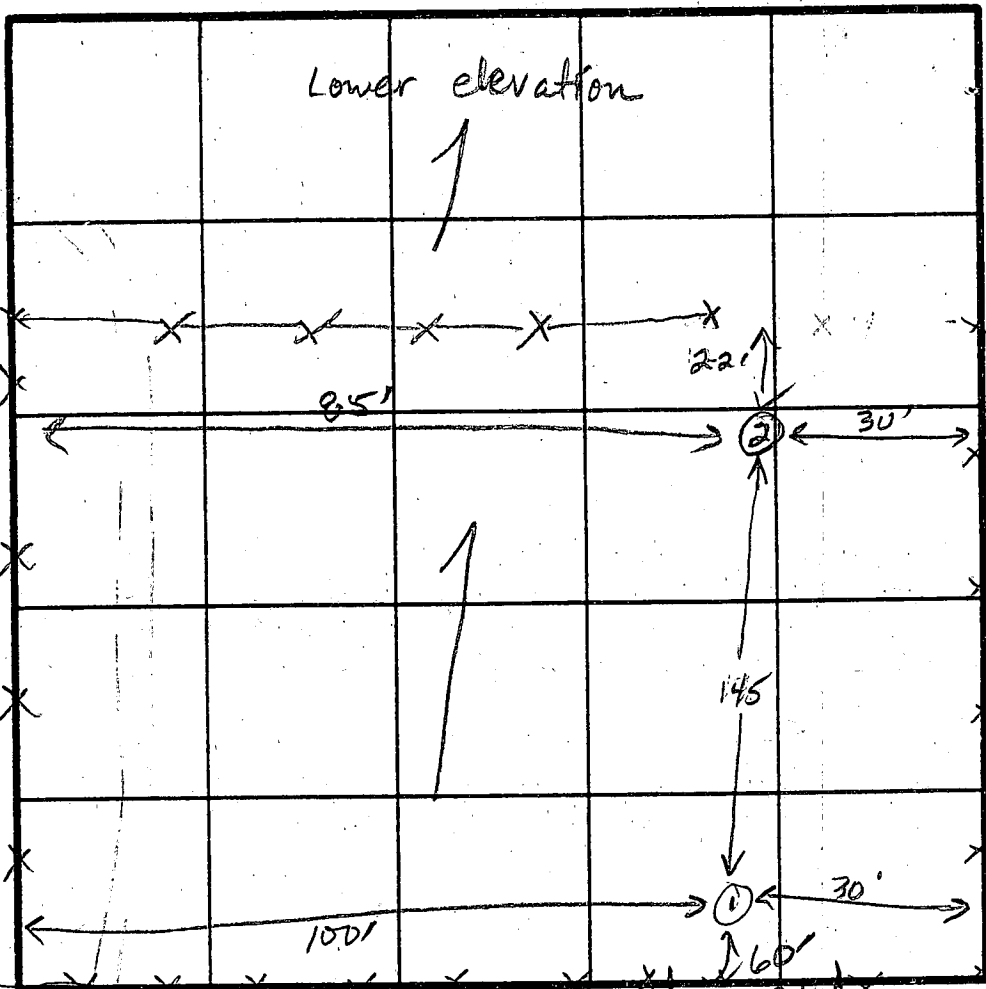
REASONS FOR REJECTION OR HOLDING 3-14-88 Recommend rejection. Unsatisfactory soils. VEN

THIS IS NOT A PERMIT

High 1
Low 2

①
SOIL PROFILE

0-2.5 Tan si cl lm
2.5-9.5 White to tan sa si cl lm (no mottles)
9.5-12.5 Red & Dk gray si clay
12.5 Bottom Dry



②

0-2.5 Yellow-brown si cl lm
2.5-5.0 Red to gray sa si cl lm (no mottles)
5.0-10.5 Red si clay
10.5 Bottom Water at 8.0 ft

Existing Garage

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Driveway

To Winters Lane

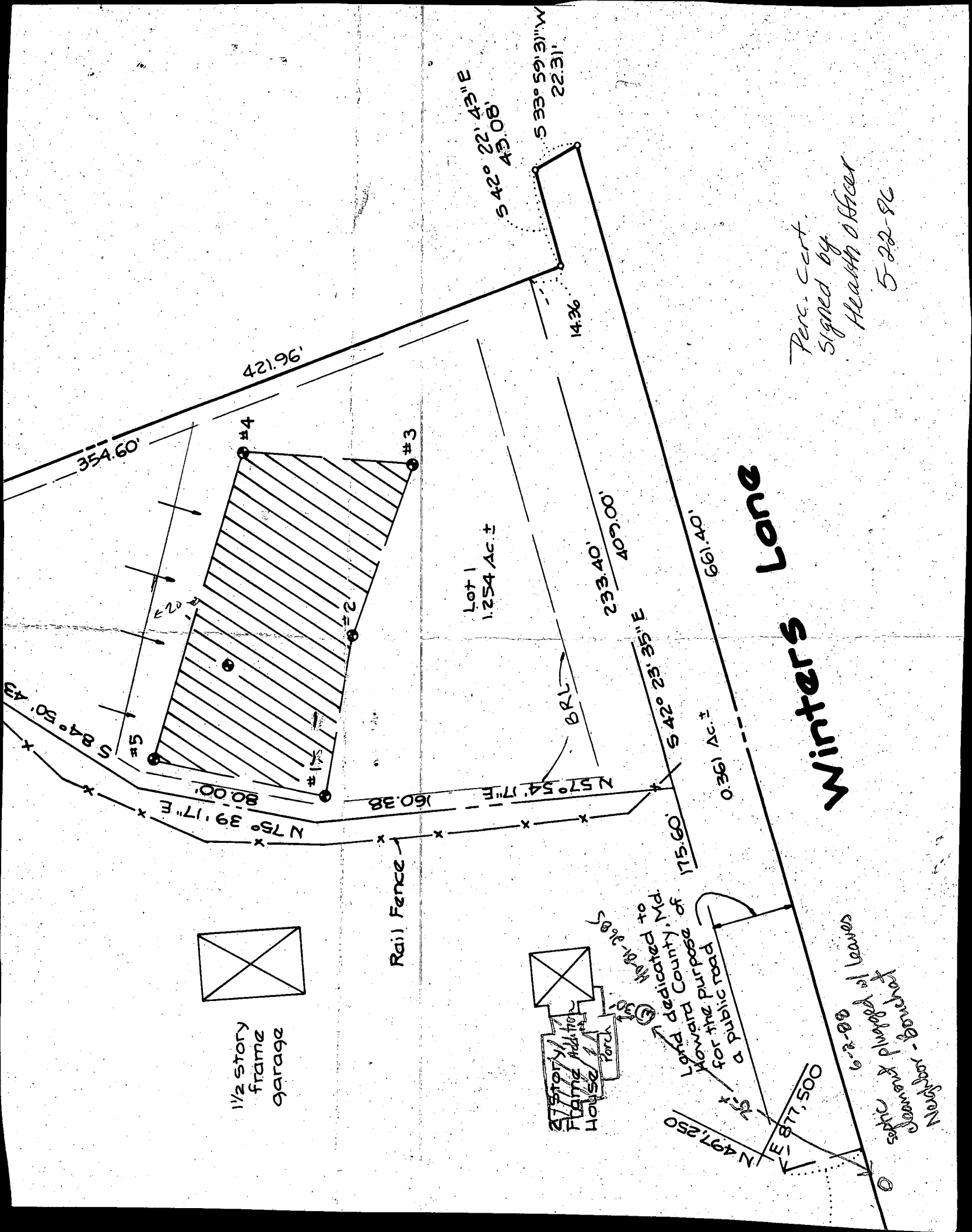
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-14-88	1	12.5 ✓	(see profile - clay)				Failed
3-14-88	2	10.5 ✓	(see profile - water at 8.0 ft)				Failed

REMARKS Mostly clay in both holes. Soils unsatisfactory.

TYPE OF SOIL 0-9.5 Tan si cl lm 9.5-12.5 Red to gray silty clay

TESTED BY Jane E. Nadeau

ALSO PRESENT Eugene Dennis



APPLICATION

Per

10/23/84

A 34459

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 1st

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE OCT 9, 1984

HANOVER RD OFF OLD WASH BLDG
FIRST RIGHT WINTERS LANE APPROX 1/4 MI

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 EUGENE V. & NANCY L. DENNIS

ADDRESS 6255 WINTERS LANE PHONE 796-5874
6232 HANOVER RD

PROPERTY LOCATION:

SUBDIVISION NONE LOT NO. NONE

ROAD AND DESCRIPTION WINTERS LANE STD. COUNTY RD TARD CUP
MAP 38 PARCEL 233

SIZE OF LOT 2.3 ACRES TYPE BLDG. FRAME 4 BEDROOMS
(NUMBER OF BEDROOMS)
PROPOSED APPROX 1.5 AC LOT SUBDIVISION

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

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Eugene V. Dennis
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

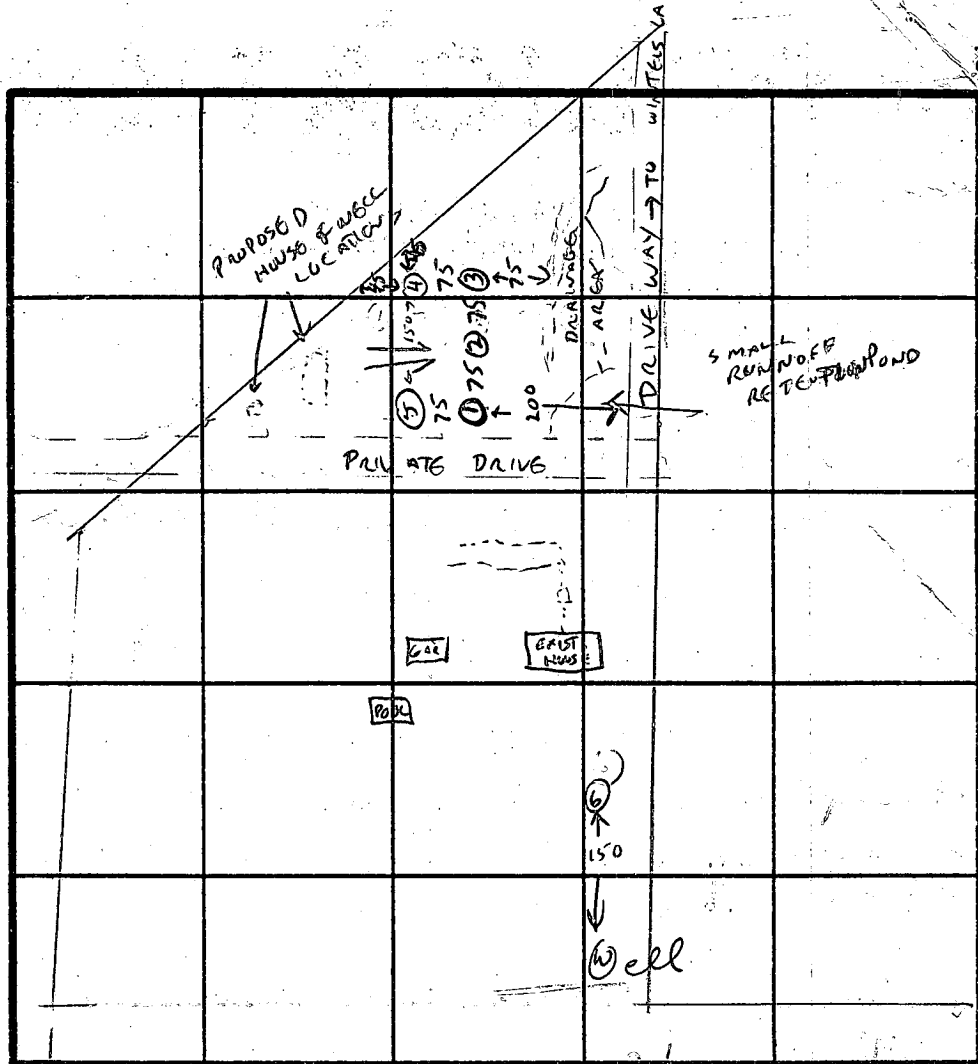
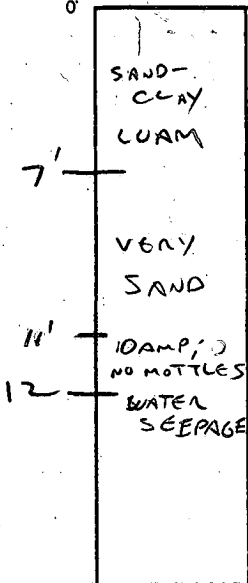
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS in the wet season J. Dennis DATE 10/24/84

REASONS FOR REJECTION OR HOLDING WET SEASON OK - SUBDIVISION PLAT REQ'D 2/11/85 CW

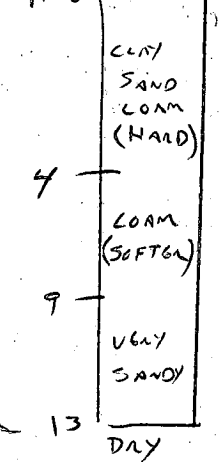
THIS IS NOT A PERMIT

14243
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

445



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/23/84	1	4	11:02	11:04	11:04	11:07	3 MIN
		8	VERY SANDY				
		11	DAMP - NO MOTTLES				
10/23/84	2	12	WATER				
		3 1/2	11:22	11:23	11:23	11:25	2 MIN
		8	VERY SANDY				
10/23/84	3	11	DAMP - NO MOTTLES				
		12	WATER				
		2	12:00	12:23	12:23	12:53	30 MIN
10/23/84	4	3	12:08	12:11	12:11	12:15	4 MIN
		8	VERY SANDY				
		12	WATER				
10/23/84	5	4 1/2	12:48	12:53	12:53	12:59	6 MIN
		9	12:48	12:50	12:50	12:53	3 MIN
		13	SANDY DRY				
10/23/84	5	3 1/2	1:07	1:11	1:11	STOPPED	X
10/23/84	6	4	1:45	1:48	1:48	1:53	5 MIN
		5	HARD LOAM		SANDY BELOWS		OK
		6-12'	HARD SAND				
			6-12' VERY SANDY				

REMARKS APPROX 4-5' ELEVATION RUNOFF DRAINAGE AREA TO LOW PERCHES

TYPE OF SOIL SAND LOAM CHANGING TO ALL SAND

TESTED BY *C. Williams* ALSO PRESENT GENE DENNIS

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34459
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 1st

DATE OCT 9, 1984

Howover Rd off Old Wash Blvd
First Right. Winters Lane Approx 1 1/4 mi

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 EUGENE V. and NANCY L. DENNIS

ADDRESS 6255 Winters Lane PHONE 796-5874
6232 Howover Rd

PROPERTY LOCATION:

SUBDIVISION NONE LOT NO. ~~1~~

ROAD AND DESCRIPTION WINTERS LANE STO COUNTY ROAD

Tar & Chip

SIZE OF LOT APPROX 9.3 ACRES TYPE BLDG. 4 BEDROOM FRAME
PROPOSED APPROX 1.5 AC LOT SUBDIVISION (NUMBER OF BEDROOMS) HOUSE

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Eugene V. Dennis
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

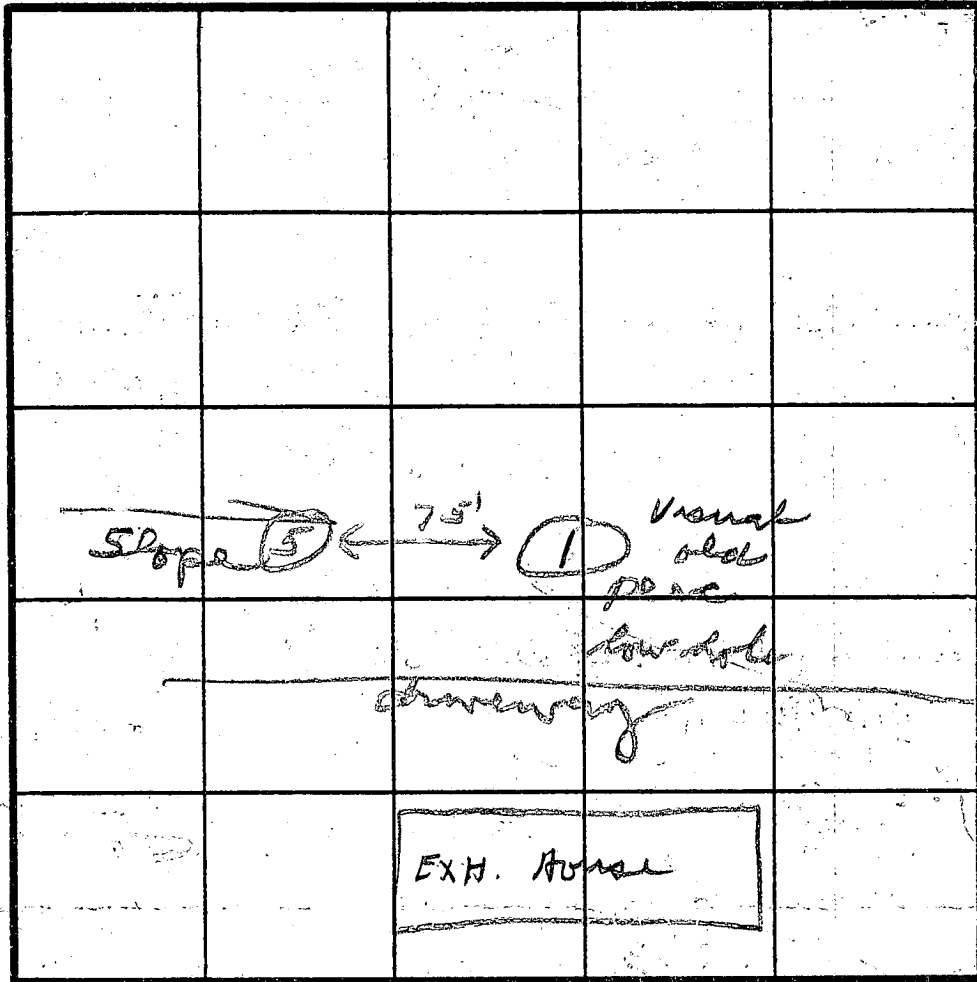
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/8/85	1	12	water		at 11 ft		
	5	12	dry at 1 ft				

REMARKS: Holes dug appear to have negative migration

TYPE OF SOIL: fs

TESTED BY: fs

ALSO PRESENT