

Fill out in triplicate.
Make \$15.00 check payable to
Howard County Health Dept. - Sanitation

Signed boundary plat must be submitted.
APPLICATION

A 18738

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd.

P. O. BOX 478, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 463-8000, EXT. 386

DATE 7/17/73

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 Faramarz & Sandra Feizollahi

ADDRESS 5002 Williston St. Baltimore 21229 PHONE 525-0150

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Turn Toward Sykesville From 70 N to Rt. 32

go 1.9 miles on 32 & turn right to Indian Hill Dr. Start of Property at End of black top.

SIZE OF LOT 2.38 acres TYPE BLDG. 3 Bed Room
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 Faramarz Feizollahi

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

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

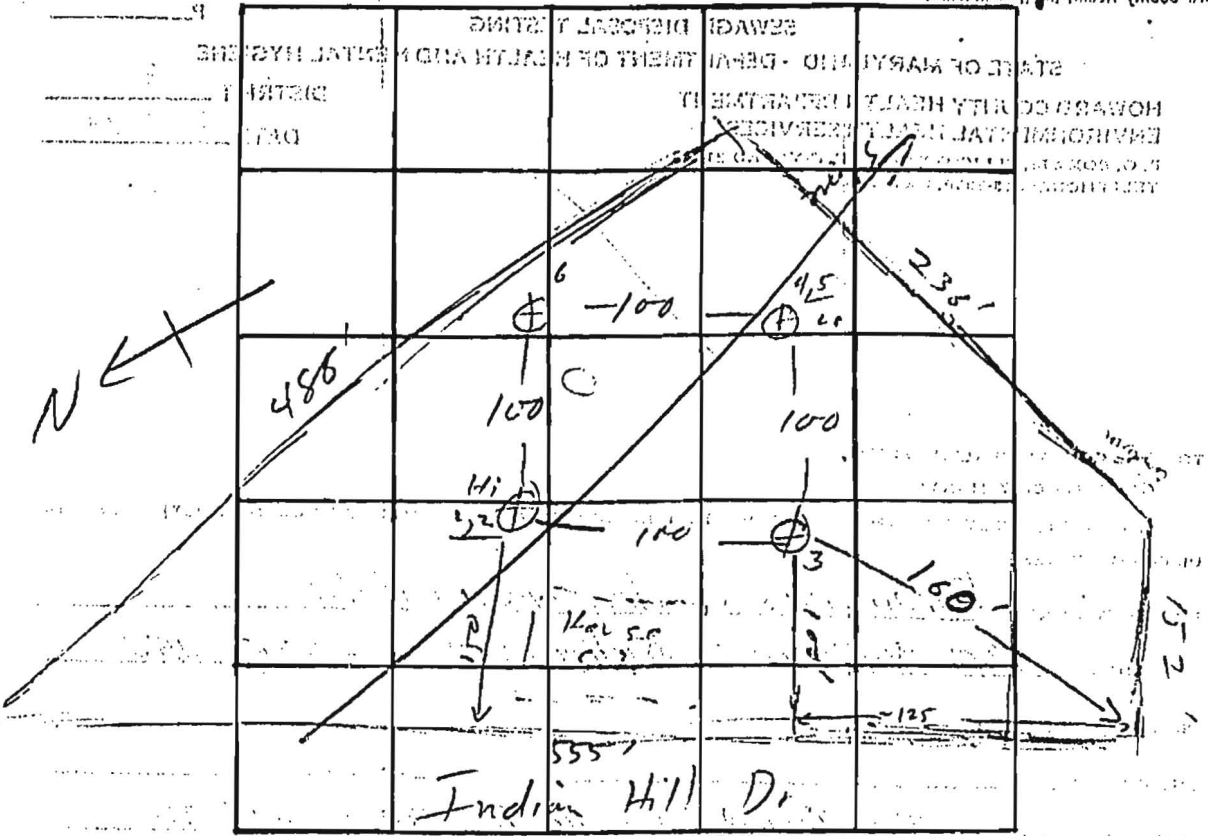
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

Howard County Health Dept.
 2000
 2000
 2000



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/21	1	4 1/2	10:20	10:22	10:22	10:25	3
	2	10 1/2	10:23	10:24	10:24	10:28	4
	3	11 1/2	Vis	no water	no water	no water	no
	4	4	10:50	10:55	10:55	11:02	7
	5	11	10:52	10:57	10:57	11:21	7
✓	6	12	Vis	no water	no water	no water	

REMARKS: soil is consistent for entire lot
 TYPE OF SOIL: brown, dry, loam